

## PARENT COPY TO KEEP

Entire application must be complete with a nonrefundable \$40.00 for registration  
Extend Day #355-3867

### Bell's Crossing Extend Day Pre-Registration for 2022-23

#### Important facts about our program:

#### Nonrefundable \$40.00 Registration fee due per family



1. All afterschool programs operate on guidelines set forth by Greenville County Schools.
2. Please read this registration packet carefully to understand that fees are payable the week in advance of your child's attendance. **There will be no exception for payments even if your child is sick, on school field trips, or vacations, and does not attend. There is no "pay as you use the program."** **Payments are due on the Friday prior to service; a \$10.00 late fee will be charged if the payment is not received by 1:00 pm on Monday.** Non-payment of fees will result in your child being withdrawn from the program. **No monetary refunds or transfer of funds will ever occur for any reason.**
3. Our program will operate only on days the school is open with students in attendance. **3-5 days of attendance is full time and 2 days can be any of the 5 days of school attendance. Only 1 change in status a year can be made.**  
Our programs will not operate:
  - When the district closes for inclement weather
  - Holidays
  - Teacher workdays
  - Summer
  - Half days
4. All students must be picked up by 6:00 pm. A late fee of \$1.00 per minute, per child, will be charged beginning at 6:01pm.
5. Parents are to keep all payment receipts for tax purposes (**Greenville County Schools' Tax ID # 576000234**). **We will keep your receipts for you and give them to you at tax time. We do not produce tax statements for the year or semester.**

I understand the fee payment system and important facts about our program.

I agree to the above procedures.

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

**E-mail address:** \_\_\_\_\_

*Disclaimer: At this time, fees will remain the same as 2022-23; however, if there is an increase in the weekly fee, it will be in effect for next year. We do not have that information currently and are not anticipating a fee increase at this time.*

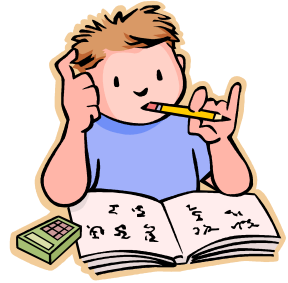
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**REGISTRATION AND FEES**

(Entire application must be completed with a \$40.00 for registration)

**Application for 2022-23 School Year  
Grade \_\_\_\_\_ (please compete)**

Student's Full Name \_\_\_\_\_

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 days:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

(.5 week = 2 days in After School Program, regardless of hours in care.)

**(FULL TIME = 3 TO 5 DAYS A WEEK)**

## Medical Information

Is your child allergic to bee stings? \_\_\_\_\_

If yes, what instructions should be followed if your child is stung? \_\_\_\_\_

Any other 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 at least two people and their relationship to the child (Grandpa, friend, etc.) that we may contact in case one of the parents cannot be reached.

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ 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.