

BUENA VISTA ELEMENTARY SCHOOL
310 S. Batesville Rd, Greer, SC 29650

EXTENDED DAY PROGRAM REGISTRATION 2013-2014

School Office Phone: 355-2203 Fax: 355-2214
Extended Day Extension: 355-2206

Please return this form with \$40 registration to the school office.

Welcome to the Buena Vista Elementary School Extended Day Program. The purpose of our program is to provide quality, convenient and affordable care for our elementary-age students after school. The Extended Day Program operates in the school facilities. Each afternoon, the students enjoy a snack, do homework and participate in organized activities.

Program hours are from 2:30 – 6:00 pm on school days only. When school is not in session or when there is a half day, the Extended Day Program will not operate. All students must be picked up by 6:00 pm to avoid a late-pickup charge. Repeated late pickups can result in dismissal from our program. **There will be a late charge of \$1.00 for every minute you are late after 6:00. After 6:05 there will be a \$3.00 charge for every minute you are late. If late pickups continue your child will be dismissed from our program, and you may need to find a program more suited for your needs.**

Program fees are set by Greenville County Schools and all schools operate on guidelines from Greenville County Schools.

An annual non-refundable registration fee of \$40 per family is required at enrollment. No registration form will be accepted without the accompanying registration fee. 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 EXTENDED DAY PROGRAM FEES

	1 day	2 days (half-time)	3 or more days (Full-time)
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 Extended Day Program are due on Fridays by closing time in advance of extended day care for the following week. Payments may also be made in advance on a bi-weekly or monthly basis. The fee payments for extended day care HOLD your child's place in the program and must be paid in full whether or not your child attends. Failure to pay after school care will result in the child being withdrawn from the program.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. The payment plan must be noted on the registration form, and you may not deviate from that, without prior approval from the Director. Payments are to be made according to the schedule attached. (SEE ATTACHED SCHEDULE)**

Failure to pay on or before the day your payment is due may result in your child being removed from the program.

Signature _____ Date _____

****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. Fees paid are nonrefundable.**

Pick-Up

Only adults designated on the registration form may pick up children. Parents who wish for someone other than those designated on the registration form to pick up their child, must send a note with their child along with a daytime number where they can be reached. You may also fax a note to the office by 4:00 pm. Please write in a password so that we may verify who is picking up. If we call you... your password will be asked of you. You may also add your password to your written note for verification.

PASSWORD: _____

Discipline

Appropriate student behavior is expected at all times. While the Extended Day has a more relaxed atmosphere, certain standards of conduct must be kept. Students are expected to respect their leader at all times. A good attitude is always expected. Students are also expected to respect the building. This means that there is to be no running in the halls. It also means that the students are not to put their hands and feet on the walls of the building. It means that they are not to deface school property or anything that does not belong to them. There is a no TOLERANCE rule in Greenville Co. Schools for fighting.

Disciplinary actions may include: Written referral, parent called or child suspended from our program. The altercation will determine the length of suspension. Students who habitually break the rules will be disciplined according to the following:

The first time a student is sent to the Director for a behavior problem a verbal warning will be given.

On the second offense, a letter will go home to the parents detailing the behavior problem.

On the third offense, the student will either be suspended or removed from the program. The suspension or removal of the student will be at the discretion of the Director with input from the school administration.

My signature below indicates my understanding of, and agreement to abide by, the guidelines set for Buena Vista Elementary School Extended Day Program. Thank you for entrusting your child to our care.

Parent's Signature _____ Date _____

School Insurance

Purchased school insurance covers the activities of this program. This coverage is available at the beginning of the school year or during school enrollment for the current school year.

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 _____

EDP REGISTRATION AND FEES

(Entire application must be accompanied by the \$40.00 family registration fee)

Student's Full Name _____ Grade for 2013-2014 _____

Address _____

Street Apt. # _____

City _____ State _____ Zip Code _____

Parent e-mail address: _____

Home Phone# _____ Race _____ Sex _____ Birthdate _____

Father's Name _____

Employer _____

Cell Phone # _____ Work Phone# _____

Mother's Name _____

Employer _____

Cell Phone # _____ Work 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(s):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

(.5 week = 2 days in the Extended Day Program, regardless of hours in care.)
Full week in the Extended Day Program = 3 or more days regardless of hrs. in care.

Signature _____ Date _____

The following people have my permission to pick up my child/children:

Name _____ Phone _____

_____ Relationship _____

Name _____ Phone _____

_____ Relationship _____

Name _____ Phone _____

_____ Relationship _____

Name _____ Phone _____

_____ Relationship _____

Signature _____ Date _____

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 that 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 action is deemed 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.

Weekly Schedule

Payment due on or before:

August 21
 August 26
 Sept 3
 Sept 9
 Sept 18
 Sept 22
 Sept 23
 Sept 30
 Oct 1
 Oct 7
 Oct 14
 Oct 21
 Oct 28
 Nov 4
 Nov 11
 Nov 18
 Nov 24 (pay part-time rate)
 Dec 2
 Dec 9
 Dec 16
 Christmas Break
 Jan 6
 Jan 13
 Jan 20
 Jan 27
 Feb 3
 Feb 10
 Feb 17
 Feb 24
 Mar 3
 Mar 10
 Mar 17
 Mar 24
 Mar 31
 April 7
 Spring Break
 Apr 21
 Apr 28
 May 5
 May 12
 May 19
 May 26

Bi-Weekly Schedule

Payment Due on or before:

August 21
 Sept 3
 Sept 16
 Sept 30
 Oct 14
 Oct 28
 Nov 11

 Nov 18
 Nov 25 at part-time rate)
 Dec 2

 Dec 16 (pay one week)
 Christmas Break
 Jan 6
 Jan 20
 Feb 3
 Feb 17
 Mar 3
 Mar 17
 Mar 31
 Spring Break
 Apr 21
 May 5
 May 19
 May 26-30 pay one week

 LAST DAY OF EDP May 30th, 2013

Monthly Schedule

Payment Due on or before:

August 21 (pay two weeks)
 Sept 3 (5 wks in Sept)
 Oct 7
 Nov 4 (pay part time rate for week of Thanksgiving)

 Dec 2 (3 weeks)
 Christmas Break
 Jan 6
 Feb 3
 Mar 2 (5 weeks in Mar.)

 April 7
 Spring Break
 May 5
 Last day of EDP is May 30th

Signature _____ Date _____