



**2024-25 Registration for RETURNING
Extended Day Program Students ONLY**

*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 2024-25

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 2024-25

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 2024-25

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 2024-25

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

Are there any custody arrangements we should be aware of? Yes No

If yes, please provide details _____

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 July 24, 2023*

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. This fee must be check (made out to Oakview Elementary) or cash only; it cannot be paid on MySchoolBucks.

1 Child

1 Day \$20.00	2 Days \$31.00	3 or more days \$50.00
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2 Children

1 Day \$31.00	2 Days \$56.00	3 or more days \$80.00
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3 Children

1 Day \$43.00	2 Days \$82.00	3 or more days \$106.00
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4 Children

1 Day \$56.00	2 Days \$106.00	3 or more days \$132.00
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5 Children

1 Day \$69.00	2 Days \$130.00	3 or more days \$154.00
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****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 the first week's payment and I have verification from the school that my child is accepted into the program.

I also understand that it is my responsibility to update any changes to contact information, pickup information, etc. throughout the school year.

Name of person completing this form

Date

Email address