

Extend Day Copy

Bell's Crossing Extend Day Pre-Registration for 2011-2012



Important facts about our program:

1. All afterschool programs operate on guidelines set forth by Greenville County Schools.
2. Please read the registration packet carefully to understand that fees are payable the week in advance of your child's attendance. **There will be no exception for payments even if your child is sick, out for vacations and does not attend.** There are no reduced rates for the coming year. There is no "pay as you use the program." Non-payment of fees will result in your child being withdrawn from the program. No monetary refunds will ever occur for any reason.
3. Our program will operate only on days the school is open with students in attendance.
Our programs will not operate:
 - When the district closes for inclement weather
 - Holidays
 - Teacher workdays
 - Summer
 - Half days at the end of the school year
4. All students must be picked up by 6:00 pm. The second time a child is picked up late will result in withdrawal from the program.
5. Parents are to keep all payment receipts for tax purposes (**The Greenville County Schools' Tax ID # 576000234**). **We will keep your receipts for you and give them to you at tax time. We do not produce tax statements for the year or semester.**

I understand the fee payment system and important facts about our program.

I agree to the above procedures.

Parent _____ Date _____

E-mail address:

Disclaimer: At this time, fees are as follows; however, if there is an increase in the weekly fee, it will be in effect for next year. We do not have that information currently and are not anticipating a fee increase at this time.

Parent Copy

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EXTEND DAY REGISTRATION and FEES

A one-time a year, non-refundable registration fee of \$40 per family will be required. If the child transfers to another school where a program exists, the \$40 fee must be paid again. Weekly fees apply for the program and are as follows:

	WEEKLY EXTEND DAY FEES		
	1 day	2 days	3 or more days
1 child	\$15.00	\$25.00	\$40.00
2 children	\$25.00	\$45.00	\$65.00
3 children	\$35.00	\$65.00	\$85.00
4 children	\$50.00	\$80.00	\$100.00

Payments for the after school program are due on Fridays by closing time in advance of after school care for the following week. Failure to pay daycare will result in the child being withdrawn from the program. If there is a problem with checks being returned, the director will require that payments be made in cash. Parents may not be indebted to the program. **Fees are paid even if your child does not attend for any reason. All schools operate on guidelines from Greenville County Schools. The cost of our program is very much below that of private daycares; therefore, fees are paid whether or not your child attends.**

**If the economy dictates that you no longer need the services of our program, you may withdraw your child to avoid paying for weeks you do not need and re-enroll your child when your circumstances change.

School Insurance

Purchased school insurance covers the activities of this program: United Healthcare Student Resources (www.k12studentinsurance.com)

If parents do not wish to take this coverage, a parent or guardian waiver must be signed indicating this choice. Many people with adequate insurance policies do not require additional coverage.

_____, my insurance company, _____ covers my child beyond the school day.

Parent Signature _____

Waiver

_____ I do not wish to purchase student school insurance for my child.

Parent
Signature _____ Date _____

REGISTRATION AND FEES

(Entire application must be completed with check for registration)

Student's Full Name _____

Grade for 2011-2012 _____

Social Security Number _____

Address _____

Street

Apt. #

City

State

Zip Code

Parent e-mail address: _____

Home Phone# _____ **Race** _____ **Sex** _____ **Birthdate** _____

Father's Name _____

Employer _____

Phone # _____

Mother's Name _____

Employer _____

Phone # _____

The LEGAL GUARDIAN(S) of this child _____

Address Street _____ **Apt. #**

City

State

Zip Code

_____ **I will be enrolling my child on a weekly basis.**

_____ **I will be enrolling my child for the following day:**

_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday**

(.5 week = 2 days in After School Program, regardless of hours in care.)

Medical Information

Is your child allergic to bee stings? _____

If yes, what instructions should be followed if your child is stung? _____

Any present medical conditions or allergies which should be known: _____

Your child's doctor _____

Phone # _____

My child, _____, is medically insured with _____.

The policy number is _____.

IN CASE OF ILLNESS OR ANY EMERGENCY (EARLY DISMISSAL DUE TO WEATHER, ETC.) Please list the name and telephone numbers of two people and their relationship (Grandpa, friend, etc.) that we may contact in case one of the parents cannot be reached.

1. _____ Phone # _____

2. _____ Phone # _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

In the case of an emergency such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be reached, I authorize the school to take whatever steps seem necessary.

Date

Parent/Guardian

The School District of Greenville County does not discriminate on the basis of age, race, sex color, handicap, religion or national origin in its dealings with employees, students, the general public, applicants for employment, educational programs, activities or access to its facilities.