

**TIGERVILLE ELEMENTARY SCHOOL
EXTENDED DAY PROGRAM (EDP)**

GUIDELINES

Registration fee is \$40.00 per family, to be paid once each year. If a student transfers to another school where a program exists, the \$40.00 fee must be paid again. Weekly fees for the program are as follows:

Number of Children	Full Week (3,4,or5 days)	Half Week (2 days)	Single Day
1	\$ 40	\$ 25	\$ 15
2	\$ 65	\$ 45	\$ 25
3	\$ 85	\$ 65	\$ 35

Fees should be paid by the week or month only. **Payments must be made in advance for after school care.** No refunds will be issued, but credits will go against your account. Failure to pay after school fees will result in the child being withdrawn from the program.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. Weekly fees are determined by the basis of enrollment on the registration paper. **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.

- ❖ All children will be expected to follow the regular school rules and the *Discipline with Love and Logic* format. For the protection of your children, a parent or guardian must sign out each day. A child will be released ONLY to:
 - The child's custodial parent or guardian or those listed on the registration paper.
 - A person authorized, through telephone conversation with custodial parent/guardian.
 - A person given handwritten authorization by a custodial parent/guardian.
- ❖ If bad weather forces early dismissal, the parents will be responsible for picking up their children as soon as possible. If regular school is cancelled, the After School Program will be closed.
- ❖ Any child showing signs of illness will be isolated. In case of an emergency, a staff member will immediately call for professional help (911). Parents, designated emergency contacts, or the child's physician will be notified immediately. If a child needs to take medication on a regular basis during the day, medication must be in the original container, labeled with the child's name, dosage, instructions, and other pertinent information. The parent/guardian must also give written permission and state the reason for the medication.
- ❖ A daily snack is provided by the cafeteria at no additional charge. If your child has food allergies, you are responsible for providing your own snacks.
- ❖ All children will go outdoors, weather permitting. Please see that your child is dressed accordingly. A written note must be sent if a child should not go outdoors because of illness. If illness persists for more than several days, the child will not be admitted until fully recovered.
- ❖ 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.
- ❖ If you have an emergency, you may reach Sheila Blackwell, Program Director: 355-4634 or 901-2000.

EXTENDED DAY PROGRAM (EDP) REGISTRATION

Student's Full Name _____ **Grade for 2011-2012** _____

Address
_____ **Street** _____ **Apt. #** _____

_____ **City** _____ **State** _____ **Zip Code** _____
Home Phone _____ **Birthdate** _____

Father/Guardian Name _____

Employer _____
Work Phone _____ **Cell Phone** _____ **Email** _____

Mother/Guardian Name _____

Employer _____
Work Phone _____ **Cell Phone** _____ **Email** _____

The LEGAL GUARDIAN(S) of this child _____

Fees will be due according to enrollment request. You can drop enrollment if necessary & re-enroll without penalty. Services are NOT available on a "drop in" status.

_____ I will be enrolling my child on a WEEKLY basis. Three or more days is considered a full week.
_____ I will be enrolling my child for the following number of days: 1 2

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ **Phone** _____
Name _____ **Phone** _____

Is your child allergic to bee stings? _____
If yes, what procedures should be followed if your child is stung?

Any present medical conditions or allergies which should be known?

Child's Doctor: _____ **Phone** _____

Insurance:

Child's medical insurance company _____ **Policy Number** _____
My child's current insurance policy covers my child beyond the school day.

Parent Signature _____ **Date** _____

Waiver:

_____ My child currently has school insurance with United Healthcare Student Resources.

Parent Signature _____ **Date** _____

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

Parent Signature _____ **Date** _____

In 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 above and follow the doctor's instructions. If the doctor cannot be reached, I authorize the school to that whatever steps seem necessary to assist my child.

I have read the above guidelines and understand the contents.
I understand that payment is due weekly or my child will not be able to attend the After School Program until the account is current.

Parent Signature _____ **Date** _____