



**El Sol Science and Arts Academy of Santa Ana**  
*An Excellent Public School*

**EXTENDED DAY PROGRAM 16-17  
 REGISTRATION FORM**

<b>Office Use Only:</b>
Student ID: _____
Schedule: _____
Fee: _____

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- My Child **will attend** the Extended Day Program the entire week. I understand that my child has to remain in the program every day until 6:00 pm.
- My Child **will attend only** the class selected above. I understand that the cost of the program is \$10.00 per day that my child attends a class, independently of the time the class takes place.

**Emergency Contact Other Than Parent**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Number of Persons in the Household: \_\_\_\_\_  
 Household Income: \$ \_\_\_\_\_ per \_\_\_ Month \_\_\_ Year

**Emergency Contact Other Than Parent**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Is anyone restricted from picking up your child? If so, you must provide a copy of the court order.

I (parent/guardian) \_\_\_\_\_ do hereby authorize El Sol Science and Arts Academy to provide emergency medical treatment to my son/daughter \_\_\_\_\_ in the event that I cannot be reached and in the event of an emergency that requires treatment. I further authorize treatment to be provided by a licensed medical practitioner or facility determined by the staff to be the best able to serve my son/daughter's needs. Further, I understand that I am totally responsible for any expense associated with such treatment. I understand that every effort will be made to contact me or the persons designated by me as soon as practical after such an occurrence. I agree to save and hold El Sol Science and Arts Academy, its staff, officers, and volunteers harmless from any and all liability on account of my son/daughter arising out of or pertaining to my child's participation in the After School Program.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date