

HOMEWOOD EXTENDED DAY PROGRAM CONTRACT 2022-2023

OFFICE USE ONLY
DATE _____
REG. FEE _____

		Birthdate	Teacher	Grade
(1) _____ <input type="checkbox"/> M <input type="checkbox"/> F		_____	_____	_____
(2) _____ <input type="checkbox"/> M <input type="checkbox"/> F		_____	_____	_____
(3) _____ <input type="checkbox"/> M <input type="checkbox"/> F		_____	_____	_____
(Name Child Goes By / Last Name)				

Home address: _____ Zip Code: _____

Mother's Name: _____ Phone: (home) _____ (cell) _____

Place of Employment: _____ (work) _____

Home Address: _____ Email: _____

Father's Name: _____ Phone: (home) _____ (cell) _____

Place of Employment: _____ (work) _____

Home Address: _____ Email: _____

Marital Status of Parents: married couple separated divorced widowed other _____

Person having custody of child: _____

Permission to Pick Up/Emergency Pick Up:

(1) _____ Relationship: _____ Phone (home): _____ (cell): _____

(2) _____ Relationship: _____ Phone (home): _____ (cell): _____

(3) _____ Relationship: _____ Phone (home): _____ (cell): _____

(4) _____ Relationship: _____ Phone (home): _____ (cell): _____

(5) _____ Relationship: _____ Phone (home): _____ (cell): _____

(6) _____ Relationship: _____ Phone (home): _____ (cell): _____

Please complete the following information for your family:

Permission for Media Release: Yes No

My family may be featured on school sponsored social media accounts or news articles promoting HCS/EDP.

Permission to Travel: Yes No

Homewood City Schools &/or the Extended Day Program may provide transportation for my child by appropriate means of transportation in connection with the Extended Day Program. I hereby waive any and all claims for injuries or losses as a result of said trips.

Permission for Medical Disclosure: Yes No

I authorize the disclosure and release of medical information and health records that is necessary for the care and well-being of my child. (If yes, the EDP Director will request a copy of the student's health record from the school nurse.)

Is child covered by health insurance? Yes No

Insurance carrier: _____ Insurance Policy Number: _____

Permission for Special Needs Disclosure: Yes No

I authorize the disclosure of special education needs and services information to be released with the understanding that the information will be limited to what is relevant and necessary to fulfill the needs/purposes for the disclosure.

(If yes, the EDP Director will request the required information from the school district's Special Education Director.)

Tuition Agreements:

*I understand that a non-refundable registration fee of \$40 per child must be paid in order to complete registration for my family prior to attending EDP. (Parent/Guardian Initial) _____

*I understand the Homewood Extended Day Program relies on participant's tuition to meet operational expenses. All tuition fees are due in advance of attendance and drop in fees are due at pick-up. Untimely payments of tuition fees could result in children being unable to attend EDP until my account is brought current. (Parent/Guardian Initial) _____

*I understand that previous account balances from all HCS Extended Day Programs must be cleared before my family may register for a new program. (Parent/Guardian Initial) _____

*I understand that if my family is not picked up by 6:00 pm, a \$1 per minute per child late fee will be added to my account. (Parent/Guardian Initial) _____

How do you prefer to pay on your account? Check Cash Tuition Express (credit card/parent portal)

Please complete the following information for each child that you are registering:

(1) Child's Name: _____

Does your child have permission to view PG rated movies at EDP? Yes No

Does your child have a medical condition or illness? (allergies, nosebleeds, asthma, hearing loss, etc.) Yes No
If yes, please explain: _____

Daily medication to be administered during EDP? Yes No

If yes, name of medication: _____
(Medical authorization forms must be completed with the school nurse before medications may be administered during EDP.)

Does your child have special needs; such as autism, anxiety, down syndrome, non-verbal, etc., or receive special education services through HCS? Yes No

If yes, please state: _____

(2) Child's Name: _____

Does your child have permission to view PG rated movies at EDP? Yes No

Does your child have a medical condition or illness? (allergies, nosebleeds, asthma, hearing loss, etc.) Yes No
If yes, please explain: _____

Daily medication to be administered during EDP? Yes No

If yes, name of medication: _____
(Medical authorization forms must be completed with the school nurse before medications may be administered during EDP.)

Does your child have special needs; such as autism, anxiety, down syndrome, non-verbal, etc., or receive special education services through HCS? Yes No

If yes, please state: _____

(3) Child's Name: _____

Does your child have permission to view PG rated movies at EDP? Yes No

Does your child have a medical condition or illness? (allergies, nosebleeds, asthma, hearing loss, etc.) Yes No
If yes, please explain: _____

Daily medication to be administered during EDP? Yes No

If yes, name of medication: _____
(Medical authorization forms must be completed with the school nurse before medications may be administered during EDP.)

Does your child have special needs; such as autism, anxiety, down syndrome, non-verbal, etc., or receive special education services through HCS? Yes No

If yes, please state: _____

Acknowledgement:

*I have read and understand the Extended Day Parent Information on the school website or in the handout entitled "Go Ahead, Extend My Day."

Signature of Parent or Guardian

Date