

Bethel Elementary
EXTENDED DAY PROGRAM REGISTRATION
2018-2019

Student's Full Name _____ **Grade Level 2018-19** _____

Race _____ Sex _____ Birthdate _____

Address _____

Home Phone _____ E-mail _____

Father's Name _____

Employer _____

Phone work _____ cell _____

Mother's Name _____

Employer _____

Phone work _____ cell _____

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

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.	_____	_____	_____
6.	_____	_____	_____

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

Annual Registration Fee (non-refundable): \$40 per family			
	<u>Weekly Fees</u>		
<u># of Children</u>	<u>Full Time</u> (3 or more days/wk)	<u>Part Time</u> (2 days/wk)	<u>One Day</u> (1 day/wk)
1	\$45	\$28	\$18
2	\$72	\$51	\$28
3	\$95	\$73	\$39

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

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 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.

Date

Parent/Guardian Signature

Only current Bethel students or those who have already registered to attend Bethel during the 2018-2019 school year may register for the extended day program.
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Lottery Selection Process:

Students currently enrolled in the program and their siblings will be given first priority to register and to receive a spot. New extended day program registrations received March 1- 23, 2018, will be entered into a lottery. Parents of students who receive a spot will be notified within a week, and registration payments (\$40/family, non-refundable) will be collected. Those who do not receive a spot will be given their waiting list numbers. Registrations received after March 23rd will be added to the waiting list if space is not available.

If you have questions, please contact:

Hanna Carlisle, Extended Day Program Director
(864) 355-4167

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.