

**LEEDS PRIMARY SCHOOL
EXTENDED DAY PROGRAM
2016-2017 APPLICATION**



LPS Extended Day Contact Number: (205) 329-5303

**District Director: Dr. Burke Wren
(205) 699-5437 Ext. 8**

**LEEDS PRIMARY SCHOOL
2016-17 EXTENDED DAY PROGRAM**

It is the policy of the Leeds City Schools Board of Education not to discriminate on the basis of sex, color, disability, religion, creed, national origin, race, or age, in its educational programs, activities, or employment policies as required by federal regulations.

REGISTRATION APPLICATION

By completing this packet, you are registering your child to attend the 2016-17 Leeds Primary School Extended Day Program.

HOURS OF OPERATION

Before School Care- Monday through Friday from 6:30 a.m. to 7:30 a.m.

After School Care- Monday through Friday from 3:10 p. m. through 6:00 p.m.

A fee of \$1 per minute late will be charged for any child/children not picked up on time. We offer after school care for students who are in the preschool program at Leeds Primary School, which begins at preschool dismissal each day for those who wish to sign up.

Child's Name	_____	_____	_____	_____	_____
	<small>Last</small>	<small>First</small>	<small>Nickname</small>		
Date of Birth	_____	Age _____	Teacher _____	Grade Level 2016-2017 _____	
Street Address	_____	City _____	State _____	Zip-code _____	
Mother's Name	_____	Home/Cell Phone _____	Work Phone _____		
Email Address	_____				
Father's Name	_____	Home/Cell Phone _____	Work Phone _____		
Email Address	_____				

Person(s) having custody of this child: _____

Is this child currently receiving Special Education Services and/or has a School Health Care Plan? Yes__ No__ If yes, does the child require any special accommodations? This must be supported and documented in the IEP. ***Students with a Health Care Plan must have current doctor's orders before being allowed to register***

Please explain:

PICK UP: Persons with permission to pick up child other than parents:

- | | | | |
|----|-------|--------------------|-------------|
| 1. | _____ | Relationship _____ | Phone _____ |
| 2. | _____ | Relationship _____ | Phone _____ |
| 3. | _____ | Relationship _____ | Phone _____ |

IN CASE OF EMERGENCY, CONTACT:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

MEDICAL INFORMATION: (allergies, nosebleeds, insect bites, etc.) YES ___ NO ___

If yes, please explain issues. (Extended Care staff are not allowed to administer medications).

Physician's Name _____ Phone _____

If your child is contagious with anything, he/she will need to be non-contagious before returning to after school care. In other words, the child must be fever-free for one full day without medication. In case of the flu or similar illness, you must have a physician's note releasing the child from his/her care.

In case of emergency, the Leeds City Schools staff has my permission to secure medical attention for my child.

YES ___ NO ___

Signature of Parent or Guardian Date _____

Is the child covered by health insurance? Yes ___ No ___

Insurance Carrier & Contract No. _____

Please provide a copy of the insurance card(s) front and back.

BEHAVIOR

- I understand my child must abide by the Leeds City Schools Code of Conduct and will work with the staff to make sure my child follows the rules and works cooperatively with the students and staff.
- No corporal punishment shall be administered. When a child exhibits disruptive behavior, such as, but not limited to: fighting, abusive language, disrespect or disobedience, it will be noted in the Discipline Log. Parents will be notified. Infractions may result in immediate dismissal.
- An accumulation of three (3) infractions recorded in the Discipline Log may result in a three (3) day suspension or dismissal.
- *If at any time a child's behavior endangers the safety of himself/herself or others, the child may be dismissed from the program immediately.*
- Discipline problems will be noted in the Discipline Log. This information will be available to parents upon request. The discipline will be similar to Leeds City Schools Code of Conduct as applies to Class I infractions resulting in time-outs and other minor consequences and Class II infractions resulting in suspensions or dismissal.
- I understand my child can be released from this program for unacceptable or inappropriate behavior. If it is summer care, the child may be removed from field trips and other activities at the discretion of the site directors.

I have read the above statements carefully. My child and I agree to abide by them.

Parent's/Guardian's Signature: _____ Date _____

MEDIA RELEASE

Leeds City Schools communicates information including, but not limited to, photographs and interviews about our program and activities on our website and with the media. I give permission and understand that photographs and interviews will be of my child and published in newsletters, on the school system website, local and state newspapers, and other media publications without further permission. This permission and release shall be effective for the current school year.

Parent's/Guardian's Signature: _____ Date _____

AGREEMENT TO PAY FEES

- I understand and agree to pay the registration and weekly fees for my child to attend the Leeds City Schools Extended Day Care.
- I understand the registration fee is \$35 and non-refundable and is due with the completed enrollment packet and first weeks fee.
- I understand I am expected to pay the total weekly fee each Friday for the upcoming week.
- I understand payment for the full week is due each week whether my child attends each day or is absent.
- I understand that all payments must be made in advance and that any unpaid balance carried into the next week will be subject to a \$10 late charge. I realize it is my responsibility and obligation to pay for these services promptly and on a regular basis.
- I understand that if my payments become past due, my child will not be able to return to the program until all payments are brought up to date.
- I understand there is a \$1 charge for every minute after the daily hours (6:00 p.m.) that I fail to pick up my child and that this amount is due and payable at the time my child is picked up.
- I understand that if I have a check not honored by my bank, my check will be turned over to the accounting department which submits to a third party company for collection.
- I understand that if I stop paying before the end of the program, my child can be denied attendance to Leeds City School Extended Day Programs and Summer Care Programs in the future.
- If you are planning to withdraw your child, please let us know at least one week in advance in writing and all fees must be paid in full.

I have read the above statements and I agree to abide by them.

Parent/Guardian Signature: _____ Date _____

INCLEMENT WEATHER PLAN

Leeds Extended Day Care will follow the same procedures for closing that the system follows. If by chance, the weather is after the school day, parents will be called if the program is closing.

We **MUST** have accurate phone numbers to reach all parents in case of emergency closings. Please let the director(s) know if you are better reached by email or some other means in case of emergency weather dismissal.

IT IS IMPERATIVE THAT WE HAVE A WAY TO REACH YOU QUICKLY

Emergency phone number and/or e-mail: _____

Name of emergency contact _____

Forms and Fees should be returned to Leeds Elementary School no later than Monday, August 8, 2016 to secure admission to the program prior to the start of school.

Weekly Rates:

- **Before School(only): \$10 per week**
- **After School(only): \$40 per week**
- **Before and After School: \$50 per week**