Cajon Valley Union School District employees may request drop-in EDP 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.
- Space is available at the site the employee is requesting.
- District employees must request drop-in services 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)

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:_____

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

1st Child:
Last Name: _____ First Name: _____ Grade:_____ Birth date:_____ Gender:____

2nd Child:
Last Name: _____ First Name: _____ Grade:_____ Birth date:_____ Gender:____

3rd 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.

SIGNATURE OF PARENT/GUARDIAN_____ DATE_____

Rev 8.25.21