

Cookeville High School

Extended Learning Programs

Student name _____

Morning M T W TH F

Afternoon M T W TH F

Parent/ Guardian Information

Name _____ Home/ Cell Phone _____

Address _____

Employer _____ Work Phone _____

Email _____

Name _____ Home/ Cell Phone _____

Address _____

Employer _____ Work Phone _____

Email _____

Emergency Contact (authorized to act for parent in the event of an emergency)

Name _____ Home/ Cell Phone _____

Address _____

Employer _____ Work Phone _____

Email _____

Child's physician (in case of emergency and parents cannot be reached)

Name _____ Phone _____

Address _____

**Medical conditions and/or Food allergies*

(Above on file with school nurse and/or cafeteria?) YES NO

**I authorize the ELP personnel to arrange emergency medical care for my child in the event that I cannot be reached.*

Parent/Guardian Signature _____

Date _____

IN THE EVENT THE AFTERSCHOOL PROGRAM IS CANCELLED ON ANY AFTERNOON DUE TO WEATHER CONDITIONS, IDENTIFY THE QUICKEST WAY TO GET IN TOUCH WITH SOMEONE WHO CAN TELL YOUR CHILD HOW TO GET HOME,

My child can be photographed and/or videotaped for publicity purposes. YES NO
Parent/Guardian Signature _____

TRANSPORTATION CONTACT INFORMATION :

_____ **(1) Parent Pick-up** (A parent or guardian must sign his/her child out of the afterschool program each day unless permission has been granted for the child to walk or drive home.)

_____ **(2) Bus rider**

Parent Name/Guardian _____

Address where child lives _____

Phone Number _____

_____ **(2) Student Driver/ Walker ***

Persons to whom child MAY be released:

Name _____ Phone _____

Name _____ Phone _____

All persons to whom child MAY NOT be released:

Name _____

Name _____

*Middle and high school students may be permitted to walk or drive home at the completion of the program each day if parents file a letter with the site coordinator stating that their child is to walk or drive home at 5:15pm and the parent/guardian will accept responsibility for the safety of their child once they depart from the program.

Parent Signature _____ DATE _____

You will receive an email to register for classes.

