

## Extended Day Care Program 2017-2018

Dear Parents/Guardians:

Thank you for your interest in our Extended Day Care Program. Orlando Science School would like to welcome you and your student(s) to our Program. The Extended Day Care Program is established to accommodate parents/guardians who cannot pick up their students at the end of their club time. Students will be under supervision of an adult and will be able to read, study, and do homework during this time. Students in the Extended Day Care Program are expected to remain quiet and work independently for the entire time.

### Program Fees:

Registration Fee	: \$ 25.00/student (one-time annual)
Annual Fee	: \$1,750.00/1 <sup>st</sup> student (10 monthly installments available - \$175/month) \$1,000.00/each additional sibling (10 monthly installments available - \$100/month)
As Needed Fee	: \$ 20.00/day per student

**Note:** *The "As Needed Fee" is not subject to any discounts for siblings.*

*The payment schedule for 10 monthly installments can be found at the end of this package. The monthly fee for all students enrolled in the Extended Day Care Program, regardless the number of days the student will be attending the Extended Day Care Program that month, should be paid before the Due Date. The first month's fee is due when registering for the program.*

Payment schedule is based upon 180 school days  
Tax ID Number for your tax return: 20-3366305

### Hours of Operation:

The Extended Day Care Program operates from 4:00 PM-6:00 PM during regular school days (3:15 PM start on Early Release days). No care will be offered during the student holidays. The program is provided until 6:00 PM every day. Regardless of the situation, we will call the local authorities and give them custody of the student after 6:15 PM. Neither OSS nor the teacher assumes any responsibility for the welfare of the student. OSS doesn't offer before school care; school opens and supervision begins at 7:30AM.

**Please mark ONE of the payment schedule options below:**

*I am enrolling my student(s) for*      Annual/Monthly      As Needed

Parent/ Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OSS Extended Day Care Program Policies:

### HOURS

- ✓ Students must be picked up by 6:00 PM.
- ✓ If student is not picked up by 6:00 PM, the school will contact the local government authorities. (OCSO)
- ✓ There will be a \$5.00 per 5 minutes late fee for any student not picked up by 6:00 PM. This will be due that day or by the next school day, unless the school is called and alternative arrangements are made.

### JOINING/LEAVING MID-MONTH/YEAR

- ✓ If joining the Extended Day Care Program mid-month/year, the fee will be **prorated based on 180 school days**.
- ✓ If withdrawing from program, parents/guardians agree to give two weeks written notice to the school's business office prior to the last day of attendance. If notice is not received, full monthly payment will be expected.

### PAYMENT

- ✓ Make checks or money orders payable to: **Discovery Education Services, Inc.**
- ✓ Payments may be made online via [www.schoolpay.com](http://www.schoolpay.com). See the Program Fees page at the end of packet for details.
- ✓ Fees are payable in **advance** of services.
- ✓ Fees are **NON-refundable**.
- ✓ As per OSS policy, all checks must have pre-printed current address & telephone number to be accepted.
- ✓ A late fee of \$5.00 per day will assessed if payment is not received by the Due Date. (Maximum of \$50)
- ✓ OSS does not have an option to pay daily for the Extended Day Care Program. However, if a student stays in the Extended Day Care Program for any reason, the fee is \$20 per day, with registration, and due that day. A late fee of \$25 will be assessed if the payment is not received within 5 business days.
- ✓ Year-end statements are not issued. Please retain receipts and payment records.
- ✓ It is the parents' responsibility to know when payments are due.
- ✓ **Signing this agreement is official notification of payment due.**

### SIBLING DISCOUNT

- ✓ Each sibling is eligible for discount under the Annual plan **(First student \$175/month, each sibling \$100/month)**.

### SUSPENSION FROM PROGRAM

- ✓ Any unpaid balances will result in **no field trips and immediate Termination of Extended Day Care Program services**.
- ✓ Three discipline referrals will result in student being suspended from the Extended Day Care Program for 3 days. On the fourth offense, the student will be dropped completely from the Extended Day Care Program.
- ✓ If student has any balance from the previous year, he/she cannot be enrolled into the Extended Day Care Program without the previous year balance being paid in full.

I have read and understand the Orlando Science School's Extended Day Care Program Policies as stated in this package.

Parent/ Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Extended Day Care Registration Information

### 2017-2018 School Year Program Participation

Please print clearly! Thank you.

#### STUDENT INFORMATION

- 1. Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Grade Level \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_
- 2. Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Grade Level \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_
- 3. Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Grade Level \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

#### FAMILY INFORMATION

##### *Primary Parent / Guardian*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Place of Business with address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
EMAIL (required) \_\_\_\_\_ Primary Contact # \_\_\_\_\_

##### *Secondary Parent/Guardian*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Place of Business with address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
EMAIL \_\_\_\_\_ Primary Contact # \_\_\_\_\_

## Emergency Contacts

You must provide two (2) additional names, other than parents/guardians. List in the order they are to be contacted: **Note: Parents/Guardians will be contacted first.**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_



## Consent for Emergency Treatment

### Special Needs:

(Please check the appropriate statement.)

