Student's Na	me				Grade 2019-2020	
Address	Street Addre					
	City		State		Zip	
Home Phone_		Race	Sex	Birthdate	•	
Email Address	S					
Father's Work	< #		Cell Phon	e#		
Mother's Nan	ne		_Employer_			
Mother's Work #Cell Phone#						
The legal guar	rdian(s) of the child	/children are				
The following	people have my pe	ermission to pick u	p my child:			
		Phone_		Relations	ship	
		Phone_		Relations	ship	
		Phone_		Relations	ship	
I will be enrol	ling my child full tir	me (3 days or more	e)			
I will be enrol	ling my child on the	e following days –	please circle	e below		
Monday	Tuesday	Wednesday	,	Thursday	Friday	

Medical Information

Is your child allergic to bee st	ings?			
If yes, what instruction	ons should be followed if the ch	ild is stung?		
Does your child have any pre-	sent medical conditions or aller	gies?		
Does your child take medicat	ion on a regular basis?			
If yes, please list all m	nedications			
Child's Physician_		Phone		
		, is medically insured with		
The policy number is				
number, and relationship of a reached	at least two people that we may	ue to weather etc.) Please list the name, y contact in case of the parent cannot be Relationship		
	Phone #	Relationship		
		Relationship		
PLEASE READ AND SIGN THE	FOLLOWING STATEMENT:			
to contact me. If I cannot be	reached, I authorize the school	s, I understand that the school shall attempt to contact the doctor listed on this form and hed, I authorize the school to take whatever		
Parent Sign	ature	 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, general public, applicants for employment, educational programs, activities, or access to its facilities.

2019-2020

Extended Day Registration and Fees

A one-time a year, non-refundable registration fee of \$40 per family is 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:

Weekly Extended Day Fees

	1 day	2 days	3 or more days
1 Child	\$18.00	\$29.00	\$46.00
2 Children	\$29.00	\$52.00	\$74.00
3 Children	\$40.00	\$75.00	\$97.00
4 Children	\$52.00	\$97.00	\$122.00

Payments are due on Monday's by noon of the current week. We do not accept cash; payments should be only checks or money orders. If a payment is late, you will incur a late payment fee of \$5.00. Failure to pay 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 with money order. The cost of our program is very much below that of private daycares; therefore, fees are paid whether or not your child attends.

Special admissions:

On occasion, students with special needs are enrolled in the EDP. The director will discuss the structure of the program so that you are aware of our policies and procedures. At that time your child may enter the program on a trial basis. We are not required to follow a student's IEP, but will work with you to attempt to allow for a successful experience. All the children follow the same guidelines for disciplinary corrections. If we find that your child is not adapting to our program, we have conferred with you about the issues, and he/she has had three documented offenses, they will be dismissed from the program.