

**Yuba City Unified School District (YCUSD)**  
 Lincrest Elementary School Extended Day Program  
**K-8 Enrollment Form**

Name:		Grade:	Teacher (for K-5 students only):	
Student ID #:	Date of Birth:		Gender: ___ male ___ female	
Address:			Home Phone:	
Parent Name:			Parent Work Phone:	
Parent Address:			Parent Cell Phone:	
Emergency Contact #1:	Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact #2:	Home Phone:	Work Phone:	Cell Phone:	
<p><b>Please indicate below how your child will get home:</b></p> <ul style="list-style-type: none"> <li>▪ My child will be picked up daily by me or another authorized adult (see below): _____</li> <li>▪ My child will walk or ride her/his bike home: _____ (Student Release Form must be completed and signed by parent/guardian)</li> <li>▪ My child will ride the school bus: _____ (indicate time) /</li> </ul>				
<p><b>Health/Medical/Consent Information:</b>  <b>In the event of an emergency involving my child, and listed emergency contacts are unable to be reached, I authorize YCUSD staff to arrange for any necessary emergency medical/surgical treatment or procedure on my behalf. All emergencies will be transported to Rideout Hospital Emergency. (The district does not assume responsibility for medical expenses.)</b></p> <p>Please list any medical conditions or allergies (including food allergies): _____</p> <hr/> <ul style="list-style-type: none"> <li>▪ Is your child on any medication that must be taken during the after school program? ___ yes ___ no</li> <li>▪ Is your child allergic to insect bites? ___ yes ___ no</li> </ul>				
<b>Please list other adult/s who are authorized to pick your child up from the after school program:</b>				
Name:		Home Phone:	Work Phone:	Cell Phone:
Relationship to child:				
Name:		Home Phone:	Work Phone:	Cell Phone:
Relationship to child:				

I have read and understand the information in the enrollment packet. I also understand that attendance will be taken daily and that my child must attend on a regular basis. My child and I both understand that school rules remain in effect during the after school program. My child has my permission to attend the Lincrest Elementary Extended Day Program  
 I will notify Debra Ferrera of any changes in the contact information provided above.

Parent/Guardian Name (printed) \_\_\_\_\_

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