



Hagood Explorers

Dreaming

Investigating

Discovering

#hagooddid

Student's Name: _____ **Grade:** _____

Parent's/Guardian's Names: _____

Address: _____

Contact Numbers Cell: Mom _____ **Dad:** _____

Work Contact Numbers: Mom: _____ **Dad:** _____

Email address: _____

Emergency Contacts and Telephone Numbers:

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Names of individuals who may pick up your child from the program:

Names of individuals who MAY NOT pick up your child from the program: _____

I am enrolling my child/children: WEEKLY: _____ **DAILY:** _____

I understand that I will be responsible for the fees charged for the child care services that I have chosen and that my child will not be allowed to continue in the program if my charges become more than TWO weeks overdue. I also understand the policy stated concerning the weekly charges.

Parent/Guardian _____

SCHOOL OF EXPLORATION