



Brillion Public Schools Extended Day School Program  
Enrollment Form Agreement

MY CHILD IS A STUDENT AT: \_\_\_\_\_ Grade: \_\_\_\_\_

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 \_\_\_\_\_

Please fill in hours and days of care needed.

**4K Wrap Program**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday: NO 4K \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**Before School hours**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**After School hours**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**Early Release days Y or N**

**No School Days Y or N**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_