

IRVINGTON EXTENDED DAY

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Intake form for

BEFORE AND AFTER SCHOOL 2010-2011

Child's name _____ Date of birth _____ Sex _____

Address _____ Zip code _____

Home Phone _____ Estimated entry date _____ Grade fall 2010 _____

Custodial parent

Name _____ Relationship to child _____

Work phone number _____

E-mail address _____ (please print clearly)

Would you like to be contacted if there is an opening during the school year?

Yes _____ No _____

Please circle the days your child will need to attend:

Before school M T W TH F (MINIMUM OF THREE DAYS)

After School M T W TH F (MINIMUM OF THREE DAYS)

Before and After M T W TH F (MINIMUM OF THREE DAYS)

signature

date

I will inform IED of any changes in this information

For more information, please visit our website. www.iedprogram.org