

Gateway Elementary Extended Day Program Registration Application

200 Hawkins Rd | Travelers Rest, SC 29690 | 864.355.5202 or 864.355.5201

Student Information

_____	_____	_____	
Student's Full Name	Grade for 2020-2021	Birth Date	
_____	_____	_____	_____
Street Address	City	State	Zip

Parent Information

_____	_____
Father's Name	Father's Email Address (optional)
_____	_____
Employer	Employer's Phone Number
_____	_____
Home Phone #	Father's Cell Phone
_____	_____
Mother's Name	Mother's Email Address (optional)
_____	_____
Employer	Employer's Phone Number
_____	_____
Home Phone #	Mother's Cell Phone

Legal Guardian Information (if different from above)

Name(s)			
_____	_____	_____	_____
Street Address	City	State	Zip

Enrollment Information

_____ I will be enrolling my child on a weekly basis

_____ I will be enrolling my child for the following day:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

At this time, rates for the 2020-2021 School Year have not been approved. There is a possibility that rates may increase for the coming year due to possible salary increases and rate of inflation.

Medical Information

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 insured with _____
Your Child Name of Insurance Company Policy #

Emergency Contact Information

In case of illness or any other emergency (early dismissal due to weather, etc.), please list the names and telephone numbers of two people and their relationship (Grandpa, friend, etc.) so that we may contact them in case one of the parents cannot be reached.

_____	_____	_____
Emergency Contact #1 (Name)	Phone Number	Relationship to Child
_____	_____	_____
Emergency Contact #1 (Name)	Phone Number	Relationship to Child

By signing this statement, I understand that the school will attempt to contact me in the case of an emergency such as an accident or serious illness. 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's Signature Date

Please Note: *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.*

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.**

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.

Parent Signature

Date