

THE LOVETT SCHOOL
Middle School Extended Day Program

Registration Form

Please complete a separate form for each child. A non-refundable application fee of \$45.00 must accompany this form.

Student's Last Name Student's First Name

Age Grade Date of Birth

Address

Home Phone Cell Phone (if applicable)

Student's Living Arrangements: Both Parents Mother Father Other

Father's Name Work Phone

Business Address Cell Phone

Home Address (if different from student) Home Phone

Mother's Name Work Phone

Business Address Cell Phone

Home Address (if different from student) Home Phone

List any known allergies, medications, or limitations. If there are no known allergies, write "none."

Emergency Contact (when parents cannot be reached) Phone

Address Relationship to Student

Alternate Emergency Contact (when parents cannot be reached) Phone

Address Relationship to Student

The Lovett School Middle School Extended Day Program agrees to provide care for: _____ .

Student's Name

Please mark the program you would like to register your child for:

EDP 6: \$12 per day (*Students in Grade 6*)

EDP 7 & 8: \$100 per semester (*Students in Grades 7 and 8*)

The student may be released *only* to the person(s) signing this agreement and to the person(s) listed below. Changes must be submitted in writing by the parent.

Name

Phone

Address

Relationship to Student

Name

Phone

Address

Relationship to Student

Name

Phone

Address

Relationship to Student

I acknowledge responsibility for keeping my child's records current, when and if any significant changes occur (e.g., telephone numbers, work locations, emergency contacts, etc.).

My child will not be allowed to enter or leave the facility without being escorted by his parents, persons authorized by the parents, or facility personnel.

The EDP personnel will keep me informed in case of illnesses or injuries pertaining to my child.

Should my child become ill or suffer an injury of any nature during the time that he is in the care of The Lovett School Middle School Extended Day Program, EDP personnel will attempt to contact me immediately. In the case of severe illness or injury, 911 will be called and my child will be transported by ambulance to Children's Healthcare of Atlanta at Scottish Rite, which will be authorized to provide necessary medical treatment. I (the parent or guardian) shall assume responsibility for payment.

WAIVER OF LIABILITY: It is expressly agreed that the participation by my child in any activities of The Lovett School Middle School Extended Day Program, and the use of any school facility or property, will be undertaken at my child's own risk. The Lovett School, its servants, agents and employees, shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to me or my child or my property or my child's property arising out of, or connected with, my child's being at The Lovett School. I do hereby expressly forever release and discharge The Lovett School, its agents, employees, and trustees from all such claims, demands, injuries, damages, actions, or causes of action, and from all acts of active or passive negligence on the part of The Lovett School, its agents, employees, or trustees.

Signature below indicates that the parent or guardian understands and accepts the Middle School Extended Day Program regulations as stated on this form.

Parent/Guardian

Date

Middle School Extended Day Program Director

Date