



# A.J. Whittenberg Elementary School of Engineering Extended Day Program Registration Packet 2018-19

## Student Information - 1

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_ Teacher (if known) \_\_\_\_\_

## Student Information - 2

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_ Teacher (if known) \_\_\_\_\_

**\*\*If necessary, fill out an additional copy of page 1 if you have more than two students.**

## Parent/Caregiver Information

Caregiver #1 Name \_\_\_\_\_

Caregiver #2 Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Primary Email \_\_\_\_\_

## Dismissal Registry

In the spaces below, please list the FULL NAME of all individuals (**INCLUDING PARENTS**), 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 \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

## 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 # \_\_\_\_\_

## Medical Information – 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 # \_\_\_\_\_

**\*\*If necessary, fill out an additional copy of page 2 if you have more than two students.**

## Accident/Health Insurance

We strongly encourage all families to have accident/health insurance policy for their student(s). School insurance may be purchased at [www.k12studentinsurance.com](http://www.k12studentinsurance.com). Please indicate your coverage below.

\_\_\_\_\_ My student(s) IS covered by Accident/Health Insurance, or I plan on purchasing a student accident insurance policy

\_\_\_\_\_ My student(s) IS NOT covered by Accident/Health Insurance AND/OR I do not plan on purchasing an accident policy.

Company \_\_\_\_\_

Policy # \_\_\_\_\_

**\*\*Hospital preferred in case transport is needed** \_\_\_\_\_

## 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 \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone # \_\_\_\_\_

I understand that the staff of the EDP is trained in basic first aid and CPR. If I, the student's doctor, or the Emergency Contacts listed cannot be reached, then I authorize the EDP to do whatever is necessary to care for my student.

Parent/Guardian 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 \_\_\_\_\_

## EDP Fee and Policy Contract, 2018-19

I, \_\_\_\_\_, hereby register my student(s), \_\_\_\_\_, for the  
*(please print)*

2018-19 Extended Day Program at A. J. Whittenberg Elementary. He/She/They will begin attending the EDP on:

**Circle One:**     A. His/Her first day of school

B. The day of \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_ Full-time (3-5 days per week)

\_\_\_\_\_ Part time (1-2 days per week)

Check all that apply:

\_\_\_\_ Mon.    \_\_\_\_ Tues.    \_\_\_\_ Wed.    \_\_\_\_ Thurs.    \_\_\_\_ Fri.

Extended Day Program Weekly Rates			
Registration Fee	\$40.00 per family		
Children	Full Time (3-5 days)	Part Time (2 days)	Part Time (1 day)
<b>1</b>	\$45.00	\$28.00	\$18.00
<b>2</b>	\$72.00	\$51.00	\$27.00
<b>3</b>	\$95.00	\$73.00	\$39.00
<b>4</b>	\$117.00	\$95.00	\$51.00

Furthermore, I agree to the following financial and policy 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 pay a weekly rate of \$\_\_\_\_\_ based on the pay rates listed for 2018-19 (above).
- \_\_\_\_\_ **I agree to make all weekly payments by Monday of each week.**
- \_\_\_\_\_ 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. I certify that all information contained within this packet is accurate.

**My initials above indicate that I understand and agree to abide by the guidelines set forth in the Extended Day Program Registration Packet and Parent Handbook.**