**Extended Day Registration, School Year 2017-2018**

Child’s Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Bus #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Bus #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_Cell/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Custody Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*IF PARENTS CANNOT BE REACHED, PLEASE CONTACT:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

(*We will only release your child to the people on this list. Parents must notify the P&R office in writing/email of any changes)*

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

The above child has my permission to participate in the Extended Day Program. I realize that the Recreation Department does not provide accident insurance and I accept full responsibility. I am in receipt of the Extended Day Manual/Behavior Agreement/Parental/Fee Agreement and agree to follow the programs policies and procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Signature Printed Name Date

Child’s Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (list symptoms and treatment):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Are there any medical conditions/special needs for your child that the staff needs to be made aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all prescription/important medications your child is taking, in the event emergency treatment is needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Please note in order to administer medicine an official Extended Day Permission Form must be signed and returned. Please see attached.

Schedule Information: Please check all days and times needed

**(Please check 1, 2, 3, 4 or 5 days if using a monthly schedule)**

Before School 7:00 - 8:55 Mon Tues Wed Thurs Fri

After School 3:40 – 6:00 Mon Tues Wed Thurs Fri

Additional Half Day Payment:

Check this box if you would like to enroll your child in the 17 scheduled minimum days at SSES for the 2015/2016 school year. This includes parent/teacher conference days**. An additional $225 will be due with your online payment for these days. A $105.00 half year rate is also available.**

**\*\*\*\* PLEASE NOTE THAT WHEN ONLINE, MIN. DAYS ARE NOT INCLUDED IN THE MONTH. YOU MUST SELECT AND PAY FOR THEM SEPERATELY\*\*\*\***

 **Easton Parks & Recreation’s**

**Extended Day Program**

**Child Behavior Agreement**

**Parents:** *Please complete this form with your child, making sure that the child understands the contents before signing the agreement.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Extended Day is a place where children can be safe, have fun, learn and make friends. I agree to behave in a way that helps this happen for me and everyone else in the Extended Day Program.

* I agree to learn and follow the rules of the Extended Day Program.
* I agree to be respectful of others, both children and grown-ups. This means having respect for others feelings, their bodies, and their belongings. This also means using my very best manners every day.
* I agree to follow the directions of the grown-ups.
* I promise not to bring any toys, games or extra personal belonging from home to Extended Day.
* I understand that the staff and my parents will do what they can to help me understand and keep this promise.
* I also understand that there will be consequences for me if I do not keep this promise such as writing letters about my behavior, having meetings with my parents and the Extended Day Supervisor and maybe even being asked to leave Extended Day.

Child’s Signature: 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental /Fee Agreement (See Back)

“I”, “Me” or “My” refers to the parent(s) or guardian(s) signing at the bottom of this agreement. I understand and agree to the following:

1. A $25 non-refundable registration fee must accompany this registration form, unless waived (New Families Only). The monthly fee shall remain fixed throughout the program year and isn’t contingent upon attendance or non-attendance. **There will be no reductions or make-up days for snow days, early dismissals, delayed openings or sickness.**
2. **I agree to provide the Extended Day Supervisor with two weeks, written/email notice prior to withdrawing my child/children from the program. I understand that if I fail to provide such notice I will pay the applicable program fees for the two additional weeks from the date the Supervisor receives notice.**
3. It is my responsibility to notify the Extended Day Supervisor of any changes to the contact information listed on the registration form.
4. **I understand and will be obligated to pay a late fee in the event that I am not able to pick up my child by 6:00 pm. Should lateness become a prolonged problem, I understand that I may be required to remove my child from the program.**
5. My child is accepted into the program contingent upon his/her and my ability to function cooperatively within the program. Extended Day will make every effort to serve the needs of all children, however in the event that a problem arises during the school year that can’t be resolved; Extended Day reserves the right to remove my child from the Extended Day Program.
6. I am responsible for notifying the Extended Day Program if my child will not attend, as scheduled, on any particular day. Failure to notify Extended Day of absence will result in a $20 penalty after two warnings.
7. Photographs may be taken of my child, which may be used in Parks & Recreation bulletins, brochures, newsletters and local newspaper articles. If I don’t want photographs taken I will notify Extended Day in writing.
8. I agree to comply with the Parental Complaint or Concern Procedure as stated in the manual.
9. I agree to comply with **ALL** additional information stated in the Extended Day Manual.

**FEE AGREEMENT**

**Below states all of the fees associated with the Extended Day Program. Upon the signing of this form, you hereby state that you have read and understand the terms of this agreement.**

There will be no credits or refunds.

**Balances will be checked the first Tuesday of every month. If your balance for days *already attended* is above $50, you will receive an email stating your balance owed. You will have until the 10th of the month to reduce this balance to below $50 or pay this balance in full. If your balance isn’t reduced to below $50 by the 10th your child will not be permitted to attend. During the month of June all balances must remain below $25.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1st child** | **5 Days** | **4 Days** | **3****Days** | **2 Days** | **1****Day** |
| **Before School** | **$144** | **$120** | **$95** | **$58** | **$29** |
| **After School** | **$249** | **$198** | **$147** | **$98** | **$49** |

**Monthly Fees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2nd Child** | **5 Days** | **4 Days** | **3****Days** | **2 Days** | **1****Day** |
| **Before School** | **$108** | **$87** | **$65** | **$43** | **$22** |
| **After School** | **$218** | **$175** | **$131** | **$88** | **$44** |

**\*Please remember minimum days are an additional fee & you must register separately.**

**SEARCH PENALTY:**

Whenever an addition and/or cancelation is not called in by 3PM that day, the following will occur:

1st offense = verbal warning 2nd offense = written warning

3rd offense (and each additional) = $20 Fee

**LATE FEE:**

The rates are as follows:

6:00-6:05 = Grace Period

6:05-6:10 = $5.00

6:10-6:15 = $10.00

6:15-6:20 = $20.00

6:20-6:25 = $30.00

6:25-6:30 = $40.00

6:30 & up = Flat rate of $50 plus a dollar every minute after.

**MORNING DROP OFF RATE AFTERNOON DROP OFF RATE**

$10 (1st child) $5 (2nd child + up) $15 (1ST child) $10 (2nd child + up)

**Parent Signature 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**