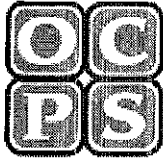


2024. 2025

Student Name _____



Orange County Public Schools
Extended Day Enrichment Program



Welcome to Extended Day



We are happy that you are enrolling your student in our Extended Day Enrichment Program.

The program provides supervision in a secure and familiar setting with a variety of recreational and educational activities plus a snack and homework time for elementary school students. Extended Day embraces the philosophy of all students learning and achieving. Our program works hand in hand with the school day program to enhance the social, emotional and intellectual development of your student.

Parent Contract

*The following are Extended Day guidelines that must be followed.
Please read the Parent Contract, initial each item and sign the second page.*

_____ A registration fee of \$12.00 is required for each student enrolled in the program each school year. A new registration form must be completed for each student each school year.

_____ A deposit equal to two week's tuition will be required for each student enrolled in the program. The deposit will be used to cover tuition for the last two weeks that the student attends Extended Day. The deposit on account will roll-over if the student will remain in the program for the next school year.

_____ Tuition rates and discounts are standard at all OCPS Extended Day Enrichment Programs. Individual schools cannot make exceptions to the Board approved fees regarding school staff and Extended Day staff discounts.

_____ Tuition is DUE each Monday. In order for the student to remain in the program, the past due balance and current tuition **MUST** be placed in the lockbox the following Monday. The "No Pay - No Stay" policy will be strictly enforced.
Habitual late payment may result in your student's dismissal from the program.

_____ Tuition may also be paid online: www.schoolpay.com. Credit card payments are DUE on Monday. Parents create an account on the School Pay Parent Center in order to make Extended Day tuition payments. The School Pay help line is 833-761-2600.

_____ Tuition is a weekly fee. Tuition is not reduced when a student only attends a partial week. The tuition is pro-rated only when Extended Day is not open for a 5-day week, ie. closed for a student holiday or teacher workday. If a student does NOT attend at all for a whole week, ie. illness, vacation, etc., there will be NO tuition due for that week.

_____ Parents who pay a reduced tuition rate (school staff discount or OCPS scholarship co-pay) are financially responsible for their portion of the weekly tuition. A limited number of scholarships are available at all sites for students who meet qualifying criteria.
A student may be withdrawn from the program for nonpayment of tuition.

Student number _____

Extended Day Parent Contract Page Two

_____ When a parent no longer meets the criteria for reduced tuition (no longer qualifies for staff discount or OCPS scholarship is terminated) they will be responsible for full tuition. A student may be withdrawn from the program for nonpayment of tuition.

_____ AM/PM is a "package deal." If a student is registered for AM/PM (morning and afternoon programs), tuition will be charged for the AM/PM rate, even if the student does not attend both sessions. If the student will no longer attend the AM or the PM session, please notify the coordinator in writing to the change the program the student is registered for.

_____ If a parent needs to change the program a student is registered for, the Extended Day coordinator must be notified in writing the week prior to the change.

_____ Extended Day tuition payments MUST not be given to any employee. Payments MUST be placed by the parent or student directly into the Extended Day metal lock box. Parents will notify the school office if the metal lockbox is not available to receive payments.

_____ Field trip fees and the cost for activities are included in the tuition for the Extended Day Program. Parents are NOT charged an additional fee. Extended Day students are not charged a fee for OCPS bus transportation.

_____ Extended Day policy states that students MUST be picked up BY 6:00 pm. A late pick-up fee is charged at a rate of \$10.00 (per student) for every 15 minutes after 6:00 pm that the student is picked up. The late pick up fee must be included with your next tuition payment. Students may be dismissed from the program for repeated late pick up.

_____ All persons authorized for pick up on the registration form must be able to produce a picture I.D. Anyone NOT listed on the registration form or authorized by phone will NOT be allowed to pick up that student. The parent who signs the registration form may make changes to the authorized pick up list and student departure instructions in writing or by phone, provided a Code Word has been listed on the registration form.

