

Teacher _____
Bethel Staff _____

Date/time rec'd _____
Date pd _____ Chk _____ Cash _____

Bethel Elementary
EXTENDED DAY PROGRAM REGISTRATION
2024-2025

Student's Full Name _____ **Grade Level 2024-25** _____

Race _____ Sex _____ Birthdate _____

Address _____

Father's Name _____

Employer _____

Phone work _____ cell _____

Email _____

Mother's Name _____

Employer _____

Phone work _____ cell _____

Email _____

LEGAL GUARDIAN(S) of this child is/are _____

Name/grade of siblings in Extended Day. Registration form must be filled out for each child. _____

The following adults are allowed to pick up my child. In case of an illness or emergency when I cannot be reached, you may contact an adult from this list.

	<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

These adults are NOT allowed to pick up my child: _____

Annual Registration Fee (non-refundable): \$40 per family

Number of Children	Weekly	Half Week	Daily
1	\$50.00	\$31.00	\$20.00
2	\$80.00	\$56.00	\$31.00
3	\$106.00	\$82.00	\$43.00
4	\$132.00	\$106.00	\$56.00
5	\$154.00	\$130.00	\$69.00

I will be enrolling my child (choose one):

____ **FULL TIME** (3 or more days/week): ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

____ **PART TIME** (2 days/week): ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

____ **ONE DAY** (1 day/week): ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

PLEASE READ AND SIGN BELOW THE FOLLOWING STATEMENT:

Payments for the after school program are due on Fridays 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 Failure to pay daycare will result in the child being withdrawn from the program.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.**

Parent Signature

Date

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, limitations, or allergies we should know about?

- Any medications your child is currently taking? _____
- Will the extended day director be responsible for administering medication for your child? _____
If yes, please provide details. _____
- Does your child receive Special Ed services/IEP? _____
 - Hearing/visual impairment
 - Physical impairment
 - Mental impairment
 - Emotional/behavior disorder
 - Autism

***Our extended day staff does not have access to the school nurse's office after school.*

*Please provide separate, properly labeled medication to the extended day director as needed.***

- Child's doctor: _____ Phone: _____
- Child's medical insurance: _____ Policy number: _____

PLEASE READ AND SIGN BELOW THE FOLLOWING STATEMENT:

In the case of an emergency such as an accident or serious illness, I understand that the school will attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and to follow the doctor's directions. If the doctor cannot be reached, I authorize the school to take whatever steps seem necessary.

Parent Signature

Date

Only current Bethel students or those who have already registered to attend Bethel during the 2024-25 school year may register for the extended day program.

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.