RAA MIDDLE SCHOOL EXTENDED DAY ENRICHMENT PROGRAM 2025-2026 REGISTRATION FORM

CHILD'S NAME:	GENDER:	
BIRTH DATE: / / AGE: GRADE: OTHER SIBLINGS AT THIS SCHOOL:		
PARENT/ GUARDIAN NAME:		
ADDRESS:		
EMPLOYER: E-MAIL AD	DRESS:	
WORK PHONE: (CE		
PARENT/ GUARDIAN NAME:		
ADDRESS:		
EMPLOYER: E-MAIL AD	DRESS:	
WORK PHONE: () - CE	ELL PHONE: () -	
Is this a split house hold? □Yes □No Any custoo	ly arrangements we should be aware of?	□Yes □No
If yes, please explain:		
The following individuals are allowed to pick up this child and m EMERGENCY CONTACTS DAY PHONE	RELATION TO ČHILD ———————————————————————————————————	
List any medications, allergies or limitations requiring special at	tention:	
My child can safely function with a minimum staff/student ratio of My child is staffed into an ESE Program or Gifted Program: My child has an IEP on file: My child may be in photos or videos taken during the program for My child has permission to use the internet for Extended Day Poly Child may watch a G or PG rated family movie during EDEP	or program use only: rogram activities:	□Yes □No □Yes □No □Yes □No □Yes □No □Yes □No □Yes □No
My child will be attending (I	Please circle all that apply):	
Before School	After School	
Mon Tues Wed Thur Fri Every Other Drop In Only	Mon Tues Wed Thur Fri Every Other Drop In Only	
I have read and fully understand the procedures outlined is clear that I must submit my payment to EDEP on or before assessed. My fee will be paid on time even if my child doe child must be picked up by 6:00 p.m. every day, or a \$1.00 p.m.	in the Extended Day Enrichment Program ore the payment due date or a \$10.00 lat is not attend on the actual due date. I und	e charge will be
PARENT/GUARDIAN SIGNATURE:	DATE: / /	

Extended Day Enrichment Program (EDEP)				
Childcare Payment Agreement Parent/Guardian Name(s):				
Child's Name: Program Location:				
Program Location:				
Start Date:				
 1. Payment Terms & Methods All fees must be paid in full prior to attendance each cycle. This includes all late fees from the from previous cycle. Payments are made through the Leon County Schools e-Funds portal (EDEP & VPK). Acceptable: ACH (checking), credit/debit card Not accepted: Cash, checks, or money orders Focus PIN # (from school registrar) is required to access the portal. Contact your EDEP Manager with payment questions. 				
2. Split Household Responsibility In shared custody situations, parents must resolve payment responsibilities independently. Full payment is required before attendance, regardless of household arrangements. The program cannot mediate financial disputes.				
 3. Late Payments & Fees \$10 late fee per family will automatically be applied to payments received after the due date. Late fees and balances must be paid before the child can return. Absence for 2+ weeks without communication may result in disenrollment. 				
 4. Late Pick-Up Policy Pick-up is no later than 6:00 PM. \$1 per minute per family will be charged after 6:00 PM. After 3 late pickups, the child may be dismissed from the program. If not picked up by 7:00 PM, safety and security will be contacted. 				
 5. Refunds & Credits No refunds after the first week of participation unless due to: Documented illness (2+ weeks) Family relocation No refunds for summer camp, registration, or activity fees. Credit may be issued only for unforeseen school closures (3+ days). Fees are not prorated for absences and cannot be waived by EDEP staff. 				
Cancellations Cancellation requests must be submitted in writing at least 1 day before a cycle due date. No credit or refund will be issued without proper notice.				
 7. Returned Payments e-Funds will reprocess returned checks automatically. \$20 fee applies after second return; services suspended until cleared. After two returns, future payments must be made via credit card or money order. 				
8. Discounts & Assistance • Sibling discounts apply only at the same site/program. • Free/reduced lunch students may receive fee support (limited space). • ELC scholarships may be available • One discount per family. Must reapply each year for all discounts.				
Acknowledgment By signing below, I/we agree to all policies and payment expectations outlined in this agreement. Parent/Guardian Signature:				

Date: _____

Parent/Guardian Signature:

EDEP Manager Signature: ______Date: _____

2025-2026 EDEP Cycle Dates

Please pay close attention to the cycle due dates listed below.

Cycle #	Payment Due Date	Start Date	End Date
Cycle 1	8/8/2025	8/11/2025	9/4/2025
Cycle 2	9/2/2025	9/5/2025	9/30/2025
Cycle 3	9/29/2025	10/1/2025	10/28/2025
Cycle 4	10/27/2025	10/29/2025	12/1/2025
Cycle 5	12/1/2025	12/2/2025	1/12/2025
Cycle 6	1/8/2026	1/13/2026	2/6/2026
Cycle 7	2/5/2026	2/9/2026	3/5/2026
Cycle 8	3/4/2026	3/6/2026	4/9/2026
Cycle 9	4/8/2026	4/10/2026	5/5/2026
Cycle 10	5/4/2026	5/6/2026	5/22/2026