

GREENBRIER 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	\$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 Mondays and Tuesdays 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 Failure to pay daycare will result in the child being withdrawn from the program.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 _____ Date _____

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 2010-2011 _____

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 the Extended Day 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.

STUDENT'S NAME _____

DISMISSAL INFORMATION:

It is essential that your child is signed out each day. The sign out book will be in the office. Please list any adult, including their phone number that you authorize to pick up your child:

Name of Individual	Relation to your child	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please remember only designated adults may transport children and may be asked to show identification. If there is a change in the above listed names, please notify me immediately. If you wish adults other than those listed above to pick up your child, you must send a signed authorization with a daytime telephone number to be confirmed.

I also understand that a late fee of \$1.00 per minute will be charged for children picked up after 6:00 PM. The fee will be added to next week's regular payment.

Parent/Guardian Signature

Date

*****Please send these back to the program director.*****