

**EDWARDS MIDDLE SCHOOL
MORNING PROGRAM REGISTRATION FORM**

Student _____ Homeroom _____

Address _____ Cell Number &
Home Phone _____

Mother's name and work phone _____

Employer _____

Father's name and work phone _____

Employer _____

Parents be sure and include pager numbers or cell phone numbers.

Emergency person and number if parent/guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Fees are due the first school day of each month and vary due to the number of school days in the month.
Fees are \$5 a day for morning only. All checks are written to Edwards Middle School, and please include your **Driver's License number** and **phone number**.

The following people have permission to pick up my child from the program:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

If school closes early for any reason, your child will go home on the bus or you will need to pick him/her up.

I have read and understand all polices and procedures of the Edwards Morning Program, and agree with its content.

Parent or Guardian signature

date