



**DECATUR CITY SCHOOLS
EXTENDED DAY
AFTER SCHOOL CARE PROGRAM
2018-2019
REGISTRATION FORM**



STARTING DATE: _____ TERMINATION DATE: _____

FULL-TIME _____ PART-TIME _____ (CIRCLE PART-TIME DAYS)
M T W T H F

AFTER SCHOOL CARE SITES: (PLEASE CHECK ONE) 2:30 P.M. – 6:00 P.M.
 CHESTNUT GROVE _____ EASTWOOD _____ FRANCES NUNGESTER _____
 JULIAN HARRIS _____ WALTER JACKSON _____ WOODMEADE _____

CHILD'S NAME _____

CHILD'S NAME _____

HOME ADDRESS _____ HOME PHONE _____

DATE OF BIRTH _____ GRADE _____

TEACHER _____ ETHNICITY _____ MALE OR FEMALE _____

MOTHER'S NAME _____ ADDRESS _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE # _____ MOTHER'S CELL PHONE # _____

FATHER'S NAME _____ ADDRESS _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE # _____ FATHER'S CELL PHONE # _____

DOCTOR'S NAME _____ PHONE NUMBER _____

DOCTOR'S ADDRESS _____ HOSPITAL OF CHOICE _____

APPROXIMATE PICK-UP TIME _____

NAMES OF SIBLINGS _____

LOCAL EMERGENCY CONTACT WHEN PARENT(S) CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____ HOME # _____ WORK # _____

REQUIRED NAME AND SIGNATURE OF PERSON(S) CHILD(REN) MAY BE RELEASED TO:

NAME _____ RELATIONSHIP _____ HOME # _____ WORK # _____

NAME _____ RELATIONSHIP _____ HOME # _____ WORK # _____

CHILD MAY NOT BE RELEASED TO:

NAME _____ RELATIONSHIP _____ HOME # _____ WORK # _____

NAME _____ RELATIONSHIP _____ HOME # _____ WORK # _____

MEDICAL/BEHAVIORAL INFORMATION (Allergies, Nosebleeds, ADHD, Etc.) and any other information that you feel would be helpful about your child(ren). _____

**MAKE CHECKS PAYABLE TO DECATUR CITY SCHOOLS
NON-REFUNDABLE REGISTRATION FEE IS \$25.00 PER FAMILY
Payments may also be made in cash, check or you may use PayPams to make a payment.
(www.paypams.com)**



I HAVE READ AND UNDERSTAND THAT MY CHILD(REN) WILL BE EXPECTED TO FOLLOW THE DISCIPLINE POLICIES AND PROCEDURES OF THE DECATUR CITY SCHOOLS CODE OF CONDUCT for participation in the 2018-2019 Extended Day Program.

Also, I will assume liability for any accidents and injuries that occur during the Extended Day Program time. The Extended Day personnel are authorized to use their discretion to secure the necessary emergency services for my child at my expense. This includes emergency medical treatment, paramedic services and ambulance service.

Parent/Guardian's Signature _____ Date _____

Student Signature _____ Date _____

I give my permission for officials of the Extended Day program to release my child(ren)'s picture or name to the media (Newspaper, Television, or other publications) for the purpose of publicizing the Extended Day Program. I also give my permission for my child(ren) to be interviewed by the news media.

Parent/Guardian's Signature _____ Date _____

**** To complete the registration process, a \$25.00 non-refundable registration fee is required for each family.
Please make checks payable to Decatur City Schools. ****

The Extended Day Program's prepayment policy will be strictly enforced. Payments should be made on Monday of the week of your child's first day of attendance. Balances will not be allowed to become more than a week delinquent. After that time, your child will be sent to the office to contact you for pick-up.

A thirty dollar (\$30.00) fee will be charged if a check is returned for any reason. Parents/Guardians are responsible for having the correct amount of money when making payments. No change will be available. The fee for full-time students (3 days or more) is \$40.00 weekly. The part-time fee is \$10.00 for one (1) day and \$20.00 for two (2) days. For full-time students there is a discount if there is more than one child in the family that participates in the Extended Day Program. There is no discount for part-time siblings.

Employees of the Decatur City Schools System receive one free faculty day and a \$7.00 per day, per child rate. A \$25.00 registration fee is required per family.

