



Choose one or both:
 _____ Summer 2010
 _____ School Year 2010-11

Office use only:
 Date rec'd _____
 Check# _____
 Receipt# _____
 Amount \$ _____
 Wait List# _____

Encinitas Union School District
Extended Day ASPIRE Program Registration

Child's Name _____ Date of Birth _____

Parents Names _____ Home Phone _____

Cell Phone-Father (____) _____ Cell Phone-Mother (____) _____

Address _____ City _____ Zip _____

School _____ Grade _____ Teacher _____

Work Phone- Father (____) _____ ext. _____ Email _____

Work Phone-Mother (____) _____ ext. _____ Email _____

START DATE _____ Please circle days that you will use the program:

Monday Tuesday Wednesday Thursday Friday

In the event of an emergency and a parent cannot be reached, please contact:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Other persons authorized to pick up your child: (Children will **not** be released to persons whose name does not appear on this list)

Name _____ Phone (____) _____

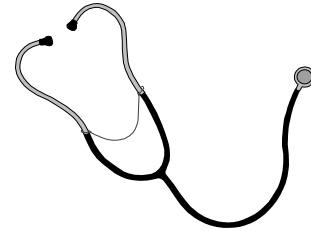
Name _____ Phone (____) _____

I/We have read and understand the rules and regulations regarding use of the EUSD Extended Day ASPIRE Program (760) 944-4300 ext. 1144.

Parent Signature _____ Date _____

Printed Name _____

Encinitas Union School District
Extended Day ASPIRE Program
Health Information



Child's Name _____ Age _____

Family Physician _____

Physician Phone (____) _____

Address _____

My child has the following medical conditions and/or allergies: _____

Symptoms: _____

My child has the following special needs: _____

____ No, my child does not need medication administered by the Extended Day ASPIRE personnel.

____ Yes, my child does need medication administered by the Extended Day ASPIRE personnel. (It is required that you submit an "Authorization to Administer Medication" form to be on file with the Extended Day ASPIRE program.)

The Encinitas Union School District Extended Day ASPIRE personnel are authorized to secure the necessary medical treatment/ emergency services for my child at my expense. This includes paramedic services, emergency treatment and ambulance service.

Parent Signature _____ Date _____