

# EXTENDED DAY PROGRAM APPLICATION – 2011/12

PLEASE CHECK ONE:

AM	PM	AM & PM

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering EDP: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Address, City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Print

Please Print

**Pick-up Information: No child will be allowed to leave EDP without name(s) listed.**

**★Please include parents.**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

**Emergency Information:**

**Please list two people in case of emergency if parent(s) can't be reached.**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other#: \_\_\_\_\_

**Office Use Only:**

Start Date: \_\_\_\_\_ Pro-rated Amt: \$ \_\_\_\_\_ for the month of \_\_\_\_\_

Program: AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_ O:  S:  M:  E:  P/F:

## HEALTH & MEDICAL INFORMATION

It is important that EDP has current health information on your child. Should a medical emergency arise, every reasonable effort will be made to contact parent(s) and, if not successful, the emergency contacts. In the event that no contact person can be reached, healthcare professionals will need accurate information provided by the EDP staff, especially medications taken, known allergies, and any medical conditions of the child. EDP staff does not have access to the nurse's records, so the information provided is strictly for a medical emergency, should one arise.

**It is the responsibility of the parent(s) to advise EDP of any changes.**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

- My child does not take any medication.
- My child does take medication listed below:

Medication	Frequency	Diagnosis	Side Effects

- My child has no known allergies.
- My child's allergies are (including food, medicine, environmental): \_\_\_\_\_

Other Conditions: \_\_\_\_\_

### Parental Permission:

In the event of an emergency and I cannot be reached, I hereby certify that I have legal custody of my child and authorize EDP Staff to:

1. Contact and release my child for care to the persons listed as emergency contacts.
2. Take such action as may be deemed necessary including transportation of my child to a hospital.
3. Authorize emergency treatment by paramedics/physician in the event of a medical emergency which in the opinion of the school official, paramedic or physician, may endanger, cause disfigurement, physical impairment or undue discomfort if delayed.

**This authority is granted only after a reasonable effort has been made to reach me. Information on this form may be shared with appropriate personnel for health purposes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## School District 23 Extended Day Program – 2011/12 Administrative Policies

Enrollment into the Extended Day Program requires an application (one per student), this administrative form signed and the August non-refundable payment. Applications given after **May 2<sup>nd</sup>, 2011** may be put on a waiting list until staff to student ratios are met. Any family with a kindergarten student will receive credits for kindergarten non-attendance days per the school calendar. These credits will be shown in your payment book on the September and May/June payments. The deposits (August payment) to submit with this application are as follows:

AM Only			PM Only			AM & PM Combined		
1 Child	2 Children	3 Children	1 Child	2 Children	3 Children	1 Child	2 Children	3 Children
\$33.25	\$59.85	\$89.95	\$52.50	\$94.50	\$141.75	\$85.75	\$154.35	\$231.70

The Extended Day Program is based on the school calendar and days off will be adjusted to the fee payment. Example: If school is closed for a day off or break, parents will not be charged those days. Student sick days and non-attendance days will be charged.

Payments are due on the 1<sup>st</sup> of each month. If payment is not received by the end of the grace period of the 5<sup>th</sup> calendar day in that month, a \$25 late fee will be charged. Reminders of payment will not be given and it is the parent's responsibility to make the payment from their payment book. If a family is late three times, their child(ren) will be dismissed from the program.

Any NSF check must be paid with cash, money order or cashier's check. Upon the second NSF check, all payments thereafter will also need to be paid by cash, money order or cashier's check.

Any family that drops out of the Extended Day Program without continued payment, **for any reason**, will be charged a \$50 filing fee upon re-entering the program, required to fill out a new application, and may be put on a waiting list. This includes families that drop before the end of the school year and re-enroll the following year. In addition, any family that is late to pick up their child(ren) past 6:00pm more than four times in a school year will be reviewed and possibly dismissed from the Extended Day Program.

As of August 12<sup>th</sup>, 2011 there are no changes allowed once a program is chosen. If over the summer a change is needed, please contact Lisa Parisi at lparisi@d23.org or 847/345-9958. Applications submitted after August 12<sup>th</sup>, 2011 will have a start date four business days after the application is approved and may be subject to a waiting list until staff to student ratios are met.

**I understand and will follow the administrative policies stated above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Student's Name: \_\_\_\_\_

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