_____ Every person authorized to pick up a student will be assigned a unique PIN number. All persons picking up a student MUST "PIN OUT" using the Extended Day computer or alternate method if the computer isn't available.

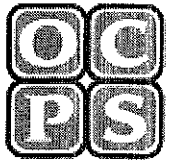
_____ Please notify the coordinator prior to your student's last week in Extended Day. Your deposit will be used to cover tuition and you will receive a refund check for any money remaining in your account.

(Parent's Signature)

(Student's name)

(Date)

(Student's name)



Orange County Public Schools
EXTENDED DAY ENRICHMENT PROGRAM
Registration and Emergency Form

School Teacher _____

Ext. Day Group _____

Please Print:

Student's Last Name *Student's First Name* *Sex* *Age* *Grade* *Birth date* / /

My student will attend: AM only PM only AM/PM AM/VPK PM/VPK

Student's Address: _____
 Number *Street Name* *Apt. #* *City* *Zip Code*

Legal Custodian/s of Student: _____
 First Name *Last Name* *Relationship to Student*

Other students in home(names, ages): _____

Student lives with: Both parents Parent/Guardian 1 Parent/Guardian 2 Other (specify)

Parent/ Guardian 1: _____ *Parent/ Guardian 2:* _____

Address: _____ *Address:* _____

Primary Phone: () - _____ Text *Primary Phone:* () - _____ Text

Work Phone: () - _____ *Work Phone:* () - _____

Email: () - _____ *Email:* () - _____

Parent/Guardian 1 may pick up student Parent/Guardian 2 may pick up student

Others authorized as Emergency Contacts and/or to Pick Up student.

Student will only be allowed to leave with Authorized Individuals.

Copy of legal document must accompany denial of parental pick up.

_____	_____	() - _____	<input type="checkbox"/> Emergency Contact
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<input type="checkbox"/> Authorized Pick Up
_____	_____	() - _____	<input type="checkbox"/> Emergency Contact
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<input type="checkbox"/> Authorized Pick Up
_____	_____	() - _____	<input type="checkbox"/> Emergency Contact
<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<input type="checkbox"/> Authorized Pick Up

Code Word: Used to verify telephone instructions concerning changes in pick-up for this student: _____

Medical Information: Known health problems, medical conditions & current medications.
 All official school board procedures related to dispensing medication must be followed.

EXTENDED DAY ENRICHMENT PROGRAM

Registration and Emergency Form

Parent/Guardian: Please initial each box

Photo / Video Permission

For and in consideration of benefits to be derived from the Extended Day program, I/we do hereby consent, authorize and grant permission to the School Board of Orange County, Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures, video or audio tapes of this student, and do further consent to the publication of same. I/we hereby relinquish and give to the School Board of Orange County, Florida, all right, title, interest and/or compensation of said materials for publication or other use. I release any and all claims of any nature whatsoever arising from their use.

Care / Transport / Treatment Permission

In case of a minor accident or illness, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my student.

In the event of a life threatening accident or illness, I understand that the school may contact the 911 emergency medical system immediately. I agree to be financially responsible for my student's care and treatment.

In order to expedite the care of my student, I hereby give permission for the responding emergency team to immediately initiate treatment and transport of my student to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for my student's treatment and transport.

I do hereby state that I am the parent or guardian of the student named on this form. In order to expedite care of this student, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for my student's treatment. I also request that I (or a listed emergency contact person) be notified of my student's condition and admission as soon as possible.

Parent/Guardian Signature

Date

To be completed by Extended Day Coordinator

Check appropriate box:

- Full Tuition
- Ext. Day Staff (gratis) _____ principal/designee signature
- School Staff (50%) _____ principal/designee signature
- OCPS Scholarship (50%)
(Please retain Approval Notices, Termination Notices and original Scholarship applications in a folder for audit.)
- Other (Please attach documentation / memo with principal/designee signature.)