

**2009 - 2010 Extended Day Program
REGISTRATION FORM**



STUDENT INFORMATION: (Please complete one form per child)

Name: _____
 Campus: _____ Grade: _____
 Home address: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Daytime phone #: _____ Cell phone#: _____
 Name: _____ Daytime phone #: _____ Cell phone #: _____
 Parent/Guardian e-mail: _____

EMERGENCY CONTACT:

Name: _____ Daytime phone #: _____ Cell phone#: _____
 Relationship: _____

DESIGNATED PICK-UP CONTACT: Same as emergency contact

Name: _____ Daytime phone #: _____ Cell phone#: _____
 Relationship: _____

PROGRAM RATES:

Before School : \$7.00 per day/ per child including breakfast
 After School: \$5.00 per hour with a full day rate of \$15:00 per day (2:30 - 6:00 pm)
(A family discount of 20% for families with 2 or more children will apply for the After School Program participants only)

ENROLLMENT OPTIONS: (Please choose one)

I'd like my child to start the Extended Day Program on this date: _____ for the times marked below:
Put an "X" in all boxes that apply

	Before School	After School Pickup		
	6:30 - 7:30 am	until 3:30 pm	until 4:30 pm	until 6 pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

I'd like my child to start the Extended Day Program on/around this date: _____ but I'm unsure of the schedule at this time and/or I am interested in occasional use of the Program.

CHANGES/CANCELLATIONS: must be made at least one week in advance. These requests must be sent in writing or by e-mail and confirmed by your Campus Site Coordinator.

PICK-UP AND LATE FEES: Students must be signed out from the extended day program by a parent or designated pickup person. If your child is not picked up by 6:00pm, you will be assessed a late fee \$1 per minute for each child and it is to be paid immediately upon your arrival.

Please complete and sign the the back of this application

Child's Name: _____

Parent/Guardian Agreement of Program Policies:

- I understand that the registration fee is non-refundable and is not applied to my child's participation fees.
- I understand that all Program fees are due **the Wednesday** following the week of participation.
- I understand that any person picking up my child needs to be listed on this form.
- I understand that I must submit a written request to withdraw my child from the Program.
- I understand that I will be charged \$1 per minute for every minute I am late past my pickup time.
- I understand that there is a code of conduct and that my child can be dismissed from the Program at the discretion of the Site Coordinator and there will be no refunds if my child is dismissed.
- I have read and understand the Extended Day Policies and Procedures and agree to follow the guidelines.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY:

Date Received: _____

Received By: _____

Check Number: _____

Amount Received: _____

Reg. Fee Paid: _____ Yes _____ No

Forms Received: _____ Application _____ Medical/Emergency On file _____ Pickup/Release Forms