

# SCHOOL YEAR 21-22



## Milford Extended Day STUDENT REGISTRATION FORM School Year 2021-2022

Office Use Only

Reg Fee PD

Date Received \_\_\_\_\_

Teacher \_\_\_\_\_

SN

Student ID # \_\_\_\_\_ School: \_\_\_\_\_ Grade for School Year 21-22 \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex of Student \_\_\_ Male \_\_\_ Female Native Language \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Special Services \_\_\_ IEP \_\_\_ 1:1 Aide

Does the child receive Special Services? \_\_\_\_\_

May your child's photo be taken and displayed? \_\_\_ Yes \_\_\_ No

May your child be listed on a roster? \_\_\_ Yes \_\_\_ No

Handbook received? \_\_\_ Yes \_\_\_ No Use Online? \_\_\_ Yes \_\_\_ No

### Legal Guardianship

Are you the biological/adoptive parent(s) of the child? \_\_\_ Yes \_\_\_ No

If no, what is your relationship to the child? \_\_\_\_\_

Status of BIOLOGICAL/ADOPTIVE Parents \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_ Single/Never Married

If divorced, who has legal custody? \_\_\_ Mother \_\_\_ Father \_\_\_ Shared Parenting

If foster/guardian, please list Case Manager/Court Liaison \_\_\_\_\_

Do you have legal papers? \_\_\_ Yes \_\_\_ No

Please complete information on father and mother, including contact numbers, regardless of marital status.

**Circle: Father/Guardian/Foster Parent**

\_\_\_ Resides Here \_\_\_ Contact about Payment

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Circle: Mother/Guardian/Foster Parent**

\_\_\_ Resides Here \_\_\_ Contact about Payment

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ 2nd Email address \_\_\_\_\_

Step-Parent Father \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Step-Parent Mother \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Number: \_\_\_\_\_

\*\*\*Monthly statements will be emailed. Please provide email address above.\*\*\*

**Siblings**

Name	Age	Grade	Lives with...
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Authorized Pick Up List (other than parents)**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Work# \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Work# \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Work# \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Work# \_\_\_\_\_

SY 21-22 EXTENDED DAY PROGRAM AGREEMENT (Grades KDG-6)

The Parent/Guardian of (student name) \_\_\_\_\_ and the Milford Exempted Village School hereby agrees to the following participation provisions of the Milford Extended Day Program:

Parent/guardian will pay a weekly Child Care fee of \$ \_\_\_\_\_ for their child to attend the indicated days per week. Make payments by Visa, MasterCard, Discover, or American Express at [www.payschoolscentral.com](http://www.payschoolscentral.com), by check, or by money order payable to MILFORD BOARD OF EDUCATION. **(NO CASH)**

Child Care payments are **due Friday a week in advance, this includes All Day Care fees.** Payments are accepted at all sites, Milford Extended Day Office, or through mail. Failure to stay current on your account will result in dismissal from the program.

At the time of registration, a nonrefundable \$65 registration fee must be paid for Grades KDG-6.

Late Pick Up Fee: The program closes at 6:30 p.m. After 6:30, you will be charged \$20 per child for every 10 minutes or portions thereof, until your child is picked up. Continual late occurrences could jeopardize your position in the program.

**All medical conditions or special concerns that may affect the child's welfare while participating in the Milford Extended Day Programs should be disclosed by parents at the time of registration.**

I understand and agree with the provisions of this agreement. I will abide by these and other regulations of the Milford Extended Day programs as presented in the Parent Handbook while my child is a participant in the program. The Parent Handbook can be found online at [www.milfordschools.org](http://www.milfordschools.org).

