

IRVINGTON EXTENDED DAY  
1320 NE Brazee \* Portland, OR 97212 \* (503) 287-9751\* iedprogram2@gmail.com

**Intake form for  
BEFORE AND AFTER SCHOOL 2008-2009**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Today's date \_\_\_\_\_  
Estimated entry date \_\_\_\_\_ Grade fall 2008 \_\_\_\_\_

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**Custodial parent**

Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Work phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_

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Would you like to be contacted if there is an opening during the school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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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)

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\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\*\*I will inform IED of any changes in this information\*\*  
Please note that this form is kept for 6 months and then discarded.

**For more information, please visit our website. [www.iedprogram.org](http://www.iedprogram.org)**