



EXTENDED DAY PROGRAM AGREEMENT & PERMISSION FORM

I hereby give permission for my child(ren) to participate in the Extended Day Program

1. _____ Grade _____ 2. _____ Grade _____
3. _____ Grade _____ 4. _____ Grade _____

FEE SCHEDULE

1 child...\$7 per hour 2 or more children per family...\$6 per hour

\$50.00 if used frequently. **\$20.00** if used occasionally.

I shall submit a payment of \$50.00 or \$20.00 per child **with this registration form to initiate my account for the Extended Day Program.** Time spent in the Extended Day Program by my child(ren) shall be debited from my account. When the account balance is \$10.00 or less, I will be notified to replenish my account in \$50.00 or \$20.00 increments. Any account balance over \$10.00 will be returned to me in July. If I do not replenish my account prior to the balance becoming zero dollars (\$0.00), my child(ren) will be excluded from the program until my account is reactivated.

Please choose one of the following **THREE OPTIONS. If any of the above three options change for me, I will notify a program co-chair in writing.**

1. My child(ren) will be **STAYING ON A DAILY BASIS**
2. My child(ren) will be **STAYING ON AN OCCASIONAL BASIS** (A note indicating the day(s) my child(ren) will be staying will be given to the office at the beginning of the week or on the specific day)
3. My child(ren) will be **STAYING SPECIFIC DAYS OF THE WEEK**

Check all that apply: Monday Tuesday Wednesday Thursday Friday

I shall send a note to the office if my child(ren) will not be attending the scheduled day(s) unless I have notified the office my child(ren) is/are sick and will not be attending school.

➔ **EMERGENCY CELL PHONE CONTACT NUMBER:** _____

The **ONLY** people who have permission to pick up my child(ren) are: (Changes must be submitted in writing)

1. _____ Relationship _____ Phone # _____
2. _____ Relationship _____ Phone # _____
3. _____ Relationship _____ Phone # _____

I will ensure that my child(ren) will be picked up **NO LATER THAN 5:30 PM.** If I am unable to arrive by 5:30 PM, I will make arrangements for one of the above people to pick up my child(ren). I understand that my account will be charged \$5.00 per child for each 5 minute interval, or part thereof, for pick ups after 5:30 PM. Prior to taking my child(ren) home, I shall notify one of the adults-in-charge of the program and sign my child(ren) out for the day.

ANY CHILD WITH A MEDICAL CONDITION THAT REQUIRES MEDICATION (I.E. INHALER, EPIPEN,...) MUST PROVIDE THIS FOR THE EXTENDED DAY STAFF. (THIS IS IN ADDITION TO WHAT HAS BEEN PROVIDED TO THE NURSE IN THE HEALTH OFFICE.)

I agree to the above program requirements. **Retain one (1) copy of this agreement for your records.**

Parent/Guardian Signature

Printed Name

Date