

Crestview Elementary School 2019-2020
EXTEND DAY REGISTRATION and FEES

We will be accepting registrations for the 2019-2020 school year beginning on April 22, 2019. Spaces are limited, so registrations will be given on a first come, first served basis. A one-time a year, non-refundable registration fee of \$40 per family **AND** the first week's fee will be required before your child is officially enrolled. If the child transfers to another school where a program exists, the \$40 fee must be paid again. We are expecting a rate increase, but we will use the current fees for registration only.

Our program operates on regular school days only (no teacher workdays, snow days, half days or early dismissal days) and the hours are from 2:30 to 6:00 (**please do not arrive prior to 3:00 to pick up your child from Busy Bees as this disrupts our regular dismissal procedures**). Students are provided snacks, homework supervision, recreation, arts and crafts, computer time and special activities. Students may register as full time (3 or more days) or part time (1 or 2 days). Students registering for 1 or 2 days must attend on the same days each week. These may not change from week to week. No drop ins are allowed in the Busy Bee program. All participants must be registered to attend the program.

All parents will be provided a copy of the Busy Bee handbook at the beginning of the school year. All parents and students must abide by the guidelines set forth in this handbook.

WEEKLY EXTEND DAY FEES

Extended Day School Program Rates 2019-2020 (subject to change for the upcoming year)			
	Weekly	Two days	One Day
One Child	\$46.00	\$29.00	\$18.00
Two Children	\$74.00	\$52.00	\$29.00
Three Children	\$97.00	\$75.00	\$40.00
Four children	\$122.00	\$97.00	\$52.00
Five Children	\$142.00	\$120.00	\$64.00

Payments for the after school program are due on Friday by 6:00 pm in advance of the extended day program for the following week. All payments must be made to the Busy Bee director. A \$15.00 fee will be charged for late payment. A late fee will be applied to anyone who is picked up after 6:00. If there is a problem with checks being returned, the director will require that payments be made in cash, credit or money order. 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. No reductions for sick leave or other absences will be made. No monetary refunds will be made for any reason.**

****If the economy dictates that you no longer need the services of our program, you may withdraw your child to avoid paying for weeks you do not need and re-enroll your child when your circumstances change pending available space. You must give a two week notice in advance to withdraw from the program.**

Parent Signature:_____ Date:_____
By signing this you acknowledge the payment terms outlined above.

REGISTRATION AND FEES

Entire application must be completed for each child with check for registration

Your child will officially be enrolled when you have returned ALL of the following:

- The completed registration packet
- \$40 non-refundable registration fee per family
- First week's payment

Student Information – 1

Full Name: _____ Age: _____ Date of Birth: _____

Gender: _____ male _____ female Grade for 19-20 _____ teacher if known: _____

Student Information – 2

Full Name: _____ Age: _____ Date of Birth: _____

Gender: _____ male _____ female Grade for 19-20 _____ teacher if known: _____

Student Information – 3

Full Name: _____ Age: _____ Date of Birth: _____

Gender: _____ male _____ female Grade for 19-20 _____ teacher if known: _____

For additional children please fill out another form.

Address _____

Street

Apt. #

City

State

Zip Code

Parent/Legal Guardian Information - 1

Name: _____ Relationship: _____ email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Legal Guardian Information - 2

Name: _____ Relationship: _____ email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

_____ I will be enrolling my child for three or more days (full week option).

_____ I will be enrolling my child for 1 or 2 days (please check which day or days). These days must remain the same each week.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Fees must be paid weekly regardless of your child's attendance in order for your child to remain in the program.

Parent Signature: _____ **Date:** _____

Dismissal Registry:

In the spaces below, please list the FULL NAME of all individuals who are approved to pick up your child/children. Please note that ALL individuals must be prepared to show a photo ID when arriving to pick up.

Other adults authorized to pick up my child: A photo ID will be required

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Medical Information

Student 1:

Student's Full Name: _____ Age: _____ Date of birth: _____

Does your child have any allergies or any other medical conditions? _____

If yes, what are these and what actions should be taken?

Your child's doctor _____ Phone # _____

Student 2:

Does your child have any allergies or any other medical conditions? _____

If yes, what are these and what actions should be taken?

Your child's doctor _____ Phone # _____

Student 3:

Does your child have any allergies or any other medical conditions? _____

If yes, what are these and what actions should be taken?

Your child's doctor _____ Phone # _____

IN CASE OF ILLNESS OR ANY EMERGENCY (EARLY DISMISSAL DUE TO WEATHER, ETC.) 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 # _____

Parent Signature: _____ **Date:** _____

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 signature

Homework completion option: In Busy Bees we have designated time for students to complete homework assignments. This will enable them to complete as much as possible before going home in the evening. Students not working on homework will be expected to engage in quiet activities while their classmates complete their work. Students must bring all required materials with them to Busy Bees. They will not be allowed to go back to their classroom to pick up any homework or activities left there.

I prefer that my child

_____ complete as much homework as possible in Busy Bees

_____ not work on homework until they get home. I understand my child **MUST** have a quiet activity to complete during homework time.

Photography and Video Release:

There are times during which your student may be in a photograph or digital video that will be part of promotional materials associated with the Busy Bees after school program. Please choose one of the options below:

_____ I give the EDP staff permission to use a photograph or digital video clip of my child as a part of materials (website, publications, etc.) associated with the school.

_____ I **DO NOT** give the EDP staff permission to use a photograph or digital video clip of my child as a part of materials (website, publications, etc.) associated with the school.

Movie Rating Release:

As an incentive, there may be times when your child will be viewing a G or PG movie. Please check below to approve or decline movie ratings for your child. (check all that apply).

_____ I give my child permission to watch G movies only

_____ I give my child permission to watch G and PG movies

_____ I **DO NOT** give my child permission to watch any movies in the after school program

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.