



EXTEND DAY REGISTRATION and FEES for 2019-2020 SCHOOL YEAR

Child's Name: _____

A one-time a year, non-refundable registration fee of \$40 per family will be required along with the first week's payment. 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:

WEEKLY EXTEND DAY FEES

(These prices are subject to change by Greenville County Schools)

	1 day	2 days	3 or more days
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
5 children	\$62.00	\$117.00	\$139.00

PLEASE READ PAYMENT POLICIES CAREFULLY:

- Payments for the after school program are due on Fridays by closing time in advance of after school care for the following week.
- If payment is not received in advance a \$5 late fee will be added.
- There will be an additional fee at the time of pick up if a parent arrives past 6:00 p.m. The fee is \$1 for each minute past 6:00 p.m. not to exceed \$10.
- Failure to pay aftercare for more than a week will result in the child being withdrawn from the program.
- Cash payments may be required if there is a problem with checks being returned. NSF fees will apply.
- Parents may not be indebted to the program.
- **Fees are paid even if your child does not attend for any reason. This payment holds your child's spot in the after school program. All schools operate on guidelines from Greenville County Schools and the cost of our program is very much below that of private daycares.**
- 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. You must give the director notice of withdrawal and reenrollment will be based on availability of space.

School Insurance

Purchased school insurance covers the activities of this program: K&K Insurance Group, 260-459-5885, school insurance at a very reasonable cost. 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 _____

REGISTRATION AND FEES

Entire application must be completed with \$40 check for registration fee and the first week's fee attached.

Student's Full Name _____ Grade for 2019-2020 _____

Address _____

Street

Apt. #

City

State

Zip Code

Parent e-mail address: _____

Home Phone# _____ Race _____ Sex _____ Birthdate _____

Father's Name _____

Employer _____

Work Phone # _____ Cell Phone # _____

Mother's Name _____

Employer _____

Work Phone # _____ Cell Phone # _____

The LEGAL GUARDIAN(S) of this child _____

Is there any custody restrictions that we need to know about? If so please explain: _____
(Provide copy of court documentation.)

Full Names of People allowed to pick up child other than guardians (ID will be required)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Fees are paid even if your child does not attend for any reason. This payment holds your child's spot in the after school program. All schools operate on guidelines from Greenville County Schools and the cost of our program is very much below that of private daycares. Daily enrollment will only be accepted if space permits in the fall.

_____ I will be enrolling my child on a weekly basis.

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

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Medical Information

Is your child allergic to bee stings? _____
If yes, what instructions should be followed if your child is stung? _____

Does your child have any food allergies? If so please list: _____

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 (Grandparent, friend, etc.) that we may contact in case one of the parents cannot be reached. Use an additional sheet if needed.

1. _____ Relationship _____ Phone # _____
2. _____ Relationship _____ Phone # _____

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.

Date

Parent/Guardian

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.