

**Extended Day Center Program
 2018-2019 Registration for Before and After School Child Care**

Hours of Operation: Monday – Friday 6:30am – 6:00pm

(This form must be completed and returned prior to your child being considered enrolled)

AM Only PM Only AM & PM

CHILD INFORMATION:

Child's Name _____ Birthdate _____ Age _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Child's Grade _____ Child's Teacher _____

***Ethnicity:** Hispanic/Latino Not Hispanic/Latino ***Race:** American Indian/Alaskan Native Asian Black/African American
**Information used for data collection* Native Hawaiian/Pacific Islander White Bi-Racial

Family Doctor _____ Phone _____ Insurance Co. _____

Ambulance Preference _____ Hospital Preference _____

Child's Allergies _____

Medical Conditions _____

My child received the chicken pox vaccine (date) _____ My child had chicken pox (date) _____

Special Instructions _____

PARENT INFORMATION: (Please check the box below to indicate who has legal custody)

Parent/Guardian #1 Name _____ Address _____ Home Phone _____

Parent/Guardian #2 Name _____ Address _____ Home Phone _____

Parent/Guardian #1 Workplace _____ Work Phone _____ Workday ends _____

Parent/Guardian #2 Workplace _____ Work Phone _____ Workday ends _____

Parent/Guardian #1 Cell Phone _____ Email _____ Parent/Guardian #2 Cell Phone _____ Email _____

In case of emergency when parent cannot be reached, the individuals listed below may be called and/or authorized to pick up:

Name _____ Home Phone _____ Cell Phone _____
 Relationship _____

Name _____ Home Phone _____ Cell Phone _____
 Relationship _____

My child may be released only to the following persons (Please attach additional information if necessary. Identification will be required):

1. _____ 3. _____

2. _____ 4. _____

MY CHILD MAY **NOT** BE RELEASED TO THE FOLLOWING INDIVIDUAL(S): _____

I agree to pay my childcare fee on the Monday of the week childcare is provided. My child is expected to attend daily, unless a schedule is provided by the parent/guardian that states otherwise. I understand that the school reserves the right, in extreme circumstances, to terminate the enrollment of any child if the coordinator, director and/or the associate superintendent determines that continued attendance would not be in the best interest of either my child or the school. In case of an emergency involving my child, it is the policy of the EVSC to give first aid treatment while contacting the parent/guardian for further instructions. In the event the parent/guardian cannot be contacted, school officials will contact 911. If I am late picking up my child, then a late fee will be charged to my account. If my child has not been picked up and my emergency contact designee cannot be reached, then the Department of Child Services will be contacted.

Parent/Guardian Signature #1 _____ Date _____

Parent/Guardian Signature #2 _____ Date _____

ED Center Office Use Only: Updated on (Date): _____ By (Initials): _____

EXTENDED DAY CENTER PROGRAM

Student Behavior Responsibilities & Discipline Policy

The Evansville Vanderburgh School Corporation's Extended Day Center (ED Center) Program strives to create a positive, nurturing, and safe environment. The ED Center follows the EVSC student conduct responsibilities and policies, in addition to the following guidelines.

Students are expected to:

- Follow school rules and expectations
- Be courteous and respectful to everyone
- Respect ED Center property
- Be responsible for personal property
- Follow directions given by ED Center staff

In response to unacceptable behaviors, the following consequences will occur:

- Loss of privileges
- Break from group activities
- Behavior form (child will help complete and parent must sign)
- Phone call to parent
- 1 day suspension
- 3 days suspension
- 5 days suspension
- Termination from program

The ED Center staff will make every effort to redirect and reteach children who are having a difficult time following expectations. If parents/guardians have any concerns, then immediately address concerns with the coordinator. If issues remain unresolved, then contact the ED Center Program director.

Child's Name _____

Parent/Guardian Signature _____

Date _____