

St. Clair County Community Education Extended Day Program

16700 US Hwy 411 • Odenville, AL 35120

Emily Davis, Community Education Director

Phone: (205) 629-7105

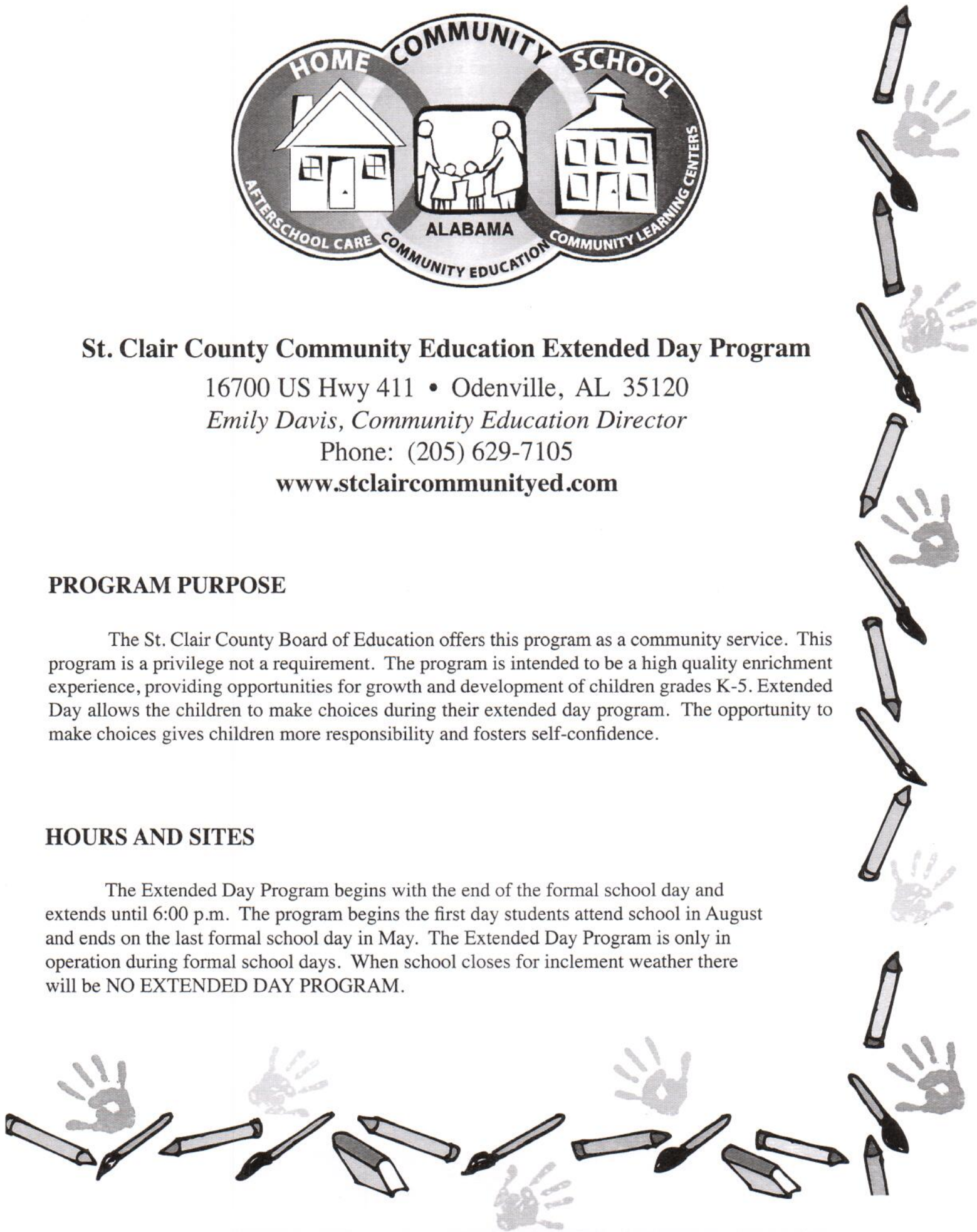
www.stclaircommunityed.com

PROGRAM PURPOSE

The St. Clair County Board of Education offers this program as a community service. This program is a privilege not a requirement. The program is intended to be a high quality enrichment experience, providing opportunities for growth and development of children grades K-5. Extended Day allows the children to make choices during their extended day program. The opportunity to make choices gives children more responsibility and fosters self-confidence.

