Briarlake Elementary After School Extended Day Program

Dear Parents,

Welcome to our After School Extended Day Program! We plan to provide a fun, safe, and an academically viable environment for your child during this school year. To ensure a successful year, we would like for you to read the following guidelines before signing.

1. Every child attending the After School Extended Day Program must have a current registration form on file at school. Parents are responsible for insuring that the information on file is current. Registration fee is due upon registration.

[Non-refundable Fees: \$25 - 1 child, \$40-2 children, \$65 - three children, \$90 - four children]

2. The After School Extended Day Program is a <u>prepaid</u> program. Payments are due on <u>Monday</u> for the week's session. If tuition is not received on Monday, <u>a late fee of \$5</u> may be added to the tuition payment and a payment must be made by Tuesday. <u>If payments are not received by Tuesday, you may speak to the bookkeeper and principal to resolve. Otherwise, your child may be withdrawn from the program.</u>

3. Payments will **ONLY** be accepted during After School hours. **DO NOT** send payments with children or drop off payment in the office.

4. The weekly tuition payments are \$60 for one child, \$110 for two children, \$165 for three children, and \$230 for four children. Three or more days of attendance constitutes a full week.

- 5. Cashier checks and money orders are the preferred methods of payments. Please make cashier's checks or money orders payable to the Briarlake Elementary School Extended Day Program. Any money over the exact amount will be credited to the next week's tuition. You must request any After School Extended Day Program refunds in writing by the last day of the student's school year. No credits will be carried over the next school year.
- 6. Tuition Fees will be collected weekly. Individual payment accounts will not be established.

7. A receipt will be issued at the time of payment. Please file your receipts for proof of payment and tax purposes. The DeKalb County tax identification number letter will be issued in January.

8. The ASEDP hours are 2:30 PM to 6:00 PM on the days that school is in session. A late fee will not exceed \$1 per minute per child or family. This charge begins at 6:01 and must be paid in cash upon arrival [only cash payment accepted].

9. Only individuals designated on the registration form with appropriate legal photo identification will be allowed to pick up your child. This is for your child's protection. Your child must be signed out at the Checkout Desk daily.

10. To ensure the safety and security of all students in the After School Extended Day Program, the DeKalb County Police may be contacted should an emergency occur which threatens the welfare of a child.

- 11. We expect all children to behave properly. The same behavior expectations of the regular school day apply in the After School Extended Day Program. Students may be suspended or withdrawn from the After School Extended Day Program for the following reasons:
 - a. Excessive Late Pick-ups
 - b. Discipline Problems

c. Nonpayment of Tuition and/or Late Pick-up Fees

12. If the school closes because of inclement weather or any other reason, the ASEDP will also be closed. We follow the procedures given in your child's Inclement Weather pamphlet.

Parent's/Guardian's Signature Child (ren)'s Name(s):		Date
Date	Email Address	Striking R 164 (B) 174 (B)

Briarlake Elementary School 2021 - 2022 After School Extended Day Program Registration Form

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO INFORM THE AFTER SCHOOL EXTENDED PROGRAM OF ANY CHANGES TO THE INFORMATION ON THIS FORM DURING THE SCHOOL YEAR.

PROGRAM OF ANY CHANGES TO THE INFORMATION ON THIS FORM DURING THE SCHOOL YEAR						
My child will be enrolled in the prepaid After School Extended Day Program for: (check one)						
	· · ·	_	· · ·			
□Full Week □ Regular Drop in Individual Days (circle days) M T W Th F □Emergency Only						
Please Print: An individual form must be completed for each child participating in ASEDP						
Child's Name	Male/Female	Birth Date	Grade	Teacher		
Discontinuo di considera						
Please list any special medical considera	ation or medication	your child may hav	/e.			
Child's Address:				ADT #		
Street City	1	GA Zip code		APT#		
Home Phone Number		OA Zip code				
Mother's Name						
Work#		Cell#:				
Father's Name	T	0 1111				
Work#		Cell#:				
In case of emergency and the gua	ardian(s) listed	above cannot b	o roache	nd places call the persons		
listed below. All emergency num						
Appropriate legal photo identificat				icidde area code.		
Name	tion is necessar	y at time or pice	· uρ.			
Work#		Cell#:				
Name	<u> </u>					
Work#		Cell#:				
Name						
Work#		Cell#:				
Doctor's Name Office #						
Preferred Hospital: In case of emergency	v placea transport	my child to				
Preferred Hospital. III case of emergency	y, piease transport	my child to				
The following people are NOT authorized to pick up my child from the After School Extended Day Program.						
*Legal documentation must be provided and on file and submitted with this form.						
Name						
Name						
Name						
Parent's/Guardian's Signature			Da	ate		

Dr. Deborah Moore-SandersInterim Deputy Superintendent of Student Support and Intervention



Mrs. Cheryl Watson-Harris Superintendent

Student Support Services 1701 Mountain Industrial Boulevard Stone Mountain, GA 30083-1027 678-676-0715

After School Extended Day Program DeKalb County School District

Notice of Exemption

School Name:	
Parents comple	ete below this line
I,program is not a licensed child care fa	acknowledge that I have been informed that this acility. I also understand this program is not a Department of Early Care and Learning and
Child's Name:	
Parent's Name:	
Parent Signature	Date