

**Belle Valley School District #119 - Extended School Program**

**2020-2021 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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): \_\_\_\_\_

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### 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: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_