

# Fork Shoals Extended Day Program Handbook



2011-2012

## **Fork Shoals Extended Day Program**

Our goal is to provide a safe, healthy environment for your child after school. This program is designed to benefit families by providing affordable and accessible child care. Children will be assisted with homework, provided with snacks, and have recreation time. We will have access to the computer lab and the media center. Children may work on school projects or educational computer programs in the areas. They may also have free time. We will have some special events and parties throughout the school year. Fork Shoals School's Extended Day Program operates on guidelines set forth by Greenville County Schools. We adhere to these procedures.

### **Payments**

1. A once-a-year, non-refundable annual registration fee of \$40 per family will be required. If the child is removed from the program for a period during the year (for example, economic reasons), and then returns to the program, this fee does not have to be paid again. However, if the child transfers to another school where a program exists, the \$40 registration fee must be paid again.
2. Payment must be made in advance of extended care. Payments are due on Friday by closing time (6:00 PM). Payments must be in an envelope with child's name and date for which payment is being made. **If fees are not paid by Friday for the next week, there will be a \$10.00 fee added. This must be paid in full on the following Monday morning or the child will not be able to stay at the Extended Day Program on Monday afternoon.** You will need to make arrangements for someone to pick up your child at 2:30 that day. Failure to pay will result in the child being withdrawn from the program. If there is a problem with checks being returned, directors will require payments be made in cash. It is important to never allow a parent to become indebted to the program.
3. Each week you will pay the fee that you signed up for—either full week or half week. If your child is out, you will still have to pay your weekly fee. The only exception is that full-time students will only pay part-time fee the week of Thanksgiving. No reductions for sick leave or other absences are to be made. No monetary refunds will ever occur for any reason. School faculty and staff children who attend the extended day program are expected to abide by the guidelines in this handbook. No waivers of program fees or discounts are to be made for individuals employed by the school or the program.
4. There is no "drop in care". If you are withdrawing your child from the program, you must let the director know so that the spot can be filled.
5. For families in co-custody circumstances, the school will not be responsible for contacting either parent about who will pay for the service. If the fees are not paid, the child does not attend and will be withdrawn.

6. Please let us know if there is going to be a transportation change either by note, email, or phone.

<u>Children</u>	<u>Weekly Payment</u>	<u>.5 Week</u>
1	\$40	\$25
2	\$65	\$45
3	\$85	\$65
4	\$105	\$85

\*Half week = 2 day week as determined by the school calendar (ex. Thanksgiving week would be considered Half Week). Parents may opt for their children to stay only 2 days per week; this would be considered Half Week rates. Inclement weather may cause a Half Week. In this case, the following week parents would be charged the reduced rate.

\*\*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.

7. In case of inclement weather or other unforeseen situation that causes school to close for 3 consecutive day, parents pay the .5 week fees (per number of children) at the next payment period. No limit to credit extensions for inclement weather or unforeseen circumstances causing unexpected closings is imposed on directors.
8. **Our program closes at 6:00 PM.** A late fee of \$1.00 per minute late will be applied to the next week's fees. The director will monitor and document pick-up times of students. Our employees are to leave at 6:00 PM.
9. Non-payment of weekly fees will result in removal from the program.
10. Parents should keep all payment receipts for tax purposes.

### Contact Information

Until 2:30, call 355-5007

After 2:30, Extended Day Cell Phone: 918-8852

Extended Day Office Phone: 355-5060

Email: [lgpeden@greenville.k12.sc.us](mailto:lgpeden@greenville.k12.sc.us)

**REGISTRATION AND FEES**

(Entire application must be completed with check for registration)

Student's Full Name \_\_\_\_\_ Grade for 2011-2012 \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt. #

City

State

Zip Code

Parent e-mail address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell 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.**

**School Insurance**

**Purchased** school insurance covers the activities of this program: United Healthcare Student Resources, [www.k12studentinsurance.com](http://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 \_\_\_\_\_ Date \_\_\_\_\_

**Waiver**

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

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_