



Brillion Public Schools Extended Day School Program
Enrollment Form

MY CHILD IS A STUDENT AT: _____

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

PARENTS NAME: _____

ADDRESS(if different from above) _____

PHONE NUMBER _____ HOME _____ CELL _____

DAD WORK NUMBER _____ Workplace _____

MOM WORK NUMBER _____ Workplace: _____

EMERGENCY CONTACT: _____ NUMBER _____

RELATIONSHIP TO THE CHILD: _____

ALLERGIES: _____

MEDICATIONS _____

- I have read and understand Program policies
- I understand that the Extended Day School Program will be cancelled due to inclement weather.
- I understand the termination terms
- I agree to pay all charges that I incur based on the enrollment I have chosen for my child.
- I understand that Extended School Day Program will be closed on no-school days.

Please fill in hours and days of care needed. Monthly fees will be based off hours listed. Payments are due the 1st of the month.

Before School hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

After School hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Parent signature: _____ Date: _____