

FSUS Extended Day Enrichment Program  
Registration Form  
**2016-2017**

Please Select One:       Full Time Attendance       Drop-In Occasionally

Child's Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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The following individuals are allowed to pick up this child and may be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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Please list any medical conditions, medications, and/ or allergies that your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by FSUS for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital images. \_\_\_Yes \_\_\_No  
My child may watch G or PG rated family movies during EDEP: \_\_\_Yes \_\_\_No

In an attempt to increase communication, we have established a Monthly EDEP Newsletter to remind you of upcoming payments and announcements. Please add your email if you would like to receive our Newsletter.  
Email for Newsletter: \_\_\_\_\_

Parent Authorization: This information is correct to the best of my knowledge and the youth herein described has my permission to attend the FSUS Extended Day Program. In the event that I cannot be reached in an emergency, I hereby give permission for a selected physician or hospital to secure proper care for my child. I have read and am voluntarily signing this authorization and release.

I have read and fully understand the policies outlined in the Extended Day Enrichment Program Policy Statement. It is clear that I must have my payment in the EDEP office on or before the payment due date or a \$20 late charge will be assessed per child. My fee will be paid on time even if my child does not attend on the actual due date. If I have a balance of any kind for previous cycles my child will not be able to be enrolled in EDEP full-time.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXTENDED DAY ENRICHMENT PROGRAM  
PAYMENT CONTRACT 2016-2017

**In completing the registration for my child I understand and agree that:**

1. I must call the EDEP office by 1:00 p.m. daily to report if my child will be absent from the program each time he/she is absent.
2. I must pay the cycle fees on or before the due date regardless of whether my child is in attendance on the due date.
3. I must pay the \$20.00 late charge for any payment received after 6:00 p.m. on the due date.
4. If I am late picking up my child from the program I will pay the late pick-up fee.
5. Late pick-up fees are \$5 **per student** if picked up between 6:01 p.m.- 6:05 p.m. and \$5 for every five-minute increment after that. The Sign Out System the program utilizes, Sandbox, will be used to determine the time. If for any reason Sandbox is down the school clock will be the determination.
6. All payments in arrears for more than one month and habitual late pick-ups will be reported to administration.
7. Attendance in the program WILL BE denied due to non-payment. **The previous cycle must be paid in full to attend the current cycle.**
8. Invitations to FSUS may be withdrawn due to non-payment.
9. All payments should be exact and payments cannot be changed after the cycle has started.
10. The Extended Day Enrichment Program is unable to issue a balance forward and credit customers.
11. Bounced checks will follow the FSU policies.

**I have read the contract and agree to all of the payment and procedure requirements of the program.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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FSUS EXTENDED DAY ENRICHMENT PROGRAM  
2016-2017 RECEIPT OF POLICIES

**Disciplinary/Guidance Policy**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ confirm that I have received a copy of the disciplinary policies for the FSUS Extended Day Enrichment Program.

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

**Open Door Policy**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ confirm that through FSUS Extended Day Enrichment Program, I have access to my child in person from 2:45-6:00 and by phone from 9:30-6:00.

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

**Communicable Disease Policies**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ confirm that I have received a copy of the communicable disease policies for the FSUS Extended Day Enrichment Program.

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

## Program Fees

Drop-ins are accepted if the child is pre-registered. Fees for full-time students are due prior to participation in the program. Payment is due on the dates listed below for the 18-day cycles. You must notify by the due date whether you are changing from drop-in to full time or vice versa. The current cycle must be paid in full to permit attendance in the following cycle.

