

PARENT COPY TO KEEP

Entire application must be complete with a nonrefundable \$40.00 for registration

please initial acknowledging nonrefundable reg fee

Extend Day #355-3867

Bell's Crossing Extend Day Pre-Registration for 2025-26

Important facts about our program:

Nonrefundable \$40.00 Registration fee due per family

1. All afterschool programs operate on guidelines set forth by Greenville County Schools.
2. Please read this registration packet carefully to understand that fees are payable the week in advance of your child's attendance. **There will be no exception for payments even if your child is sick, on school field trips, or vacations, and do not attend.**
3. **There is no "pay as you use the program." Payments are due on the Friday prior to service; a \$10.00 late fee will be charged if the payment is not received by 1:00 pm on Monday.** Non-payment of fees will result in your child being withdrawn from the program.
No monetary refunds or transfer of funds will ever occur for any reason.
4. Our program will operate only on days the school is open with students in attendance. **3-5 days of attendance is full time and 2 days can be any of the 5 days of school attendance. Only 1 change in status a year can be made.**
Our programs will not operate:
 - When the district closes for inclement weather
 - Holidays
 - Teacher workdays
 - Summer
 - Half days
5. All students must be picked up by 6:00 pm. A late fee of \$2.00 per minute, per child, will be charged beginning at 6:01pm.
6. **Parents are to keep all payment receipts for tax purposes (Greenville County Schools' Tax ID # 576000234). All receipts will be given to parents for their tax records. MySchoolBucks receipts can be retrieved from your personal account. We are unable to reproduce receipts from previous year. We do not produce tax statements for the year or semester.**
7. **If you need to request change Full Time/Parttime, Parttime/Full Time or withdraw from the program, an email MUST be sent to the director. You are only allowed ONE (1) change per school year.**



I understand the fee payment system and important facts about our program.

I agree to the above procedures.

Disclaimer: At this time, fees will remain the same as 2024-25; however, if there is an increase in the weekly fee, it will be in effect for next year. We do not have that information currently.

EXTEND DAY COPY TO KEEP PLEASE READ/SIGN/RETURN

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Parent _____ Date _____

E-mail address: _____

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REGISTRATION AND FEES

(Entire application must be completed with a \$40.00 for registration)
(This is nonrefundable fee.)

Application for 2025-26 School Year
Grade _____ (please compete)

Student's Full Name _____

Address _____
Street _____ Apt. # _____

_____ City _____ State _____ Zip Code _____

Parent e-mail address: _____

Home Phone# _____ Race _____ Sex _____ Birthdate _____

Father's Name _____

Employer _____

Phone # _____

Mother's Name _____

Employer _____

Phone # _____

Additional People allowed to pick up your child:

Please list the name and telephone numbers of at least two people and their relationship to the child (Grandpa, friend, etc.) that we may contact in case parents cannot be reached.

Name: _____ Phone # _____

Name: _____ Phone # _____

_____ 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

(.5 week = 2 days in After School Program, regardless of hours in care.)
(FULL TIME = 3 TO 5 DAYS A WEEK)

Medical Information

Is your child allergic to bee stings? _____

If yes, what instructions should be followed if your child is stung? _____

Any other present medical conditions or allergies which should be known: _____

Your child's doctor _____

Phone # _____

My child, _____, is medically insured with _____ . The policy number is _____ .

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.