

Student: _____ Grade: _____



Brook Glenn Elementary

EXTENDED DAY REGISTRATION and FEES 2017-18

Reg. Fee: _____
Payment: _____
Date Paid: _____
Start Date: _____

Return the completed registration forms, programs guidelines, who will be allowed to pick up your child/children, medical information, non-refunded yearly registration fee of \$40 per family and one week's payment. This must be submitted at registration to secure a spot.

EXTENDED 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	\$18	\$28	\$45
2 children	\$28	\$51	\$72
3 children	\$39	\$73	\$95
4 children	\$51	\$95	\$117
5 children	\$62	\$117	\$139

I would like to enroll my student(s) on the following days (check one):

_____ I will be enrolling my child Full-time (3-5 days per week) I

_____ will be enrolling my child Part time (1-2 days per week)

Check all that apply:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Note: Weekly fees are due regardless if they are absent for any reason.

REGISTRATION AND FEES

(Entire application must be completed with check for registration)

Student Information - 1

Full Name _____ Age _____ Date of Birth ____/____/____

Gender: Male _____ Female _____ Grade in 2017-18 _____ Teacher (if known) _____

Student Information - 2

Full Name _____ Age _____ Date of Birth ____/____/____

Gender: Male _____ Female _____ Grade in 2017-18 _____ Teacher (if known) _____

Parent/Caregiver Information

Name (Mother :) _____

Address _____

City: _____ State: SC Zip: _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Email Address _____

Name (Father :) _____

Address _____

City: _____ State: SC Zip: _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Email Address _____

Student: _____ Grade: _____

Dismissal Registry

In the spaces below, please list the FULL NAME of all individuals, who are approved to pick up your student(s). Please note that ALL individuals must be prepared to show a photo ID when arriving to pick up your student.

Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____

Emergency Contacts -Early Dismissal

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

Emergency Contacts

In case of serious injury, illness or emergency, I understand that the school will try to contact me. If I cannot be reached, I authorize the following individuals to be contacted concerning the condition of my child.

Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	Phone # (____)____ - _____
Name _____	Relationship _____	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 deem necessary.

Parent/Guardian Signature _____ Date _____

Student: _____ Grade: _____

Medical Information

Student #1

Student's Full Name _____

Please list all known allergies: _____

What precautions should be taken due to this student's allergies? _____

What other known conditions should we be aware of? _____

Your child's doctor _____ Phone # (_____) _____ - _____

My child, _____, is medically insured with _____

_____. The policy number is _____

Student #2

Student's Full Name _____

Please list all known allergies: _____

What precautions should be taken due to this student's allergies? _____

What other known conditions should we be aware of? _____

Your child's doctor _____ Phone # (_____) _____ - _____

My child, _____, is medically insured with _____

_____. The policy number is _____

Accident/Health Insurance

We strongly encourage all families to have accident/health insurance policy for their student(s). Purchased school insurance covers the activities of this program: K&K Insurance Group, 260-459-5885. 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 _____ Date _____

Waiver

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

Parent Signature _____ Date _____

Student: _____ Grade: _____

DISCIPLINE

Appropriate student behavior is expected at all times, While the ~~Extended Day~~ Program has a more relaxed atmosphere, certain standards of conduct must be kept.

Students are expected to:

- Walk quietly from place to place
- Listen and Follow directions
- Keep hands, feet and other objects to yourself
- Always do your best and complete your work
- Keep yourself and your surroundings clean

There is a NO TOLERANCE rule in Greenville County for fighting or bullying.

Disciplinary actions may include: Written referral, parent phone call or suspension from the program. The severity of the altercation will determine length of suspension.

