

Please note the following when preparing to enroll in the Extended Day Program for the upcoming school year.

- ✎ Everyone must reenroll. Enrollment starts new each year.
- ✎ There are a limited number of spots that are first come first serve.
- ✎ The completed enrollment packet and registration fee are needed to hold your spot.
- ✎ Enrollment packet needs to be completed for each child in the program but only one registration fee per family.
- ✎ The Enrollment fee must be a check or cash separate from all payment fees.
- ✎ Enrollment packet needs to be the current one for the 2019-2020 school year. Please no old enrollment forms as things may have changed.

Thank you for enrolling in our Extended Day Program. If you have any questions about the program or the enrollment forms please do not hesitate to ask.

BUENA VISTA ELEMENTARY SCHOOL
310 S. Batesville Rd, Greer, SC 29650
EXTENDED DAY PROGRAM REGISTRATION 2019-2020
School Office Phone: 355-2200 Fax: 355-2214
Extended Day Extension: 355-2206

Please return this form with \$40.00 registration to the school office.

Welcome to the Buena Vista Elementary School Extended Day Program. The purpose of our program is to provide quality, convenient and affordable care for our elementary-age students after school. The Extended Day Program operates in the school facilities. Each afternoon, the students enjoy a snack, do homework and participate in planned and organized activities.

Program hours are from 2:45 – 6:00 pm on school days only. When school is not in session or when there is a half day, the Extended Day Program will not operate. If there is inclement weather Extended Day will not operate. Please make sure that your child knows their car tag number that was assigned to you at the beginning of the year, in case we have an early dismissal.

All students must be picked up by 6:00 pm to avoid a late-pickup charge. **There will be a late charge of \$1.00 for every minute you are late after 6:00. If late pickups continue your child will be dismissed from our program, and you may need to find a program more suited for your needs.**

Program fees are set by Greenville County Schools and all schools operate on guidelines from Greenville County Schools.

An annual non-refundable registration fee of \$40.00 per family is required at enrollment. No registration form will be accepted without the accompanying registration fee. If the child transfers to another school where a program exists, the \$40.00 fee must be paid again. Weekly fees apply for the program and are as follows:

Extended Day School Program Rates 2019-2020

# of Children	Week	Half Week	Daily
1	\$46.00	\$29.00	\$18.00
2	\$74.00	\$52.00	\$29.00
3	\$97.00	\$75.00	\$40.00
4	\$122.00	\$97.00	\$52.00
5	142.00	\$120.00	\$64.00

****Half Week= 2 day week as determined by the school calendar. (ex. Thanksgiving week is considered Half Week) Parents may opt for their children to stay only 2 days per week; this would be considered Half Week rates. Inclement weather may cause a Half Week. In this case, the following week parents would be charged the reduced rate.***

Payments for the Extended Day Program are due on Fridays by closing time in advance of extended day care for the following week. Payments may also be made in advance on a bi-weekly or monthly basis. The fee payments for extended day care HOLD your child's place in the program and must be paid in full whether or not your child attends. A \$10.00 fee will be added to late accounts, continuous late payments 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. The payment plan must be noted on the registration form, and you may not deviate from that, without prior approval from the Director. Payments are to be made according to the schedule attached. (SEE ATTACHED SCHEDULE) Failure to pay on or before the day your payment is may result in your child being removed from the program.**

Parent's Signature: _____ Date: _____

Child's Name: _____ Grade: _____

Pick up: Only adults designated on the registration form may pick up children. Parents who wish for someone other than those designated on the registration form to pick up their child, must send a note with their child along with a daytime number where they can be reached. You may also fax a note to the office by 4:00 pm. Please write in a password so that we may verify who is picking your child up. If we call you, we may ask that you verify your password. You may also add your password to your written note for verification.

PASSWORD: _____

Discipline

Appropriate student behavior is expected at all times. While the Extended Day has a more relaxed atmosphere, certain standards of conduct must be kept. Students are expected to respect their leader at all times. A good attitude is always expected. Students are also expected to respect the building. This means that there is to be no running in the halls. It also means that the students are not to put their hands and feet on the walls of the building. It means that they are not to deface school property or anything that does not belong to them. There is a no TOLERANCE rule in Greenville Co. Schools for fighting.

Disciplinary actions may include: Written referral, parent called or child suspended from our program. The altercation will determine the length of suspension. Students who habitually break the rules will be disciplined according to the following:

The first time a student is sent to the Director for a behavior problem a verbal warning will be given.

On the second offense, a letter will go home to the parents detailing the behavior problem.

On the third offense, the student will either be suspended or removed from the program. The suspension or removal of the student will be at the discretion of the Director with input from the school administration.

My signature below indicates my understanding of, and agreement to abide by, the guidelines set for Buena Vista Elementary School Extended Day Program. Thank you for entrusting your child to our care.

Parent's Signature _____ Date _____

EDP REGISTRATION AND FEES

(Entire application must be accompanied by the \$40.00 family registration fee)

Student's Full Name _____ Grade for 2019-2020 _____

Address _____

Street Apt. # _____

City State Zip Code _____

Parent e-mail address (*Please Include*): _____

Home Phone# _____ Race _____ Sex _____ Birthdate _____

Father's Name _____

Employer _____

Cell Phone # _____ Work Phone# _____

Mother's Name _____

Employer _____

Cell Phone # _____ Work 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 day(s):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

(.5 week = 2 days in Extended Care Program, regardless of hours in care. Full week in the Extended Day Program = 3 or more days regardless of hrs. in care.)

Signature _____ Date _____

Child's Name: _____ **Grade:** _____

The following people have my permission to pick up my

child: Name _____

Phone# _____ **Relationship** _____

Name _____

Phone # _____ **Relationship** _____

Name _____

Phone# _____ **Relationship** _____

Name _____

Phone# _____ **Relationship** _____

Signature _____ **Date** _____

Child's Name: _____ Grade: _____

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 or allergies that 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 (Please list the name and telephone numbers of two people and their relationship (Grandpa, friend, etc.) that we may contact in case one of the parents cannot be reached.

1. _____ Phone # _____

2. _____ 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 action is deemed necessary.

Parent Signature _____ Date: _____

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.