

EXTENDED DAY PROGRAM (EDP) REGISTRATION

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

Address _____
Street _____ Apt. # _____
City _____ State _____ Zip Code _____

Birthdate _____

Mother/Guardian Name _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____

Father/Guardian Name _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____

Fees will be due according to enrollment request. You can drop enrollment if necessary & re-enroll without penalty with minimum of 3 weeks withdrawal.

Services are NOT available on a "drop in" status.

_____ I will be enrolling my child on a WEEKLY basis. Three (3) or more days is considered a full week.

_____ I will be enrolling my child for the following number of days: 1 2

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

ANYONE **NOT** AUTHORIZED TO PICK UP YOUR CHILD (if biological parent, MUST have court order):

Medical:

Is your child allergic to bee stings? _____ What procedures should be followed if your child is stung?

Any present medical conditions or allergies which should be known?

_____ My child has been prescribed an EpiPen for allergies. ***It is my responsibility to provide an EpiPen for the Extended Day Program other than the one kept in the school health room.***

_____ My child has been prescribed an inhaler for asthma. ***It is my responsibility to provide an inhaler for the Extended Day Program other than the one kept in the school health room.***

Child's Doctor: _____ Phone _____

Insurance:

Purchased school insurance covers the activities of this program. If parents do not wish to take this coverage, a waiver must be signed indicating this choice.

_____ I do not wish to purchase student school insurance for my child.

_____ My insurance company covers my child beyond the school day.

Parent/Guardian Signature _____

Date _____

****Please read & sign back of form****

Tigerville Elementary Extended Day Program Guidelines

Parent Signature Page

- Weekly fees are due on the Friday *prior* to the week the child attends. Failure to pay will result in the child being withdrawn from the program.
- The Extended Day Program is not a drop-in program. All fees are due in advance regardless of whether or not your child attends. There are no reductions for sick leave, vacation, or other absences. Weekly fees will be adjusted only if the school is closed for holidays or weather.
- If a check is returned for insufficient funds times, the director will collect any fees charged by the bank each time and may require future payments to be made in cash, money order or certified check.
- Program hours are from 2:30 pm – 6:00 pm. Please sign out your child on the attendance form daily. Please present a valid, government-issued, photo ID or school issued current car tag upon pick up.
- A late fee of \$1.00 per minute per family will be charged for children picked up after 6:00 pm.
- Prior to 4:00 pm, authorized adult must enter the building and come to the EDP room to pick up children. After 4:00 pm, a phone call needs to be made to the EDP room to request to have children brought to the front for pick up.
- Authorized adult must sign children out. Only those adults listed on registration form will be authorized to sign out children.
- In 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 I have provided and follow the doctor's instructions. If the doctor cannot be reached, I authorize the school to take whatever steps seem necessary to assist my child, including a call for EMS.
- Inappropriate student behavior *will not* be tolerated in the Extended Day Program. Chronic/serious behaviors will be recorded on a district disciplinary referral form and referred to the school principal if the director, student, and parent cannot successfully correct the problem. If a child continues to have behavioral issues, they may be withdrawn from the program.

My signature below indicates that I have received a copy of the Extended Day Program Handbook. I understand and agree to abide by the guidelines set for the Extended Day Program at Tigerville Elementary School.

Parent/Guardian Signature

Date