



# CVUSD EXTENDED DAY PROGRAM DISTRICT EMPLOYEE REQUEST FOR MINIMUM DAY EDP SERVICES



Cajon Valley Union School District employees may request afterschool care on Minimum Day Mondays at one of the District-operated programs for their children who attend a CVUSD Site. For the 21/22 school year employees will be offered these services free of charge during the regular school year if the request meets the requirements listed below:

- The employee requires EDP due to participation in a District business activity on Monday Minimum Day during their contracted work hours.
- Space is available at the site the employee is requesting.
- District employees must request Minimum Day care at least 5 working days in advance.
- A registration form with emergency information needs to be on file.
- Parents and students are required to follow the same rules and procedures of the Extended Day Program. The parent handbook can be accessed via the CVUSD web page ([www.cajonvalley.net](http://www.cajonvalley.net))

**Note: Enrollment based on availability and first-come, first-served basis.**

Employee Name \_\_\_\_\_

District Work Site \_\_\_\_\_

District Business which requires EDP services: \_\_\_\_\_

Date EDP is needed: \_\_\_\_\_ Requesting: ☐ AM ☐ PM

Approximate Times: \_\_\_\_\_

OR Monday Minimum Days for School Year: \_\_\_\_\_ Contracted Work Hours: \_\_\_\_\_

**Please mark the school your child will need EDP services based on availability.**

**Elementary School: 6:30 AM to 6:00 PM**

☐AN ☐AV ☐BV ☐BO ☐CH ☐CR ☐FR ☐FH ☐JA ☐JO ☐HA ☐LX  
☐MD ☐MG ☐MR ☐NA ☐RSD ☐RI ☐VG

**Middle School: 7:00 AM to 6:30 PM**

☐CVMS ☐EMS ☐GMS ☐HMS ☐LCC ☐MMS

**Note:** A \$1 per minute late pickup fee will be charged for the first 15 minutes and thereafter a \$2 per minute fee will be charged.

• I have received and understand the Extended Day Program "Parent Handbook." \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

**Forms are to be sent to the Extended Day Program Office for approval.**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Rev 8.25.21

School: \_\_\_\_\_ Year: \_\_\_\_\_

**Cajon Valley Union School District  
Extended Day Program Emergency Card**

**1<sup>st</sup> Child:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

**2<sup>nd</sup> Child:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

**3<sup>rd</sup> Child:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home #:(\_\_\_\_) \_\_\_\_\_

Work #:(\_\_\_\_) \_\_\_\_\_ Cell #:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home #:(\_\_\_\_) \_\_\_\_\_

Work #:(\_\_\_\_) \_\_\_\_\_ Cell #:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Family Physician: \_\_\_\_\_ **Address:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Medical Insurance:** \_\_\_\_\_

Does your child have any medical allergies/conditions? If so, please list:

\_\_\_\_\_

**In the Event of an Emergency and parent cannot be reached, contact or person authorized to pick up child(ren):**

Name: \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

In an emergency, the staff will make every effort to contact the parent or designee. If unable to do so, the parent signature on this document gives permission for the administration of first aid and/or emergency medical treatment that is in the student's best interest. **The parent is responsible for payment of emergency medical treatment.** If you are interested in obtaining low-cost student accident insurance, visit [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_