Fountain Inn Elementary 22/23 Extended Day Program Registration Application

608 Fairview St, Fountain Inn SC 29644

Student Information				
Student's Full Name		Grade for 202		th Date
Street Address		City	State	Zip
Parent Information				
Father's Name	Father's	s Email Address (op	otional)	
Employer	Employ	er's Phone Number	r	
Home Phone #	Father's	s Cell Phone		
Mother's Name	Mother	's Email Address (o	ptional)	
Employer	Employ	er's Phone Number	r	
Home Phone #	 Mother	's Cell Phone		
Legal Guardian Inforr	nation (if diffe	rent from ab	ove)	
Name(s)		<u></u>		
Street Address		City	State	Zip

	ıformation		
I wi	ill be enrolling my child o	n a weekly basis	
I wi	ill be enrolling my child fo Monday Tuesd	• .	Thursday Friday
ost			
Weekly feeHalf-Week	s must pay a yearly regise will be charged when of fee will be charged when in the charged when on	operating on Attendance en on Plan 2 Attendance Plan 1	
Exte	nded Day Schoo	i Program Rates	2022-2023
# of Children	3-5 Days per week (Attendance plan 5)	2 days- Half Week (Attendance Plan 2)	Daily (Attendance Plan 1)
	3-5 Days per week	2 days- Half Week	Daily
# of Children	3-5 Days per week (Attendance plan 5)	2 days- Half Week (Attendance Plan 2)	Daily (Attendance Plan 1)
# of Children	3-5 Days per week (Attendance plan 5) \$48.00	2 days- Half Week (Attendance Plan 2) \$30.00	Daily (Attendance Plan 1) \$19.00
# of Children 1 2	3-5 Days per week (Attendance plan 5) \$48.00 \$77.00	2 days- Half Week (Attendance Plan 2) \$30.00 \$54.00	Daily (Attendance Plan 1) \$19.00 \$30.00

Is your child allergic to bee stings ____ Yes ____ No If yes, what instructions should be followed if your child is stung? Any present medical conditions or allergies which should be known?

Child's Doctor:			
Doctor's Phone Number	:		_
	is medically insure	ed with	
Your Child		Name of Insurance Company	Policy #
	other emergency (ea and their relationshij	rly dismissal due to weather, etc.,), please list the names and telephone re may contact them in case one of the
Emergency Contact #1 (Na	 nme)	Phone Number	Relationship to Child
Emergency Contact #1 (Na	 ime)	Phone Number	Relationship to Child
an accident or serious il	lness. If I cannot be i	reached, I authorize the school to	t me in the case of an emergency such contact the doctor listed on this form e the school to take whatever steps see
Parent's Signature		 Date	
Please Note: The Scho	12:		e hasis of age race sex color handican

religion or national origin in its dealings with employees, students, the general public, applicants for employment, educational programs, activities or access to its facilities.

Extended Day Registration Fees

A one-time a year, non-refundable registration fee of \$40 per family will be required. If the child transfers to another school where a program exists, the \$40 fee must be paid again. Weekly fees apply for the program and are as follows:

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.

the economy dictates that you no longer ne aying for weeks you do not need and re-enro		
arent Signature	 Date	