Bryson Middle Extended Day Program

3657 South Industrial Drive, Simpsonville, SC 29681

Phone: 864-355-2100, Fax: 864-355-2194

Student Information

_____ _____ _____

Student's Full Name **Grade for 2020-2021** **Birth Date**

_____ _____ _____ _____

Street Address **City** **State** **Zip**

Parent Information

_____ _____

Father's Name **Father's Email Address (optional)**

_____ _____

Employer **Employer's Phone Number**

_____ _____

Home Phone # **Father's Cell Phone**

_____ _____

Mother's Name **Mother's Email Address (optional)**

_____ _____

Employer **Employer's Phone Number**

_____ _____

Home Phone # **Mother's Cell Phone**

Legal Guardian Information (if different from above)

_____

Name(s)

_____ _____ _____ _____

Street Address **City** **State** **Zip**

Enrollment Information

___ I will be enrolling my child on a weekly basis

___ I will be enrolling my child for the following day

____ Monday ____ Tuesday ____Wednesday ____Thursday ____ Friday

At this time, rates for the 2021-2022 School Year have not been approved. There is a possibility that rates may increase for the coming year due to possible salary increases and rate of inflation.

Revised May 6, 2021

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: _____

_____ *is medically insured with* _____ _____

Your Child **Name of Insurance Company** **Policy #**

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 (Name) **Phone Number** **Relationship to Child**

_____ _____ _____

Emergency Contact #1 (Name) **Phone Number** **Relationship to Child**

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.

_____ _____

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.***

Parent's Signature _____ **Date**_____

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:

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.

_____ _____

Parent Signature Date