



MORELAND EXTENDED DAY PROGRAM REGISTRATION

4711 Campbell Avenue, San Jose, CA 95130 • Phone: (408) 874-2969
 Fax: (408) 374-8367 • Website: www.moreland.org

Date: _____

Please mark your home school, fill out one registration form per child, and submit with the non-refundable registration fee to the site supervisor at your home school.

Baker Elementary
 4845 Bucknall Road, San Jose, 95130
 (408) 874-3217

Country Lane Elementary
 5140 Country Lane, San Jose, 95129
 (408) 874-3479

Latimer Elementary
 4250 Latimer Avenue, San Jose, 95130
 (408) 874-3653

Easterbrook Discovery School
 4835 Doyle Road, San Jose, 95129
 (408) 874-3557

Payne Elementary
 3750 Gleason Avenue, San Jose, 95130
 (408) 874-3751

_____ I have requested a school transfer to the school listed above through the district's enrollment center.

CONTACT INFORMATION

Child's Last Name _____ Child's First Name _____ Entering Grade _____ Date of Birth mm/dd/yy _____

Parent/Guardian #1 Information

Last Name _____ First Name _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____

Parent/Guardian #2 Information

Last Name _____ First Name _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____

PROGRAM OPTIONS AND ANNUAL FLAT RATE FEES

BEFORE SCHOOL

5 Days \$845/year
 4 Days \$814/year
 3 Days \$793/year
 2 Days \$773/year

AFTER SCHOOL

5 Days \$5,220/year
 4 Days \$4,450/year
 3 Days \$3,966/year
 2 Days \$3,615/year

SCHOOL BREAK CAMP

Daily Rate \$77 per child
 A 3 day camp will be offered during the February and April break. Both children must be registered for the entire camp to receive a 15% sibling discount off the 2nd child's tuition.

FLEX SCHEDULE PASS

\$50 per family
 Flex Pass is good for up to 3 random visits per school year and are only available as an addition to your child's contracted schedule.
 Flex pass will be issued upon receipt of payment and can be purchased on site. No refunds for flex pass and they are non-transferrable.

Please indicate days attending if less than 5 days:

A 15% sibling discount will be applied to the 2nd child of the family as long as both siblings are enrolled on the same schedule in the program. **Sibling's Name:** _____

PAYMENT OPTIONS

- Annual tuition paid in full minus a 5% discount. Tuition is due on the first day of school. Initial here: _____
- Annual tuition paid in flat rate installments. First installment is due on the first day of school or agreed upon date and subsequent installments are due on the 15th of every month until May 15th. If the 15th is a non-business day such as a holiday or weekend, payment is due on the business day preceding the 15th. Initial here: _____
- Annual tuition paid by a third party. Subsidized by: _____ Subsidy paperwork is the parent's responsibility. Please attach approved agency's certificate. Initial here: _____

PAYMENT AGREEMENT

I agree to the \$100 non-refundable registration fee payable to Moreland School District to secure my spot & pay the programs fees with the payment method I have initialed above.

Parent's/Guardian's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____

FOR OFFICE USE ONLY

Method of Payment: _____ Amount: \$ _____ Date Received: _____ Comments: _____



**Moreland
Extended Day**

Play, Learn, Grow Together

MORELAND EXTENDED DAY PROGRAM ADMISSION AGREEMENT

4711 Campbell Avenue, San Jose, CA 95130 • Phone: (408) 874-2969
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Child's Last Name _____

Child's First Name _____

School Year _____

My child will attend the Moreland Extended Day Program at (School Name): _____ School.

As of (date) _____ my child's weekly schedule is _____.

