

**Extended Day Enrichment Program**

I have received a copy of the Extended Day Enrichment Program policies and agree to comply with all rules and requirements therein.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

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**Extended Day Enrichment Program**

I understand that the Extended Day Enrichment program does not have accident/medical insurance on my child/children, and I will assume full responsibility for any and all medical expenses incurred due to injury while in the program.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

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**Extended Day Enrichment Program**

My child \_\_\_\_\_ will be attending on the following days:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

\_\_\_\_\_  
(Parent's Signature)

## **EXTENDED DAY ENRICHMENT PROGRAM POLICY AND PROCEDURE MANUAL**

Dear Parent,

Welcome to the Extended Day Enrichment Program. Our objective is to assist your child in his/her physical, educational, and psychological growth. Because we feel that parents share in this goal, we look forward to working closely with everyone. We welcome your comments and look forward to assisting your child in the Extended Day Enrichment Program in the upcoming year.

Thank You.

### **POLICIES:**

The program is equipped and staffed to care for kindergarten through sixth grade children. The program is available on a full-time basis. Drop-in service will not be available.

### **HOURS OF OPERATION:**

Children will be received immediately after school dismisses and are to be picked up by 5:45 p.m. All children must be picked up by normal closing time. Failure to do so will result in a fine and/or termination of services. The fine is \$5.00 for every ten (10) minutes late. If you are repeatedly late, your child will be removed from participation in the program.

### **HEALTH AND SAFETY:**

If your child becomes ill or injured while attending our Extended Day Enrichment Program, he/she will be isolated and you will be notified to pick the child up immediately. **All information concerning the child's personal and medical information should be kept updated and current.** Any changes or updated information should be reported to the Extended Day Enrichment Program.

**The Extended Day Enrichment Program does not offer accident insurance on the children enrolled in the program.** An additional insurance policy is available through an independent company and detailed information regarding this policy can be obtained through the school office. A signed release statement must be on file for each child.

Children may not leave school premises until they have been released to a responsible adult. Your child will be released only to those authorized on the child's registration form. In an emergency, notification for your child to leave with someone else should be given to the Extended Day Enrichment Program.

All children will be expected to follow the dress code established by the Madison County Board of Education.

### **EMERGENCY PLAN / CANCELLATION OF ACTIVITIES:**

Drills during the Extended Day Enrichment Program will be conducted periodically. An emergency plan of action has been developed and will be followed in the event of a tornado warning, storm warning, fire,

etc. Should the child need to be checked out during one of the described conditions, it is required that the child be checked out directly with the supervising personnel.

The Extended Day Enrichment Program will follow the schedule of the school. If schools are closed due to holidays or inclement weather, the Extended Day Enrichment Program will not offer services and no fee will be charged for these days.

### **DISCIPLINE:**

Discipline of children shall be consistent and fair. All limits and rules are expected to be followed. No corporal punishment will be allowed and a time-out system will be used when necessary.

### **SNACKS:**

Snacks will be provided daily. If your child has any "food related" allergies, this should be on file with the Extended Day Enrichment Program.

### **TUITION:**

Tuition is due on Monday of each week. A late fee of \$5.00 per child will be charged if payment is not received on Monday. Children will be dismissed from the program after two weeks of non-payment of fees. Checks should be made payable to the school. It is the responsible of the parent to have correct change when making cash payments. A fee of \$30.00 will be charged for each returned check. Abuse of this policy may result in dismissal of our services.

All fees are payable as scheduled regardless of attendance. Exemptions from payment will be given only for death of an immediate family member or illness involving one week or more in duration. Students will be exempt from charges incurred during these times only if they are also absent from the regular school day.

The payment schedule is as follows: (updated August 2016)

#### **Extended Day (3 day minimum)**

|            | <u>5 days</u> | <u>4 days</u> | <u>3 days</u> |
|------------|---------------|---------------|---------------|
| 1 child    | \$45.00       | \$40.00       | \$30.00       |
| 2 children | \$80.00       | \$80.00       | \$60.00       |
| 3 children | \$115.00      | \$120.00      | \$90.00       |

#### **Full Day (Intersession and Summer Care)**

|            | <u>5 days</u> | <u>4 days</u> | <u>3 days</u> | <u>2 days</u> | <u>1 day</u> |
|------------|---------------|---------------|---------------|---------------|--------------|
| 1 child    | \$80.00       | \$64.00       | \$ 48.00      | \$32.00       | \$16.00      |
| 2 children | \$150.00      | \$120.00      | \$ 90.00      | \$62.00       | \$30.00      |
| 3 children | \$220.00      | \$176.00      | \$132.00      | \$88.00       | \$44.00      |

For Summer Care, the tuition does not include the price of the field trips. The field trips will be collected on a trip by trip basis to include the cost of transportation.

Field trips are not allowed in Extended Day programs or during Intersessions.

## EXTENDED DAY ENRICHMENT PROGRAM REGISTRATION FORM

Child's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Mother's Place of Work: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Father's Place of Work: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Medical Information:**

Allergies, nose bleeds, bites, etc. ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

**Name and phone numbers of emergency persons to call:**

1. \_\_\_\_\_ Phone No: \_\_\_\_\_
2. \_\_\_\_\_ Phone No: \_\_\_\_\_
3. \_\_\_\_\_ Phone No: \_\_\_\_\_

Is the above named child covered by insurance? ( ) Yes ( ) No

Insurance Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Permission to seek medical treatment if unable to reach parents/guardian: ( ) Yes ( ) No

**Persons (other than parents) with permission to pick up child:**

1. \_\_\_\_\_ Phone No: \_\_\_\_\_
2. \_\_\_\_\_ Phone No: \_\_\_\_\_
3. \_\_\_\_\_ Phone No: \_\_\_\_\_

Names and ages of brothers and sisters:

\_\_\_\_\_  
\_\_\_\_\_

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