

Belle Valley School District #119 - Extended School Program
2024-2025 Registration Form

Please complete one form per child and include \$25 registration fee (\$5 each additional child)
*Registration forms must be turned in **one school day** before child is able to attend, **no exceptions***

Child's Name (First/M.I./Last): _____

Gender (Please circle): M or F D.O.B.: ____ / ____ / ____ Grade: _____

Primary Parent(s)/Guardian(s) - (with whom the child lives with during the school year)

*Please list **one person per line***

Name (First/M.I./Last): _____

Relationship to child: _____ Email: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ ext.: ____ Employer: _____

Name (First/M.I./Last): _____

Relationship to child: _____ Please check box if address is same as above

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ ext.: ____ Employer: _____

Email: _____

Please circle the day(s) you anticipate your child(ren) participating:

6:00 – 8:00 a.m.: Monday Tuesday Wednesday Thursday Friday Undecided

Dismissal – 6:00 p.m.: Monday Tuesday Wednesday Thursday Friday Undecided

Medical Information

Please list special health concerns of the student (such as allergies, asthma, diabetes, etc): _____

Emergency Contacts –

***Please list one person per line and do not include the primary parent(s) listed on the front*
You must include at least 3 emergency contacts.**

1) Name (First/M.I./Last): _____ Phone #:(_____)

Relationship to child: _____

2) Name (First/M.I./Last): _____ Phone #:(_____)

Relationship to child: _____

3) Name (First/M.I./Last): _____ Phone #:(_____)

Relationship to child: _____

4) Name (First/M.I./Last): _____ Phone #:(_____)

Relationship to child: _____

5) Name (First/M.I./Last): _____ Phone #:(_____)

Relationship to child: _____

I, (please print your name) _____, have read the attached
“E.S.P. Guidelines” and agree to the terms.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____