Lake Oswego School District
Extended Day Program Registration Form

**Student information:**

Child’s name: __________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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Nickname: ________________________

Birth date: ____/____/____

Sex: _____

Phone (  ) _______________________         School: __________________________________

Home Address: _________________________________________________________________

| Street | City | State | Zip |

**Family information:**

Parent: __________________________________________

Parent: __________________________________________

Address: __________________________________________

Address: __________________________________________

Home phone: ___________________________

Home phone: ___________________________

Occupation: ___________________________

Occupation: ___________________________

Phone: (  ) ___________________________

Phone: (  ) ___________________________

Cell Phone: (  ) _______________________

Cell Phone: (  ) _______________________

Email: ________________________________

Email: ________________________________

Other children in the family:

| Name | Date of Birth | Current School |

_________________________________________________________________________________

_________________________________________________________________________________

Does the child live on a full time basis with both parents?  Yes     No

If child lives with someone other than a parent, please provide, if applicable legal documentation regarding any custody or guardianship arrangements.

**Pertinent student information:**

1. Photographs may be taken of my child for classroom use only  Yes     No

2. Minor medical care may be provided to my child
   (Wash minor wounds, band-aids, ice)  Yes     No

3. My child can manage their own toileting needs  Yes     No
   (Due to health and safety issues all children must be able to take themselves to the bathroom)
Family Support System:

Other individuals allowed to remove the child from Extended Day Programs and/or to be called in case of an emergency:

1. Name: _____________________________          Phone number: _______________________
2. Name: _____________________________          Phone number: _______________________
3. Name: _____________________________          Phone number: _______________________
4. Name: _____________________________          Phone number: _______________________

*(Please warn any of the people listed above to bring valid identification when coming to pick up your child)

In order to provide the best care possible for your child please complete the following:

Please indicate any medical conditions that you feel would be helpful for the school/medical team to know about your child:
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list student allergies:
_____________________________________________________________________________________
_____________________________________________________________________________________

Please indicate any supports and/or special services (i.e. IEP or 504 Plan) that you feel would be helpful for the extended day staff to know about your child:
_____________________________________________________________________________________
_____________________________________________________________________________________

Miscellaneous information – Please indicate anything else that our extended day staff should know about your child:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Lake Oswego School District
“Building a Community of Lifelong Learners”
Lake Oswego School District
Extended Day Program Agreement

We/1 the parents/guardians of __________________________, agree to follow the Lake Oswego School District Extended Day guidelines:

1. The Lake Oswego School District admits students to all the rights, privileges, programs and activities generally accorded or made available to all students in the schools. It does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability in administration of its educational policies, admission policies, athletic programs, or in any other way.

2. Our/my child will follow the Lake Oswego Student Code of Conduct (see attached). The District shall have the right to suspend or terminate our/my child’s participation in the program if he/she violates these guidelines.

3. The District shall have the right to suspend or terminate the child’s participation in the program with or without cause, at the sole discretion of the District.

4. We/I have completed the following items in order to participate in the Extended Day Program: registration form, health form, signed Program Agreement, and Tuition Express form.

5. We/I understand that enrollment in the automated Tuition Payment program, Tuition Express, is required (see attached forms). Tuition Express will automatically deduct the balance on your account on the 5th and 20th of each month.

6. Hourly rates are subject to change upon approval of the Lake Oswego School Board.

7. We/I understand failure to pay all charges including cost of special trips and activities will result in the District’s refusing our participation in the program.

8. We/I understand the hours of the Extended Day program are as follows: 7am - 6pm. We/I understand that if we/I arrive after 6pm our child’s account will be charged a late fee of $5 for every 5 minutes late until 6:15 and then $10 for every 5 minutes late thereafter until the child is picked up. When children are left in Extended Day care after 6:15 we/I agree to allow Extended Day Staff to begin calling the child’s emergency numbers.

9. Non-resident students are eligible to participate in District programs but not eligible for District scholarships.

10. In consideration of participating in the Lake Oswego School District Extended Day Program, we/I acknowledge that we/I are aware of the nature of the activity and that there are inherent risks in any such activity, and release the Lake Oswego School District from any and all claims for personal injuries. Payment of tuition and participation in this program shall constitute acceptance of this liability.

Please print clearly!

Parent/Guardian Name: __________________________________________

Parent/Guardian Signature: _________________________________ Date: ____________