

EMERGING LEADERS ACADEMY

EXTENDED DAY ENRICHMENT PROGRAM FOR SCHOOL YEAR 2009-2010

Child's Name _____ Date of Birth _____ Grade _____

Street Address _____ Apt# _____

City _____ State _____ Zip Code _____

Mother or Guardian's Name _____ Cell# _____

Work Phone # _____ Email Address _____

Father or Guardian's Name _____ Cell # _____

Work Phone # _____ Email Address _____

Please list **TWO** emergency contact people outside of the home who are not the primary caregivers of the child:

1. _____ Relation _____ Phone# _____

2. _____ Relation _____ Phone# _____

My child's start date will be _____. Please attach the registration fee plus the applicable monthly fee. Checks, money orders and cash are accepted.

Please list below the individual's authorized to pickup your child from the program. Anyone who is not listed on this form will not be allowed to leave with your child. You must submit a signed letter if you would like to add anyone to this list in the future.

1. _____ Relation _____ Phone # _____

2. _____ Relation _____ Phone # _____

○ I, the undersigned, give permission for my child to participate in all Extended Day Program activities. In the event of a medical emergency, if the parents or guardian cannot be contacted, I authorize the EMERGING LEADERS ACADEMY staff and/or hospital to take the steps deemed necessary for the welfare of my child.

PARENT'S SIGNATURE

DATE

Program Rates:

- \$240.00 per month includes academics, some course materials, and snacks. Tuition is due on the 1st of each month. A non-refundable registration fee of \$25.00 per child or \$40.00 per family is due at the time of enrollment.

Number of Children Attending _____

Amount Attached: \$ _____ Date: _____

(Registrations without payment will not be processed)

Time: 3:00 pm-6:00 pm
Monday and Wednesday