

_____ I give permission for my child(ren) to have photos taken for use on the OCSD Extended Day Program webpage.
I understand that no names will be attached to photos

PLEASE PRINT OR TYPE

Name(s) of Child(ren)	Grade	School	Program	Days
_____	_____	GP RS VV	AM PM	M TU W TH F Drop-in (pre-paid only)
_____	_____	GP RS VV	AM PM	M TU W TH F Drop-in (pre-paid only)
_____	_____	GP RS VV	AM PM	M TU W TH F Drop-in (pre-paid only)
_____	_____	GP RS VV	AM PM	M TU W TH F Drop-in (pre-paid only)

Address _____ Home Phone _____

Parent/ Guardian Information:

Name _____ Work Phone _____

Address (if different) _____ Cell _____

email: _____

Name _____ Work Phone _____

Address (if different) _____ Cell _____

email: _____

List 2 local emergency numbers different from those listed above (obtain permission from individuals):

Name(s)	Phone	Relationship to child(ren)
1. _____	_____	_____
2. _____	_____	_____

For After School Program ONLY: In addition to the individuals listed above, please list the names of other persons who have permission to pick up your child(ren) from the After School Program:

Name(s)	Phone	Relationship to child(ren)
1. _____	_____	_____
2. _____	_____	_____

Signature of Parent/ Guardian _____ Date _____

**EXTENDED DAY PROGRAM AGREEMENT
2022-2023**

Please Print:

Name(s) of children) _____ GP RS VV

Name(s) of person(s) responsible for payment: _____

Choose your participation/ payment plan. This participation/ payment plan will stand for the full school year. Requests for participation/ payment plan changes must be made in writing to the Site Coordinator.

_____ **My child(ren) will attend on a *regular basis* (check all that apply and fill-in amount due):**

- ___ Elementary AM Program (1st child) \$40/ month.....\$40
- ___ Elementary AM Program (additional children) ___ children x \$35/ month.....\$___
- ___ Elementary PM Program (1st child) \$90/ month.....\$90
- ___ Elementary PM Program (additional children) ___ children x \$85 month.....\$___

- I understand that I am responsible for the total monthly fee of \$_____.
- The monthly fee is due by the 1st of each month.

_____ **My child(ren) will attend on a *Drop-in basis* (please read carefully as this policy has changed):**

- I understand that I must notify the site coordinator as soon as possible in writing by e-mail or written note regarding the date(s) and number of children requested to attend each day.
- I understand that Drop-in participation will only be available on a first come first served basis.
- I understand that should I choose to use the program on a 'drop-in' basis, I must create a Drop-in Account with my child's Site Coordinator at the time of registration and prior to my child's attendance. Days will be deducted as they are used (one day per child/ day of attendance). I will be notified when my pre-paid Drop-in Account is down to two days.
- **AM Program Drop-in fee: \$50 for 10 days.**
- **PM Program Drop-in fee: \$100 for 10 days.**
- I understand that if I am notified that my child may not attend on a requested date, I must make other arrangements for my child's care.

In consideration of enrollment in the Oneonta City School District Extended Day Programs, the following additional assurances are given:

- I have read the terms and conditions of the programs and am familiar with its contents;
- I understand there is no nurse/ medical staff on duty during the program. It is further understood that no employee or volunteer is authorized to administer medication;
- I understand the monthly and daily fee structure for the program and agree to pay accordingly. There will be no refunds or discounts for days missed. This includes mandatory quarantine due to current COVID-19 guidelines.
- I understand that if payment is not made when due, my children may be removed from the program until payment is made in full;
- I understand there is a late fee assessed for pick up after the designated pick up time, as indicated by the terms and conditions. Repeated tardiness will result in my children's removal from the program.
- I understand that no students may attend the program free of charge.
- **I understand that fees are due the 1st week of each month for all monthly users and that payment for drop-in users is pre-payment with no exceptions. Delinquency in payment after the 15th of the month will result in immediate suspension from the program until all fees are paid in full.**
- I understand that DSS childcare subsidy is not accepted and that I am responsible for all payments in full.
- I understand that, in the case of split payments on the part of the parents, delinquent payments on the part of either parent will result in my child's removal from the program. Further, I understand that contact information for *both* parents must remain current and up to date at all times.
- I understand that the OCSD Extended Day Programs will be following the most up to date COVID safety guidelines, which will be posted on the Oneonta City School District website.

Parent/ Guardian Signature

5/2022

Parent/ Guardian Name (please print)

Date