OAKVIEW ELEMENTARY

Extended Day Program 2022-23 Registration Form
Please return the completed form to EDP Director Colleen Green at
cmgreen@greenville.k12.sc.us

Student Information

Student #1

_____
Name

_____   _____
Date of Birth   Grade for 2022-23

Please list known allergies: _____

_____

What precautions should be taken due to this student's allergies: _____

_____

What other known conditions should we be made aware of: _____

_____

Student #2

_____
Name

_____   _____
Date of Birth   Grade for 2022-23

Please list known allergies: _____

_____

What precautions should be taken due to this student's allergies: _____

_____

What other known conditions should we be made aware of: _____

_____

Student #3

_____
Name

_____   _____
Date of Birth   Grade for 2022-23

Please list known allergies: _____

_____

What precautions should be taken due to this student's allergies: _____

_____

What other known conditions should we be made aware of: _____

_____

Student #4

_____
Name

_____   _____
Date of Birth   Grade for 2022-23

Please list known allergies: _____

_____

What precautions should be taken due to this student's allergies: _____

_____

What other known conditions should we be made aware of: _____

_____

Parent/Caregiver Information

1.

_____
Mother's Name

_____
Street Address   City   State   Zip

_____
Mother's Email Address

_____   _____
Mother's Employer   Work Phone Number

_____   _____
Mother's Cell Number   Home Phone Number

2.

_____
Father's Name

_____
Street Address   City   State   Zip

_____
Father's Email Address

_____   _____
Father's Employer   Work Phone Number

_____   _____
Father's Cell Number   Home Phone Number

Emergency Information

Emergency Treatment 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 they deem necessary.

☐ Check here to indicate that you have read and agree to the Emergency Treatment Statement.

_____   _____

Child(ren)'s Doctor   Doctor Phone Number

Emergency Contacts

1.

_____   _____   _____

Name   Phone Number   Relationship to Child

2.

_____   _____   _____

Name   Phone Number   Relationship to Child

3.

_____   _____   _____

Name   Phone Number   Relationship to Child

Accident/Health Insurance

☐ My student(s) IS covered by Accident/Health Insurance, or I plan on purchasing a student accident insurance policy.

☐ My student(s) IS NOT covered by Accident/Health Insurance, or I plan on purchasing a student accident insurance policy.

_____   _____

Insurance Company Name   Insurance Policy

Dismissal

- Release time starts at 2:45 PM. If you need to pick up before then, please send in a note to your child's teacher(s) and come through the regular car line.
- EDP closes promptly at 6:00 PM. A charge of $1.00 per minute will be added to your payment after 6:00 PM.
- Repeated late stay will result in removal from the program.
- Please list the FULL NAME of all individuals (INCLUDING PARENTS) below who are approved to pick up your student. Please note that ALL individuals must be prepared to show a photo ID when arriving to pick up your student(s).

1.

_____   _____   _____
Full Name   Phone Number   Relationship to Child

2.

_____   _____   _____
Full Name   Phone Number   Relationship to Child

3.

_____   _____   _____
Full Name   Phone Number   Relationship to Child

4.

_____   _____   _____
Full Name   Phone Number   Relationship to Child

Behavior Policy

EDP follows the district behavior policies. Behavior issues will be written up and discussed with the parent. Being written up a total of 3 times can result in a suspension from the program.

Three or more suspensions will result in dismissal from the program.

☐ Check here that you have read and agree to the Behavior Policy.

EDP Fees _Updated May 18, 2022_

A one-time a year, non-refundable 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.

1 Child

1 Day $19.00 2 Days $30.00 3 or more days $48.00

2 Children

1 Day $30.00 2 Days $54.00 3 or more days $77.00

3 Children

1 Day $42.00 2 Days $79.00 3 or more days $102.00

4 Children

1 Day $54.00 2 Days $102.00 3 or more days $128.00

5 Children

1 Day $67.00 2 Days $126.00 3 or more days $149.00

*Rates are pending an increase.
**You may add or drop days one time during the school year with a 3 week notice.
***A 3-week notice is required when withdrawing from the program (you will be required to pay for the 3 weeks).
****You may return to the program if there is a spot available.

Payment and Non-Refundable Fee Policy

Payments are due each Friday by closing for the week in advance. If school is closed, your payment will be due on the last day school will be open for the week prior. Failure to pay will result in a $25.00 late fee. Excessive late payments will result in your child/children being withdrawn from the program. Fees are due even if your child does not attend for any reason.

For part-time students, if the school is closed on a specific day you have signed up for you will not receive a credit. However with advance notice to their teacher and to the after school director you may choose to send your child on another day.

If there is a problem with returned checks, you will be required to pay with cash. Parents may not be indebted to the program.

There are several ways to make your payment.

1. Check or cash can be turned into the front office or given to the director
2. Myschoolbucks can be set up through the Oakview website (4% convenience fee will be applied)
3. Set up payment through your bank

☐ Check here that you have read and agree to the Payment and Non-Refundable Fee Policy.

Enrollment Information

Please check all that apply

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

Contract & Agreement

By adding my name and email here, I agree that I understand all the rules and regulations of the Extended Day program. I understand that I am not assured a spot in EDP until the school has received the $40 registration fee and I have verification from the school that my child is accepted into the program.

_____   _____
Name of person completing this form   Email address