

Fountain Inn Elementary Extended Day Program

Parent Handbook 2020-2021

We are currently updating the handbook with COVID precautions and guidelines. Please check back Wednesday, August 19 for updated information. Thank you for your patience in this manner.

Mission Statement:

The mission of the Extended Day Program (EDP) at Fountain Inn Elementary School is to provide a safe, enriching after-school experience for all of its participants. Students will participate in a variety of activities to support their intellectual, social and physical development.

Hours of Operation:

The EDP will operate from 2:30 p.m. until 6:00 p.m. every day that school is in session, **excluding** half days. The EDP **will not operate on holidays, teacher workdays, or days that the school closes early due to inclement weather.**

Registration and Tuition:

1. **A once a year, non-refundable annual registration fee of \$40 per family will be required.** When enrolling in EDP, you must submit your registration form, including the EDP Program Guidelines Signature page (signed), \$40 registration fee, and first week's tuition.

# of Children	Full Week (3-5 days)	½ Week (2 days)	1 Day
1	\$46	\$29	\$18
2	\$74	\$52	\$29
3	\$97	\$75	\$40
4	\$122	\$97	\$52
5	\$142	\$120	\$64

*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.

Start Date _____

Teacher _____

Reg. Paid _____

FOUNTAIN INN ELEMENTARY

EXTENDED DAY PROGRAM REGISTRATION FORM

(Entire application must be completed with Registration Fee for enrollment)

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

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 # _____

The LEGAL GUARDIAN(S) of this child _____

Address _____ Street

Apt. #

City

State Zip Code

_____ I will be enrolling my child on FULL week account (3 or more days)

_____ I will be enrolling my child for a TWO day account (half week)

_____ I will be enrolling my child for a ONE day account

(MUST CHECK ONE OF THE ABOVE ACCOUNTS)

Medical Information

Is your child allergic to bee stings? _____

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

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

Your child's doctor _____

Phone # _____ My

child, _____, is medically insured with _____

_____. The policy number is _____.

IN CASE OF ILLNESS OR ANY EMERGENCY (EARLY DISMISSAL DUE TO WEATHER, ETC.) Please list the name and telephone numbers of two people and their relationship (Grandpa, friend, etc.) that we may contact in case one of the parents cannot be reached.

1. _____ Phone # _____

2. _____ Phone # _____

Other people that have permission to pick up my child(ren). If they are not on this list, they WILL NOT be allowed to pick-up.

1) _____ 3) _____

2) _____ 4) _____

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.

Parent/Guardian

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, the general public, applicants for employment, educational programs, activities or access to its facilities.