

Extended Day Care Program 2016-2017

Dear Parents/Guardians:

Thank you for your interest in our Extended Day Care Program. Orlando Science Elementary 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 : \$ 20.00/student (one-time annual)
Annual Fee : \$1,200.00/1st student (10 monthly installments available)
\$ 700.00/each additional sibling (10 monthly installments available)
As Needed Fee : \$ 15.00/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 enrolled students, regardless the number of days the student attend the Extended Day Care Program 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 4:15 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 OSES nor the teacher assumes any responsibility for the welfare of the student. OSES 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: ____/____/____

OSes Extended Day Care Program Policies:

- ✓ The students must be picked up by 6:00 PM.
- ✓ Each sibling is eligible for discount under Annual plan (**First student \$120.00/month, each sibling \$70.00/month**).
- ✓ Please make checks or money orders payable to: **Discovery Education Services, Inc.**
- ✓ Extended Day Care Fees are payable in **advance** of services.
- ✓ A late fee of \$5.00 per day will assessed if the payment is not received by the Due Date. (Maximum of \$50)
- ✓ As per OSes policy, all checks must have pre-printed current address & telephone number to be accepted.
- ✓ It is the parents' responsibility to know when payments are due.
- ✓ 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.
- ✓ Any unpaid balances will result in **immediate Termination of Extended Day Care Program services** and no field trips.
- ✓ **Signing this agreement is official notification of payment due.**
- ✓ We are not able to issue year end statements. Please retain your receipts and payment records.
- ✓ Three discipline referrals will result in your student being suspended from the Extended Day Care Program for 3 days. On the fourth offense, your student will be dropped completely from the Extended Day Care Program.
- ✓ If your 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.
- ✓ OSes 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 \$15 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.
- ✓ If your student is not picked up by 6:00 PM, the school will contact the local government authorities. (OCSO)
- ✓ The Extended Day Care Program Fee is **NON-refundable**.
- ✓ If you join the Extended Day Care Program in middle of the month/year, the fee will be **prorated based on 180 school days**.
- ✓ If parents/guardians wish to withdraw their student(s) from the program, they 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 as stated above, full monthly payment will be expected.

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

Parent/ Guardian Signature: _____ **Date Signed:** ____/____/____

Extended Day Care Registration Information

2016 – 2017 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 Elementary 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 Elementary 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 Elementary 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 Elementary 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 Elementary 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:** ____/____/____

2016-2017 Extended Day Care Program Fees

Registration Fee - \$20.00 per student

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

EXTENDED DAY CARE PROGRAM PAYMENT SCHEDULE FOR 2016-2017

Month	Payment Due	1 Child	Each Sibling
August	8/26/2016	\$120.00	\$70.00
September	9/2/2016	\$120.00	\$70.00
October	10/7/2016	\$120.00	\$70.00
November	11/4/2016	\$120.00	\$70.00
December	12/2/2016	\$120.00	\$70.00
January	1/6/2017	\$120.00	\$70.00
February	2/3/2017	\$120.00	\$70.00
March	3/3/2017	\$120.00	\$70.00
April	4/7/2017	\$120.00	\$70.00
May	5/5/2017	\$120.00	\$70.00

Annual Fee: \$1,200.00/1st student (10 monthly installments available)
\$ 700.00/each additional sibling (10 monthly installments available)
As Needed Fee: \$ 15.00/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 (26th). All other monthly payments are due on the **1st 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 OSES 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.

Parent/ Guardian Signature: _____ **Date Signed:** ____/____/____