1. I agree to pay the annual tuition of \$_____ in full or the flat rate installments. The annual tuition payment will be due on the first day of school. For flat rate installments, the first payment will be due on the first day of school or an agreed upon date and subsequent installments will be due on or near the 15th of every month until May 15th. If the 15th is a non-business day such as holiday or weekend, payment is due the business day preceding the 15th. Tuition installment due dates are communicated to all families on a monthly basis. Payments can be made at any extended day site, online, or the district office. A \$50 late fee will be charged if payment is not received by the 3rd business day after the due date. Post-dated checks will not be accepted. If payment is not received 4 business days after the due date, an involuntary withdrawal will take place. A \$20 fee will be charged for a returned check.
2. An annual non-refundable registration fee of \$100 per child per school year is due upon registering in the program.
3. I understand that the annual tuition and days of operation are based on the Moreland School District board approved student calendar. School breaks have been taken into consideration in calculating the annual fee. The following holidays are included in the Moreland Extended Day tuition rates: New Year's Day, Labor Day, Veteran's Day, Martin Luther King, Jr., Memorial Day, Thanksgiving, and Christmas.
4. I agree to notify the site supervisor in writing two weeks before an effective change in my child's current schedule. I understand that my annual tuition will be recalculated and my remaining installment payments will be adjusted to reflect my requested change in schedule.
5. I understand that schedule changes or withdrawal from the program will not be permitted after May 1st.
6. I understand that my child will not be able to sign up for any Moreland Camps or the subsequent year if I have an outstanding balance due.
7. Regardless of the reason, I agree to notify the site supervisor in writing two weeks before withdrawing my child for Moreland Extended Day. I understand that my final tuition will be recalculated and I will be financially responsible for all the weeks my child has attended including the two weeks of notice. My final payment will be due a week before the agreed withdrawal date. If I choose to return to Moreland Extended Day, I will pay a \$50 re-registration fee.
8. Moreland Extended Day has an open door policy and encourages parents to visit the sites at any time.
9. My child will be picked up at _____ (time) each day. My child will be picked up no later than 6 PM each day. I understand that a late fee of \$10 will be charged for any child not picked up at 6PM. The fee is non-negotiable and increases to \$1 per minute after 6:05PM. Excessive late pick-ups can result in termination of services.
10. I understand that it is my responsibility to change information on my child's emergency card. If someone arrives to pick up my child and they are not listed on the card, my child will not be released. One parent may not remove the other parent from the Emergency Card without legal paperwork allowing us to do so. Persons picking up the child must provide photo identification if asked to do so by a staff member to verify identity with the Emergency Card.
11. I agree to sign my child into the Extended Day site for morning care and non-school days. I will also sign my child out daily.
12. I must notify the site staff by calling them if my child is absent for the day. Refunds and make-up days will not be given for absent children. If my child goes home from the school during the day for any reason, they cannot attend Moreland Extended Day.
13. I will notify the site supervisor if my child contracts a communicable disease. If my child gets sick during their stay at Moreland Extended Day, I understand that it is my responsibility to pick him/her up within thirty (30) minutes after receiving the call from the site staff.
14. I understand that it is my responsibility, upon registration, to notify the center staff of any and all medical conditions that affect my child. I and my child's physician will fill out the medication release form should my child need medication while at Moreland Extended Day. I will provide the medication in its original box with the doctor's orders to the site.
15. Moreland Extended Day is required by law to report suspected child abuse.
16. I expect to be treated respectfully and in return, I will treat all site staff and other students with respect.
17. Information regarding my child will be kept strictly confidential. I may discuss my child's progress with the site supervisor at any time.
18. If my child is suspended from school, I understand my child will also be suspended from Moreland Extended Day for the same amount of time. I will not be reimbursed for the time my child is suspended and make up days will not be allowed.
19. I have received and understand Moreland Extended Day's behavior policy. If my child's behavior threatens other children or staff, I will be notified via telephone or in writing. If my child is asked to leave for the day, I will pick him/her within thirty (30) minutes. Moreland Extended Day reserves the right to terminate services at any time.
20. I understand that Moreland Extended Day follows the Moreland School District Wellness policy. I understand that snack will be served daily and it is my responsibility to notify staff of any food allergies, sensitivities, and/or preferences. I will provide my child with an alternative snack if they cannot have the snack provided.
21. If tuition payment is split among multiple parties, all parties must have and sign the Admission Agreement below. If the account becomes delinquent, an involuntary withdrawal will take place.
22. Upon request, I will receive a monthly receipt and/or year end tax statement for all payments made towards my annual tuition. I am responsible for keeping my receipts for tax purposes. There is a two week processing time for any tax statement requests.
23. The Flex Schedule Pass is good for up to 3 random visits per school year and are only available as an addition to my child's contracted schedule.
24. The Flex Schedule Pass will be issued upon receipt of payment and can be purchased on site. I understand that there will be no refunds for flex passes and they are not transferrable.
25. I agree that if my annual tuition is paid by a subsidized agency, I am responsible for all paperwork and must provide Moreland Extended Day the approved agency's certificate before my child's first day of enrollment. I agree to be financially responsible for any co-pays or unpaid tuition installments from my subsidy agency.
26. Moreland Extended Day will be closed at 4:00PM the last day before Winter Break and on the last day of school.
27. I understand that a 15% sibling discount will be applied to the 2nd child of the family as long as both siblings are enrolled on the same schedule in the program.
28. A 15% discount will be applied to the tuition of the children of Moreland School District employee unit members.
29. I understand that Moreland Extended Day does not accept children on a drop-in basis.
30. Moreland Extended Day only provides child care services to registered Moreland School District students. For any reason, if my child is disenrolled from Moreland School District their enrollment to extended day will also be terminated effective the day of disenrollment.
31. I understand that Moreland Extended Day will provide a 3 day camp at one of the Extended Day sites during the February and April school breaks. I agree to pay the flat daily rate of \$_____ per child. Both children must be registered for the entire camp to receive a 15% sibling discount off the 2nd child's tuition.
32. I understand that Moreland Extended Day follows Moreland School District's policies regarding photographs and technology.

I have read all policies on the Moreland Extended Day Admission Agreement. I agree to them and understand that failure to follow any site policies can lead to termination of program services.

Parent/Guardian Signature _____

Date _____

Site Supervisor Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



MORELAND EXTENDED DAY PROGRAM EMERGENCY INFORMATION

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Child's Last Name _____

Child's First Name _____

Date of Birth mm/dd/yy _____

Parent/Guardian #1 Information

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent/Guardian #2 Information

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

RELEASE INFORMATION

In order of preference, please list persons to be called in case of emergency and who are permitted to take your child from the center. Children will be released only to those authorized (at least 18 years old) as designated on this emergency card. For safety reasons, a minimum of one contact person must be listed.

Contact Person 1

Contact Person 2

Contact Person 3

Additional persons authorized to take child from site.

Please list full name and contact number.

Name _____

Name _____

Name _____

Relationship _____

Relationship _____

Relationship _____

Phone Number _____

Phone Number _____

Phone Number _____

EMERGENCY HEALTH / MEDICAL INFORMATION

Allergies (allergic to bees, peanuts, etc.): _____

Medical Conditions (asthma, diabetic, etc.): _____

If a Moreland School District healthcare plan is in place for your child, please attach a copy.

Emergency Medications: _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Co. which covers my child: _____ Policy: _____ ID# _____

If the doctors listed above cannot be reached, please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Moreland Extended Day Program to seek emergency treatment on behalf of my child in the event of a medical emergency.

Parent's/Guardian's Signature _____

Date _____