



Zachary Community Schools Extended School Day Program

Application for Enrollment

2006-2007 School Year

**Please PRINT and fill out this form completely and legibly.
Incomplete or illegible applications will not be considered.**

This form is applicable for all family members attending the school named on line 2.

IF FAMILY MEMBERS ATTEND MORE THAN ONE SCHOOL, SEPARATE APPLICATIONS MUST BE COMPLETED FOR EACH SCHOOL.

1. School child (ren) currently attend: _____
2. School child (ren) will be attending next year, the 2006-07 school year: _____
3. Name of child (ren) applying for the 2006-07 school year: _____

Child #1 _____	Date of Birth _____	Grade in Sept. 2006 _____
Child #2 _____	Date of Birth _____	Grade in Sept. 2006 _____

4. Name of parent/legal guardian completing application: _____
5. Daytime phone: (____) _____ Evening phone: (____) _____
6. Home Address: _____ City: _____ Zip Code _____
7. Is your child (ren) eligible for Free or Reduced Cost Meals through the school? Yes No
(This may be verified through your child (ren)'s school.)
8. Number of parent/legal guardians living with child (ren)? 1 2
9. Has your child (ren)'s school recommended them for academic assistance? Yes No
10. Would your child (ren) attend...? Before school only* Before and After school*
11. **Full-time attendance** is required for enrollment. (Elementary 5 Days/week) Agree

*A.M. programs are available at all sites, and start times vary among sites.

If fewer than 30 children apply for service in an existing A.M. program, the A.M. program may be cancelled.

DEPOSIT FEE: \$40.00 NONREFUNDABLE PAID _____ DATE: _____

FEES

Registration Fee (Nonrefundable)	\$40
Cost Per Week (Students on Regular Lunch Program)	\$40
(Students on Free or Reduced Lunch)	\$35
Mornings only	\$25

If three or more children in one family participate in the extended day program, each child will receive a \$5 discount on their weekly cost.

I certify that all of the information provided above is true and correct. I understand that ZCSD Extended Day Program may verify any information provided on this form. I further understand that falsifying or omitting any of the above information may disqualify my child (ren) from receiving ZCSB services. I understand that space is subject to availability and that completing this form does not ensure my child (ren)'s enrollment in ZCSD Extended Day Program.

Signature of Parent/Legal Guardian completing application _____
Date

Received: _____
Date/Initials

Verified: _____
Date /Initials