



Extended Day Program Registration Form 2011

Students Name _____ Grade _____ Birthday _____

Parent/Guardian Name #1 _____ Relationship _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Work/Other Phone _____

Parent/Guardian Name #2 _____ Relationship _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Work/Other Phone _____

Please send bills by email when possible

I would like news announcements regarding The Collaborative Extended Day Program

I would like news and announcements regarding all Collaborative Programs

Emergency Contact and Authorized Pick of child other than parent.

Please notify immediately if this list changes.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please make us aware of any allergies or special considerations for your child.

I give permission for my child's photo to be taken and used for the promotion of The Collaborative.

Yes

No

To best serve your child and family, information may be shared with Flood Brook Union School

Do not share information regarding my family or child with FBUS.

Release Statement: I understand that in the event of an illness, injury or emergency (medical or otherwise) the Collaborative ("the program") will, through its employees, make reasonable efforts to contact parents. In the event the parent or emergency contact cannot be reached, I hereby authorize the officials of the program to consent to any necessary x-ray's, anesthetic medical or surgical diagnosis or treatment, hospital care, or other treatment and generally to act "in loco parentis." I am fully aware of and appreciate the risks incidental to participation in the program. I further agree on behalf of myself and all that represent me that I will not hold the Collaborative or it's employees and volunteers liable for any injury, loss of life, or other damage occurring as a result of my child's participation.

Parent/Guardian Signature _____

Date _____

Return this form to the Flood Brook Union School office to complete registration.

Questions contact The Collaborative 824-4200 or edp@thecollaborative.us