\*\*\*\*\*Monthly statements emailed. Please email my statement to: \_\_\_\_\_ \*\*\*

**Check Box if Parent/Guardian is a Milford Employee** \_\_\_\_\_

**Parties responsible for payment must sign.**

First Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

A.M. Session  
Sign in time \_\_\_\_\_

P.M. Session  
Sign out time \_\_\_\_\_

\_\_\_\_ 3 days per week (circle) M T W TH F  
\_\_\_\_ 4 days per week (circle) M T W TH F  
\_\_\_\_ 5 days per week (circle) M T W TH F

\_\_\_\_ 3 days per week (circle) M T W TH F  
\_\_\_\_ 4 days per week (circle) M T W TH F  
\_\_\_\_ 5 days per week (circle) M T W TH F

## MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313-712)

STUDENT'S NAME \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ GRADE: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

**PURPOSE:** To enable parents and guardians to authorize the provisions of emergency treatment or transportation for children who become ill or injured while under school authority, or during an emergency situation, when parents cannot be reached. **IF ANY CHANGES OCCUR, NOTIFY THE SCHOOL IMMEDIATELY. (Please PRINT or TYPE, and SIGN the FORM IN THE APPROPRIATE AREAS.)**

**PARENT/LEGAL GUARDIAN:**

Student lives with: (please check) and enter information below:

Father & Mother     Mother only     Father only     Shared Parenting     Foster Parent     Other \_\_\_\_\_

NAME AND ADDRESS	RELATIONSHIP	CELL PHONE	WORK PHONE

List three (3) names of people, OTHER THAN YOURSELF, to be contacted in the EVENT OF AN EMERGENCY:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE	WORK PHONE

I understand that my child may be released to anyone on the list if ill, injured, or if an emergency occurs, and he/she must leave school.

Please provide detailed information regarding any medical problems, allergies, special needs: \_\_\_\_\_

Medication your child takes daily: \_\_\_\_\_

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you **DO NOT CONSENT** for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

### PART I OR PART II MUST BE COMPLETED & SIGNED- (complete ONE SECTION ONLY)

**PART I: TO GRANT CONSENT**

(A) I hereby **GIVE MY CONSENT** for the following medical care providers and local hospitals to be called:

DOCTOR: \_\_\_\_\_ Phone: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_  
HOSPITAL: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

(B) I authorize Milford Exempted Village School District to release any information which I have provided this school district concerning any medical history, including information regarding allergies, medications, physical condition, etc. of the student named above to any employee of the school district and/or volunteer providing medical service to the school district who has responsibility for such student while the student is at school, participating in a school sponsored function, or is being transported by the school.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN/  
or STUDENT (IF 18 YEARS OR OLDER)

\_\_\_\_\_  
DATE

**PART II: REFUSAL TO GRANT CONSENT**

I **DO NOT GIVE MY CONSENT** for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN/  
or STUDENT (IF 18 YEARS OR OLDER)

\_\_\_\_\_  
DATE

Date School Rec'd \_\_\_\_\_ Date Trans Rec'd \_\_\_\_\_ School Year \_\_\_\_\_

**MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT**

**ALTERNATE TRANSPORTATION/SITTER REQUEST FORM**

**Grades all Day Kindergarten – 12<sup>th</sup>**

Milford Exempted Village School District

5934 Buckwheat Road, Milford, Ohio 45150

Telephone (513) 575-1563 Fax (513) 575-1658

Transportation cannot be provided if your child's sitter lives outside your school attendance area. Please allow five (5) working days to process your request. We are unable to honor telephone requests for alternate pick up and drop off locations due to liability. Please notify transportation if any information on this form changes.

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Telephone Numbers of parent (home) \_\_\_\_\_ Work \_\_\_\_\_ cell \_\_\_\_\_

Name of daycare or sitter Milford Extended Day Program Telephone 513-831-9690 cell \_\_\_\_\_

Sitter's address 1039 St. Rt. 28 Milford, OH 45150

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**All schedules must be Monday Through Friday. No exceptions.**

Grades **ALL DAY KDG through 12** Date Request Begins \_\_\_\_\_

A.M. Pick-Up Location \_\_\_\_\_ M T W T H F Bus \_\_\_\_\_ Time \_\_\_\_\_

P.M. Drop Off Location \_\_\_\_\_ M T W T H F Bus \_\_\_\_\_ Time \_\_\_\_\_

Home Stop \_\_\_\_\_ Home bus AM \_\_\_\_\_ Home Bus PM \_\_\_\_\_

Copy to driver \_\_\_\_\_ Copy to Transportation \_\_\_\_\_ Computer assigned \_\_\_\_\_

Date and initial

Date and initial

Date and initial