Registration forms may be turned in at any Decatur City School or mailed to:

Extended Day Programs
Attn: Elissa Kennemer
Tommy Davis, Supervisor
302 4th Avenue SE
Decatur, AL 35601

The Extended Day Program will be held Monday through Friday from 2:30 p.m. until 6:00 p.m. with a snack provided. If additional information is needed, please contact Elissa Kennemer at 256-309-9598 or e-mail at elissa.taylor@dcs.edu.

LATE PICK UP FEE RATES
\$1.00 per minute after 6:00
\$2.00 per minute after 6:15

Late fees are due within a week of the occurrence.



DECATUR CITY SCHOOLS
EXTENDED DAY
AFTER SCHOOL CARE PROGRAM
AUGUST 15, 2018 – MAY 23, 2019
2:30 P.M. – 6:00 P.M.

PAYMENTS ARE DUE ON YOUR CHILD'S FIRST DAY OF ATTENDANCE.
REGISTRATION FEE - \$25.00 PER FAMILY

PAYMENT SCHEDULE

ONE CHILD

3-5 DAYS	1 DAY	2 DAYS
\$40.00	\$10.00	\$20.00

TWO CHILDREN

3-5 DAYS	1 DAY	2 DAYS
\$76.00	\$20.00	\$40.00

THREE CHILDREN

3-5 DAYS	1 DAY	2 DAYS
\$112.00	\$30.00	\$60.00

DECATUR CITY SCHOOL EMPLOYEE CHILDREN

FREE FAULTY MEETING DAY

REGISTRATION FEE - \$25.00 PER FAMILY

TUITION - \$7.00 PER DAY FOR EACH CHILD

LATE PICK UP FEE RATES

\$1.00 per minute 6:00pm - 6:15pm

\$2.00 per minute after 6:15pm

Late fees are due within a week of the occurrence.



**DECATUR CITY SCHOOLS
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Dear Parents:

BALANCES:

The Extended Day Program's prepayment policy will be strictly enforced this year. Payments should be made on the Monday of the week of your child's first day of attendance. **Balances will not be allowed to become more than a week delinquent. After that time, your child will be sent to the office to contact you for pick-up. They cannot return to Extended Day until the balance is paid in full.**

LATE PICK UP FEES:

Please help us by picking up students in a timely manner. Extended Day has care for students from 2:30 p.m. until 6:00 p.m. We ask that all students are walking out of the building with their belongings at 6:00 p.m. If you are going to be late, please call or text the site or site leader to let them know. However, fees will still apply.

Extended Day maintains a policy of \$1.00 per minute after 6:00 p.m. and \$2.00 per minute after 6:15 p.m.

We had relaxed this policy, but will be holding it in place in the future. Site leaders will take the sign out forms at 6:00 p.m. and will be signing the students out for parents after 6:00 p.m. Parents will put their initials on the sign-out sheet. Students who have remained at Extended Day three (3) times or more for more than 20 minutes after 6:00 p.m. in a semester, will be dismissed from the program until the following semester. Fees will be due the week of the occurrence.

**I have read and understand the prepayment policy and late pick up fee policy of the
Extended Day Program.**

CHILD'S NAME

PARENT/GUARDIAN

DATE

**DECATUR CITY SCHOOLS
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STUDENT INFORMATION:

Student's name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

MEDICATION INFORMATION:

Name of Medication: _____

Doctor's Name: _____ Phone Number: _____

Diet Restrictions: _____

How to be administered: _____

Medical Problems: _____

Physical activity restrictions: _____

In case of emergency, do you give Decatur City Schools Extended Day Program permission to have your child treated? Yes _____ No _____

SPECIAL INSTRUCTIONS:

Names of Insurance Company: _____

Policy Number: _____

**NAMES & PHONE NUMBERS OF PERSONS TO CALL IN AN EMERGENCY SITUATION WHEN A PARENT/GUARDIAN
CANNOT BE REACHED.**

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

PARENT AUTHORIZATION:

In the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian. In the event we cannot be contacted, my authorized signature below gives our permission to Decatur City Schools Extended Day Program to secure prompt treatment.

Parent/Guardian Signature _____

Date _____