



## 2023-2024 Extended Day Program

### Before School Care

- Open to ALL students
- Time: 7:00-7:20am
- Full-Time Option ONLY - \$50 per student per month
- Registration Fee is not required for Before School Care
- Extended Day Form must be completed for each student requiring Before School Care

### After School Care

- K-3 – 6<sup>th</sup> Grade
- Time: 3:15-5:30pm
- 2 Options:
  - Full-Time Care \$107.50 per month
  - Drop-In Care \$10 per day

Students must be registered for the Extended Day program to utilize Extended Day. Participating in the Extended Day program is a privilege. Students who do not conform to rules or are referred to the office may be suspended or expelled from the program at the discretion of the school administration.

### Policies and Procedures

1. Completed registration form.
2. Pay \$25 Extended Day Program yearly registration fee.
3. Payments must be made monthly for Full-Time Students, and Daily on the day the Drop-In Student stays. Please put payment in an envelope marked with student's name and "Extended Day". Students who fall behind in payment will be dropped from the program.
4. There will be a late charge for pickup after 5:30pm of \$5 for each minute late.
5. The return of any check, for reason of insufficient funds may terminate the privilege of paying by check.
6. Parents must come inside to pick up/sign out students from the Extended Day Program in the afternoon.



## 2023-2024 Extended Day Program Registration Form

\*Complete one form for each student.

Student's Name \_\_\_\_\_

Choose Payment Type: ( ) Before School Care (\$50.00 paid per month or \$12.50 weekly)

( ) After School Full-Time Care (\$107.50 paid per month)

( ) After School ONLY Drop-In (\$10.00 paid per day)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

**MEDICAL INFORMATION: (Allergies, nosebleeds, bites, etc.)** ( ) Yes ( ) No

Explain: (continue on back if necessary) \_\_\_\_\_

Name and phone numbers of EMERGENCY Persons to Call:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Is child covered by insurance? ( ) Yes ( ) No

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Permission to seek medical treatment if unable to reach parents?** ( ) Yes ( ) No

Persons, other than parents, with permission to pick up child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_