HOURS AND SITES

The Extended Day Program begins with the end of the formal school day and extends until 6:00 p.m. The program begins the first day students attend school in August and ends on the last formal school day in May. The Extended Day Program is only in operation during formal school days. When school closes for inclement weather there will be NO EXTENDED DAY PROGRAM.





EXTENDED DAY PROGRAM

ASHVILLE ELEMENTARY SCHOOL
SHANNON CARTER, SITE DIRECTOR
(205) 594-5242
(205) 405-4008

MOODY ELEMENTARY SCHOOL
JASON TUGGLE, SITE DIRECTOR
(205) 405-7303
(205) 640-2180

ODENVILLE ELEMENTARY SCHOOL
LESLIE BOLIN, SITE DIRECTOR
(205) 365-4460
(205) 629-6406

SPRINGVILLE ELEMENTARY SCHOOL
TRACYANN REECE, SITE DIRECTOR
(205) 467-6550
(205) 405-2694

RAGLAND ELEMENTARY SCHOOL
REGINA BOSWELL, SITE DIRECTOR
(205) 472-2123

MOODY MIDDLE SCHOOL
JENNIFER TERRY, SITE DIRECTOR
(205) 640-2190
(205) 362-7075

STEELE JR. HIGH
KELLEY PEOPLES, SITE DIRECTOR
(256) 538-5489

RATES AND PAYMENT PROCEDURES

\$25.00 per child - Yearly registration fee (non-refundable)
\$50.00 per week

Payment is due on Friday for the following week please make checks payable to: **St. Clair County Community Education Extended Day**. Payment must be given to the Site Director at the Extended Day Program Site. Past due accounts will require an addition \$5.00 per week per child late fee. Delinquent accounts may be submitted to the courts for collection. Parents will be contacted if a check is returned from the bank by Envision. The parent will also have a certified letter mailed to them. All correspondence will be handled by Envision. There is a \$30.00 service charge for all returned checks. All future payments maybe asked to be made with cash, money order or cashier's checks. If an account becomes more than two weeks late the child will not be allowed to stay in the Extended Day Program. If non-payment becomes habitual the child may be removed from the program completely.

LATE PICK-UP FEE

\$1.00 per minute after 6:00 p.m.

Habitual tardiness in picking up children will result in their dismissal. If Extended Day does not receive communication from a late parent, the local law enforcement agency will be called after **30 minutes** to arrange for the child's supervision.

**ST. CLAIR COUNTY BOARD OF EDUCATION
COMMUNITY EDUCATION EXTENDED DAY PROGRAM**

REGISTRATION FORM

CHECK SITE: ASHVILLE ELEMENTARY MOODY ELEMENTARY RAGLAND
 MOODY MIDDLE SCHOOL ODENVILLE ELEMENTARY SPRINGVILLE ELEMENTARY STEELE JR. HIGH
OTHER _____

STUDENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ GRADE: _____ TEACHER: _____

MOTHER'S NAME: _____ EMPLOYER: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

FATHER'S NAME: _____ EMPLOYER: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

LIST DRIVERS LICENSE # IF PAYING WITH PERSONAL CHECK: (MOTHER) _____ (FATHER) _____

CHILD LIVES WITH: _____

MEDICAL INFORMATION: _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? YES NO

INSURANCE CARRIER: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE: _____

PERMISSION TO SEEK MEDICAL TREATMENT IF UNABLE TO REACH PARENTS OR EMERGENCY CONTACTS?

YES NO

PLEASE LIST AN EMAIL ADDRESS _____

PLEASE LIST THREE RESPONSIBLE PERSONS TO CONTACT IN CASE OF EMERGENCY AND TO PICK UP CHILD IF PARENTS CANNOT BE REACHED, (*ONLY DESIGNATED PERSONS WITH PROPER IDENTIFICATION WILL BE ALLOWED TO SIGN CHILD OUT OF PROGRAM.*)

NAME: _____ RELATION: _____ PHONE _____ CELL _____

NAME: _____ RELATION: _____ PHONE _____ CELL _____

NAME: _____ RELATION: _____ PHONE _____ CELL _____

SIGNATURE OF PARENT: _____ DATE _____