

# Frederica Academy

## 2018-2019 Frederica Academy Extended Day Registration Form (Grades Pre-K - 5th)

Lower School Principal: Rebecca Pruitt ([rebeccapruitt@fredericaacademy.org](mailto:rebeccapruitt@fredericaacademy.org))

Business Office: Mitzi Gregg ([mitzigregg@fredericaacademy.org](mailto:mitzigregg@fredericaacademy.org))

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Full-Time Attendance (Monthly Fee) \*

Grade:	Pre-K	Kindergarten	1st - 5th Grade
School Release:	1:00 p.m.	2:00 p.m.	3:00 p.m.
1:00 p.m. to 3:00 p.m.	\$220		
1:00 p.m. to 5:30 p.m.	\$400		
2:00 p.m. to 3:00 p.m.		\$140	
2:00 p.m. to 5:30 p.m.		\$340	
3:00 p.m. to 5:30 p.m.			\$300

### Part-Time Attendance (Monthly Fee) \*\*

School Release:	1 Day	2 Days	3 Days
1:00 p.m. to 3:00 p.m.	\$60	\$120	\$180
1:00 p.m. to 5:30 p.m.	\$100	\$200	\$300
2:00 p.m. to 3:00 p.m.	\$40	\$80	\$120
2:00 p.m. to 5:30 p.m.	\$88	\$176	\$264
3:00 p.m. to 5:30 p.m.	\$80	\$160	\$240

**Hourly Drop-In: \$15 per hour.** No partial hours and availability is limited. Early scheduling will increase chances of space availability.

**Late Fees:** A late fee of \$15 will be assessed if your child remains any time after his/her scheduled time frame. All late fees will be billed to your family account. Please plan for traffic and inclement weather.

\*Please note that for two months out of the school year (August and December) the monthly fee listed above will be reduced to half given the number of school days in those months is significantly less.

### DEFINITIONS:

**\* Full-Time Attendance:** Student attends on a regularly scheduled basis (5 days a week), with a reserved space, within the above selected time frame, and agrees to be billed monthly according to the fees listed above. These fees represent a savings over the part-time fees and is the most economical option if your child will be attending Extended Day almost every day.

**\*\* Part-Time Attendance:** Student attends only on pre-scheduled days (3 or less per week), with a reserved space. Pre-scheduled days should remain the same through-out the school year. Any changes to pre-scheduled days to be communicated to the Program Director with a 1-week notice. These fees represent a savings over the Drop-In fee.

### SELECTION:

\_\_\_\_\_ **Extended Day Full-Time (5 days a week): PLEASE CIRCLE GRADE AND TIME SELECTION ABOVE.**

\_\_\_\_\_ **Extended Day Part-Time (3 days or less per week): PLEASE CIRCLE TIME SELECTION ABOVE AND INDICATE PRE-SCHEDULED DAYS.** Pre-scheduled days should remain the same through-out the school year. Any changes to pre-scheduled days to be communicated to the Program Director with a 1-week notice.

\_\_\_\_\_ **Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday**

\_\_\_\_\_ **Hourly Drop-In**

**Terms and Conditions:**

- Parents are required to inform the school if their child has allergies, asthma, or any other medical or contagious illness.
- All FA rules, regulations, and procedures apply to the Extended Day Program, including, but not limited to the Release of Liability and the Permission to Acquire Medical Treatment.
- Parents are responsible for providing the Program Coordinator with up to date contact numbers as well as any changes regarding those individuals picking them up from Extended Day.
- Extended Day follows FA's 2018-2019 school schedule and is not offered when school is closed or on October 19, 2018 and March 15, 2019.
- In order to participate in the program, your child must be currently enrolled in Frederica Academy and have a completed registration form on file.
- All Extended Day participants are to be picked up from the Extended Day room assigned to them. Please notify the Program Coordinator and your child's teacher if someone other than you will be picking up your child.
- Your child will continue to be enrolled in Extended Day for the entire year. However, as changes occur in your schedule, please notify the Program Coordinator as soon as possible, so that scheduling and billing adjustments can be made.

**Parent Consent:**

My child may be released to the person signing this agreement, older siblings, or the following:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Name \_\_\_\_\_

Emergency contact when parents cannot be reached:

\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medications prescribed for long-term continuous use and/or has the following Pre-existing illness, allergies, or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_