

Fountain Inn Elementary

EXTENDED DAY PROGRAM REGISTRATION 2017-2018

Director: Ashley Smith

Office Phone: 505-3345

355-5101

Extended Day Extension: 355-5170

Welcome to the Fountain Inn Elementary 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 Care program operates in the school facilities. Each afternoon, the students enjoy a snack, do homework, and participate in organized activities.

Program hours are from 2:30 – 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, the Extended Day Program will not operate.

All students must be picked up by 6:00 pm to avoid late pickup charges which are outlined in the parent handbook. After three late pickups, your child will be dismissed from the program.

An annual, non-refundable registration fee of \$40 per family will be required at enrollment. No registration forms will be accepted without the accompanying registration fee. If the child transfers from another school where a program was attended, the fee must be paid again. Weekly fees apply for the program and are as follows:

WEEKLY EXTENDED DAY PROGRAM FEES

	<u>1 day account</u>	<u>2 day Account</u>	<u>Full Account (3 or more days)</u>
1 child	\$18.00	\$28.00	\$45.00
2 children	\$27.00	\$51.00	\$72.00
3 children	\$39.00	\$73.00	\$95.00
4 children	\$51.00	\$95.00	\$117.00

NOTE: It is a requirement that you sign up for either a 1 day account, 2 day account, or full account (which is equivalent to 3 or more days a week). If your work schedule constantly changes, you need to sign up for a FULL week. For example: If your child needs to attend one day in week 1, three days in week 2, two days in week 3, etc.....You will be required to sign up for a FULL WEEK's account. This also goes for partial and one day accounts as well.

Payments for the Extended Day Program are due on Mondays 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 Failure to pay daycare will result in the child being withdrawn from the program. **Parents may NOT be indebted in the program. If an account is behind, temporary withdrawal from the program will occur until paid in full.** If there is a problem with checks being returned, the director will require that payments be made in cash. **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.**

****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.**

School Insurance

Purchased school insurance covers the activities of this program: United Healthcare Student Resources, www.k12studentinsurance.com

If parents do not wish to take this coverage, a parent or guardian waiver must be signed indicating this choice. Many people with adequate insurance policies do not require additional coverage.

My insurance company _____ covers my child beyond the school day.

Parent Signature _____ Date _____

Waiver

_____ I do not wish to purchase student school insurance for my child.

Parent Signature _____ Date _____

Start Date_____

Teacher_____

Reg. Paid_____

FOUNTAIN INN ELEMENTARY

EXTENDED DAY PROGRAM REGISTRATION FORM

(Entire application must be completed with Registration Fee for enrollment)

Student's Full Name_____ Grade for 2017-2018_____

Address_____

Street	Apt. #
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City	State	Zip Code
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Parent e-mail address:_____

Home Phone#_____ Race_____ Sex_____ Birthdate_____

Father's Name_____

Employer_____

Phone #_____

Mother's Name_____

Employer_____

Phone #_____

The LEGAL GUARDIAN(S) of this child _____

Address_____

Street	Apt. #
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City	State	Zip Code
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_____ I will be enrolling my child on FULL week account (3 or more days)

_____ I will be enrolling my child for a TWO day account (half week)

_____ I will be enrolling my child for a ONE day account

(MUST CHECK ONE OF THE ABOVE ACCOUNTS)

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 which 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 (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 # _____

Other people that have permission to pick up my child(ren). If they are not on this list, they WILL NOT be allowed to pick-up.

1) _____ 3) _____

2) _____ 4) _____

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.

Parent/Guardian

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.