Full Time (Monday-Friday) Attendee	\$ 165.00
Additional Children Full Time Attendee	\$ 150.00
Single Day Drop-In: 45 Minutes or Less	\$ 10.00
Single Day Drop-In: Over 45 Minutes	\$ 18.00
Early Release Day Drop-In	\$ 25.00
Full Time Attendees that Qualify for Free Lunch	\$ 70.00
Full Time Attendees that Qualify for Reduced Lunch	\$ 95.00
FSUS Faculty Children Full Time Attendee	\$ 45.00
FSUS Faculty Drop-In	\$ 10.00
FSUS School Wide Faculty Meeting Drop In	Complimentary

## Cycle Dates/ Payment Due Dates

<b>Cycle Dates</b>	<b>Payment Due Dates</b>
August 15 <sup>th</sup> - September 8 <sup>th</sup>	Pay at the time of registration.
September 9 <sup>th</sup> – October 4 <sup>th</sup>	Tuesday, September 6 <sup>th</sup>
October 5 <sup>th</sup> – October 31 <sup>st</sup>	Tuesday, October 4 <sup>th</sup>
November 1 <sup>st</sup> – November 30 <sup>th</sup>	Tuesday, November 1 <sup>st</sup>
December 1 <sup>st</sup> - January 11 <sup>th</sup>	Tuesday, November 29 <sup>th</sup>
January 12 <sup>th</sup> – February 7 <sup>th</sup>	Tuesday, January 10 <sup>th</sup>
February 8 <sup>th</sup> – March 3 <sup>rd</sup>	Tuesday, February 7 <sup>th</sup>
March 6 <sup>th</sup> - April 6 <sup>th</sup>	Friday, March 3 <sup>rd</sup>
April 7 <sup>th</sup> - May 2 <sup>nd</sup>	Tuesday, April 4 <sup>th</sup>
May 3 <sup>rd</sup> – May 26 <sup>th</sup>	Tuesday, May 2 <sup>nd</sup>

## Additional Fees

**Late Payment Fee** \$20.00 per child (After the due date listed)

**Late Pick-Up Fee** \$5 if picked up between 6:01p.m. - 6:05 p.m. and \$5 for every additional five-minute increment.

All outstanding fees must be paid as soon as possible.

Outstanding balances due to Extended Day can result in a revoked invitation to FSUS for the following school year.

# **FSUS EXTENDED DAY ENRICHMENT PROGRAM**

## **2016-2017 POLICIES**

### **Discipline**

Positive reinforcement principles will be used in dealing with children. However, a referral may be written if the action warrants. The parent, student, and counselor must sign the first and second referrals. The third referral will result in a conference with the parent, Coordinator, counselor and the Director. If problems persist and affect the safety and/or educational enrichment of the other children in the program, extended day reserves the right to suspend and/or terminate a child from the program.

### **Property**

Children are responsible for their own belongings. Please write names on all coats, hats, lunch boxes, etc.

### **Bringing Items to School**

Counselors are eager for the children to occasionally share special discoveries they make at home or on trips with their families. However, parents, please check with counselors before sending things to school. Toys and games should be left at home.

### **Illness**

Should a child become ill while participating in the Extended Day Program, parents will be contacted to pick-up their child from the program. No child may be dismissed from the school's clinic to attend extended day.

### **Insurance**

The Extended Day Program does not carry accident insurance on participants. It is the parent's responsibility to carry adequate accident insurance.

### **Snacks**

A snack will be provided to each child every day from 2:45-3:30 only.

### **Planned Absence**

When you know your child will not be attending Extended Day, PLEASE call 245-3873 by 2:00PM to let us know. After taking attendance every day, a phone call must be made to verify why your child did not attend on his/her scheduled day. This process can be very time consuming, but can be minimized by informing us ahead of time. If the problem of not calling the Director to report absences occurs more than 3 times, we will no longer be responsible for calling you. Thank you for your cooperation in this matter.

### **Open Door Policy**

FSUS Extended Day Enrichment Program grants all parents access to their child both by phone and/or in person between 2:45-6:00.

### **Communicable Disease Policy**

The FSUS Extended Day Enrichment Program follows the Communicable Disease Policy consistent with Florida State University Schools.