

NUESTRO ELEMENTARY SCHOOL DISTRICT
Expanded Learning Program
Enrollment Form

Name:	Grade:	Student ID #:	Date of Birth:
Address:		Home Phone:	
Parent/Guardian Name:		Parent/Guardian Cell Phone:	
Parent/Guardian Address:		Parent/Guardian Work Phone:	
Emergency Contact #1:	Cell Phone:	Work Phone:	Home Phone:
Emergency Contact #2:	Cell Phone:	Work Phone:	Home Phone:

Please indicate below how your child will get home:
To ensure student safety while students attend NUESTRO Elementary School Expanded Learning Programs, they must be signed out when leaving. In order to accommodate parent needs and student safety, the following sign-out options are available to parents. Please indicate the option that best meets your needs:

- I will sign my child out from the expanded learning program (K-8th)
- My child may sign themselves out when leaving the school campus (4th-8th grade)
- My child will ride the bus (only when applicable). Time: _____

Parent's Signature: _____ Date: _____

Health/Medical/Consent Information:
In the event of an emergency involving my child, and listed emergency contacts are unable to be reached, I authorize site staff to arrange for any necessary emergency medical/surgical treatment or procedure on my behalf. (The district does not assume responsibility for medical expenses.)

Please list any medical conditions or allergies (including food allergies): _____

- Is your child on any medication that must be taken during the expanded learning program? yes no
- Is your child allergic to insect bites? yes no

Please list other adult/s who are authorized to pick your child up from the expanded learning program:

Name:	Relationship:	Work Phone:	Cell Phone:
Name:	Relationship:	Work Phone:	Cell Phone:
Name:	Relationship:	Work Phone:	Cell Phone:

I have read and understood the information in the enrollment packet. My child and I both understand that school rules remain in effect during the ELOP. My child has my permission to attend the ELOP at his/her school site and I will notify the coordinator of any changes in the contact information provided above.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date: _____