Parent's Signature: _____ Date: _____

HOMEWORK COMPLETION PREFERENCE

In the Extended Day Program we have a daily designated homework time of 1 hour. This will enable students to have the opportunity to complete as much homework as possible depending on parental preference. Some children may finish all their homework at EDP, while others will need extra help at home. Students not working on homework will be expected to engage in a quiet activity while classmates complete homework. We ask that the students bring their homework agendas as well as their homework and any necessary materials to the Extended Day area. Teachers will monitor students and offer help that may be needed. Students are not allowed to return to the regular classrooms once they have entered the Extended Day area.

I prefer my child:

Complete as much homework as possible within the designated 1 hour.

DO NOT work on homework in the Extended Day Program. I understand my child will be expected to engage in a quiet activity during homework time.

Parent's Signature: _____ Date: _____

Photography and Video Release

There are times during the school year in which your student may appear in a photograph or digital video that will be part of promotional materials associated with PLP. Please circle one of the options below.

_____ I give the EDP staff permission to use a photograph or digital video clip of my child as part of material (websites, publications, etc.) associated with the school.

_____ I DO NOT give the EDP permission to use a photograph or digital video clip of my child as part of promotional material (websites, publications, etc.) associated with the school.

Parent/Guardian Signature _____ Date _____

Movie Rating Release

As an incentive for good behavior and/or as part of an instructional lesson, there may be times that your child may view a "G" or "PG" rated movie. Please check below to approve or decline movie ratings for your child.

G _____ PG _____ None _____

Parent/Guardian Signature _____ Date _____

Student: _____ Grade: _____

EDP Guidelines 2017-2018

I agree to the following EDP guidelines:

- I will submit a one-time, non-refundable, \$40.00 registration fee and the first week's payment with all registration paperwork.
- I agree to make all weekly payments by Friday of each week. There are no reductions for sick leave or other absences
- Weekly fees are due on the Friday prior to the week the child attends. A \$10 late fee will incur if payments are not received Monday. Failure to pay will result in the child being withdrawn from the program.
- I understand that there are additional fees associated with late pick-ups, late payments and checks marked as NSF. I agree to pay, in full, all associated fees or my child will be dismissed from the program.
- I understand that the EDP is not a "pay-per-visit" program. I am obligated to pay each week that my student is enrolled, whether or not he/she attends.
- I understand that changes to my student's attendance status must be made at least two weeks in advance. Otherwise, I will have to forfeit pay for the remaining weeks.
- I have read and understand the policies set forth in the Parent Handbook that can be found on the school's website. I certify that all information contained within this packet is accurate.
- Withdrawal from the program requires a written two-week notice. When notice is given, two more weekly fees are due. No withdrawals will be permitted after the second week in May.
- Our program will not operate:

• Inclement weather closing	• Summer
• Holidays	• Half days at the end of the school year.
• Teacher Workdays	•

- Program hours are from 2:30pm – 6:00pm on full school days only. Do not pick up before 3 pm once your child has entered the program. If the student is habitually picked up late, there will be a charge of \$1.00 per minute after 6:00pm.
- Only authorized adults are allowed to pick up children. If someone comes in to pick up a child and that person's name is not on the pick-up list, they will not be allowed to leave the school with the child until a parent has been contacted and has given verbal permission to release the child to that adult.
- Students are expected to follow the program rules and complete homework in a quiet manner. Students need to be sure they have their homework before leaving the classroom. Students are not allowed to return to classrooms. Extended Day teachers do not tutor. If your child needs extended help with homework you need to contact the child's teacher. If a student attends a program like Good News Club during homework time we will not be responsible for their homework.
- It is the parent's responsibility to check homework each day.
- Inappropriate student behavior will not be tolerated in the Extended Day Program. Chronic/serious behavior will be recorded and be referred to the school principal if the director, student, and parent cannot successfully correct the problem. This may result in the child being removed from the Extended Day Program. All children are expected to follow the normal school rules found in the Brook Glenn Elementary School Handbook.

My signature below indicates that I understand and agree to abide by the guidelines set forth in the Extended Day Program Registration Packet and Parent Handbook.

Parent's Signature: _____ Date: _____

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.

**Fees paid are nonrefundable.