- NO, my student(s) has no special needs or allergies.  
 YES, my student(s) has special needs or allergies.

Please list any allergies, existing illness, previous illness/injuries, hospitalizations during the past 12 months, and/or any medications prescribed for continued, long-term-use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The school may call 911 or the emergency facility you prefer; however the student's well-being may dictate a different facility. All information will be kept private.

Emergency facility/doctor you prefer \_\_\_\_\_ Contact # \_\_\_\_\_

Address of facility/doctor \_\_\_\_\_

Your insurance carrier \_\_\_\_\_

Address of insurance carrier \_\_\_\_\_

Phone of carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

*Please contact the school office or Extended Day Care Program director immediately if there is any change to the information above.*

## Extended Day Care Program Internet Use

I hereby give my student(s), listed on Page 3 of this document, permission to use the Internet during the Extended Day Care Program for educational purposes connected with school assignments. I understand that the school uses an Internet filter. I understand that this protection may not block all inappropriate sites and have instructed my student(s) to turn off the monitor and contact the teacher/staff should an inappropriate site appear.

## General Release of Liability

The undersigned hereby releases and forever discharges Orlando Science School, their officers, servants, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has and hereafter may have an account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to the student(s) listed on Page 3 of this document during the Orlando Science School Extended Day Care Program.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORIZED PICK UPS

Permission is given for my student(s) to be released from the Extended Day Care Program to the following individual(s), including the above stated parent/guardians, at the end of the day. Driver's license or valid photo ID required. Students will not be dismissed to anyone without proper identification.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Contact # \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian Acknowledgment Form

I understand the policies and procedures that have been outlined in the Extended Day Care Program packet. I also understand that these are in place to ensure the safety and well-being of my student(s) while attending the program. I have read them and agree to follow them. I have also discussed the rules of the Program with my student(s).

In addition, I understand some of my responsibilities as a parent/guardian include, but are not limited to:

- ✓ Picking my student up by 6:00 PM, or I will be charged a late fee
- ✓ Paying scheduled program fees on or before the Due Date
- ✓ Paying late fees prior to the next required payment
- ✓ Notifying the Program Director/Staff if my student(s) will not be attending the program
- ✓ Understanding the School Discipline Policies and Procedures in the Student Handbook

**PHOTOGRAPHS** – Photos and videos are taken of activities from time to time of various school activities and could be used on Orlando Science School's web page, in the local newspaper or other publications. The students pictured or videoed in these publications might be identified by name.

I am willing to allow my student(s), listed on Page 3 of this document, to be photographed in the Orlando Science School Extended Day Care Program:       YES       NO

I hereby acknowledge that I have completed this form to the best of my knowledge. I give my student(s), listed on Page 3 of this document, permission to participate fully in the Orlando Science School Extended Day Care Program. We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition, we agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees and possible termination from the program. We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## 2017-2018 Extended Day Care Program Fees Registration Fee - \$25.00 per student

Cash/Money Orders or Checks payable to **Discovery Education Services, Inc**

### EXTENDED DAY CARE PROGRAM PAYMENT SCHEDULE FOR 2017-2018

Month	Payment Due	1 Child	Each Sibling
August	8/25/2017	\$175.00	\$100.00
September	9/1/2017	\$175.00	\$100.00
October	10/6/2017	\$175.00	\$100.00
November	11/3/2017	\$175.00	\$100.00
December	12/1/2017	\$175.00	\$100.00
January	1/5/2018	\$175.00	\$100.00
February	2/2/2018	\$175.00	\$100.00
March	3/2/2018	\$175.00	\$100.00
April	4/6/2018	\$175.00	\$100.00
May	5/4/2018	\$175.00	\$100.00

**Annual Fee:** \$1,750.00/1<sup>st</sup> student (10 monthly installments available - \$175/mo.)  
\$1,000.00/each additional sibling (10 monthly installments available - \$100/mo.)  
**As Needed Fee:** \$ 20.00/day per student

***The month of August payment due is when registering for the program and should be paid no later than the last Friday of August (25<sup>th</sup>).** All other monthly payments are due on the **1<sup>st</sup> Friday of each month.** All daily/emergency Extended Day Care Program payments are due on **the day of service.** Late fees will be applied to all unpaid balances. If a check is returned to OSS for Extended Day Care, a \$25.00 return check fee will be assessed. Upon a second returned check, there will be an additional \$25.00 fee assessed in cash or money order and future payments will no longer be accepted in the form of a check.*

**Online Payment:** If you haven't already, create a Parent Center Account at [www.schoolpay.com](http://www.schoolpay.com) by selecting Create an Account. On the Student Info section, choose the Charter School tab and select the appropriate campus for your student. Payments may be made 24/7 via VISA, MasterCard, Discover card, or electronic check.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_