

BLUE RIDGE MIDDLE SCHOOL EDP REGISTRATION APPLICATION 19-20

2423 East Tyger Bridge Road, Greer, SC 29651, 864-355-1900

Family Demographics**Student Information**

Student's Full Name	Grade for 2018-2019		Birthdate
	6 th ___	7 th ___	8 th ___
Street Address	City	State	Zip Code

Parent Information

Father's Name	Father's Email
Employer	Employer's Phone Number
Home Phone Number	Father's Cell Phone
Mother's Name	Mother's Email
Employer	Employer's Phone Number
Home Phone Number	Mother's Cell Phone

Legal Guardian Information (if different from above)

Guardian's Name			
Street Address	City	State	Zip Code

Enrollment Information

Yes ___	I will be enrolling my child on a weekly basis (3 or more days per week)						
Yes ___	I will be enrolling my child for the following day: (2 or less days per week)						
(Check Days)	Monday	Tuesday	Wednesday	Thursday	Friday		

Please Note: Half week = 2 days in Extended Day Program, regardless of hours of care.

Medical Information

Is your child allergic to bee stings?

Yes ___

No ___

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

Any present medical conditions or allergies which should be known?

Child's Doctor:

Doctor's Phone Number:

Child's Name

Insurance Company

Policy Number

Emergency Contact Information

In case of illness or any other emergency (early dismissal due to weather, etc.), please list the names and telephone numbers of two people and their relationship (Grandpa, friend, etc.) so that we may contact them in case one of the parents cannot be reached.

Emergency Contact #1	Phone Number	Relationship to Child
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By signing this 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 seem necessary.

Parent's Signature:

Date:

Please Note: 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.

Extended Day Registration Fees

A one-time a year, non-refundable registration 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. Weekly fees apply for the program and are as follows:

Extended Day School Program Rates			
# of Children	Week	Half Week	Daily
1	\$46.00	\$29.00	\$18.00
2	\$74.00	\$52.00	\$29.00
3	\$97.00	\$75.00	\$40.00
4	\$122.00	\$97.00	\$52.00
5	\$142.00	\$120.00	\$64.00

*Half Week= 2 day week as determined by the school calendar. (ex. Thanksgiving week is considered Half Week) Parents may opt for their children to stay only 2 days per week; this would be considered Half Week rates. Inclement weather may cause a Half Week. In this case, the following week parents would be charged the reduced rate.

Payments for the after school program are due on Fridays by closing time in advance of after school care for the following week. Failure to pay daycare 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 in cash. Parents may not be indebted to the program. Fees are paid even if your child does not attend for any reason. All schools operate on guidelines from Greenville County Schools. The cost of our program is very much below that of private daycares; therefore, fees are paid whether or not your child attends.

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.

Insurance

Purchased school insurance covers the activities of this program:

- K&K Insurance Group – Phone Number 260-459-5885

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. Please check one of the options below.

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

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

Parents Signature: