

**EXTENDED DAY PROGRAM REGISTRATION and FEES
2024-2025 SCHOOL YEAR**

EDP will begin the first day of school and follow the school calendar until the last full day. **A one-time a year, non-refundable registration fee of \$40 per family will be required along with the first week's payment. This can be paid starting July 1, 2024 and is due by August 02, 2024.** ALL PAYMENTS CAN BE MADE ONLINE at MYSCHOOLBUCKS.COM. Cash/ Check must be brought to the front office.

2024-2025 Extended Day Program Fee Rates

| Number of Children | Weekly | Half Week | Daily |
|--------------------|----------|-----------|---------|
| 1 | \$52.00 | \$32.00 | \$21.00 |
| 2 | \$83.00 | \$58.00 | \$32.00 |
| 3 | \$110.00 | \$85.00 | \$45.00 |
| 4 | \$137.00 | \$110.00 | \$58.00 |
| 5 | \$159.00 | \$135.00 | \$71.00 |

PLEASE READ PAYMENT POLICIES CAREFULLY:

- Payments for the after school program are due on **FRIDAYS** by closing time **in advance** of after school care for the **FOLLOWING** week.
- If payment is not received in **advance** a \$5 late fee will be added.
- There will be an additional **late fee** at the time of pick up if a parent arrives past 6:00 p.m. The fee is \$1 for each minute past 6:00 p.m. not to exceed \$10. You must come inside with an ID to sign a student out of EDP. After 3 late pickups, a warning will be issued. After 5 late pickups, the student will be dismissed from the program.
- **Failure to pay aftercare for more than a week will result in the child being withdrawn from the program.**
- Cash payments may be required if there is a problem with checks being returned. NSF fees will apply.
- Parents may not be indebted to the program.
- **Fees are paid even if your child does not attend for any reason. (This will be strictly enforced. Pay ahead to hold the student's spot and if they do not attend there is no refund.)** All schools operate on guidelines from Greenville County Schools.
- 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. **You must give the director notice of withdrawal.**

STUDENT INFORMATION:

Student's Full Name: _____ Grade (circle one): 6th 7th 8th
Address _____

Race: _____ Sex: _____ Birthdate: _____

Parent Name: _____

Employer: _____

Work Phone # _____ Cell Phone # _____

Parent email address: _____

Parent Name _____

Employer _____

Work Phone # _____ Cell Phone # _____

Parent email address: _____

What is your preferred method of communication: PHONE or EMAIL?

The LEGAL GUARDIAN(S) of this child are _____.

Are there any custody restrictions that we need to know about? If so, please explain:

_____.

(Please provide a copy of court documentation.)

Names of persons allowed to pick up your student **other than guardians**(ID will be required).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please check the line beside the extended day option you would like: Check only one.

● **My student will stay 3 or more days every week:** _____ Circle days they will be attending: Monday Tuesday Wednesday Thursday Friday

● **My student will stay 2 days a week:** _____ Circle days they will be attending: Monday Tuesday Wednesday Thursday Friday

● **My student will stay 1 day a week:** _____ Circle day they will be attending: Monday Tuesday Wednesday Thursday Friday

Student Medical Information:

Is your child allergic to bee stings ? (circle one) **YES NO**

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

Does your child have any food allergies? If so, please list them below:

Please list any present medical conditions or allergies:

Child's physician: _____

Physician Phone # _____

My child, _____, is medically insured with

_____. Policy # _____.

**IN CASE OF ILLNESS OR AN EMERGENCY (EARLY DISMISSAL DUE TO WEATHER,
ETC.)**

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

1. Relationship _____ Phone # _____

2. Relationship _____ Phone # _____

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 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.

INSURANCE OPTIONS:

School Insurance, if purchased, covers the activities of the Extended Day Program:
K&K Insurance Group, 260-459-5885, school insurance at a very reasonable cost.

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.

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

Parent Signature _____ Date _____

Waiver:

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

Parent Signature _____ Date _____