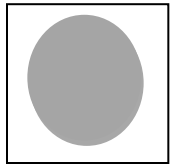


Principal: Michelle Keltner
EDEP Director: Jeriesha Carter Johnson

Desoto Trail EDEP Registration



REGISTRATION FEE: \$30.00 Per Child; a check or money order will need to be made out to **LCS** and be submitted with registration form. **(All registration fees are non-refundable);** All pages of registration must be returned for child to be accepted!

Child's Name: _____

Birthdate: ____/____/____ **Age:** ____ **Race:** ____ **Gender:** Male Female

Grade 2022-2023: ____ **Teacher at DeSoto Trail:** _____

Custodial Rights: Both Parents Mother Father Other

PARENT INFORMATION:

MOTHER'S	FATHER'S
Name:	Name:
Employer:	Employer:
Address:	Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:

Please write the name of the person(s) you will allow to be an emergency contact or to pick-up your child

Name	Day Phone	Relationship the child

Authorization For Emergency Care:

In case of accident of serious illness and Desoto Trail EDEP is unable to reach a legal guardian or myself, I hereby authorize Desoto Trail EDEP to contact the Physician indicated and follow their instructions. If it is not possible to contact the personal physician, Desoto Trail EDEP may take whatever arrangements necessary to provide care and treatment for my child.

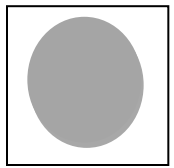
Signature Of Parent: _____

PICK-UP PROCEDURES

A government ID is required to pick-up any child from Extended Day, regardless if the staff personally knows you or not.

Principal: Michelle Keltner
 EDEP Director: Jeriesha Carter Johnson

Desoto Trail EDEP Registration



PROGRAM CHOICE:

Please check the number of days your child will attend EDEP. Circle days of attendance if less than 5

BS 5 days ___ 4 days ___(M,T,W,TH,F) 3 days ___(M,T,W,TH,F) 2 days ___(M,T,W,TH,F) DI only ___
 AS 5 days ___ 4 days ___(M,T,W,TH,F) 3 days ___(M,T,W,TH,F) 2 days ___(M,T,W,TH,F) DI only ___
 Both AS/BS 5 days ___ 4 days ___(M,T,W,TH,F) 3 days ___(M,T,W,TH,F) 2 days ___(M,T,W,TH,F) DI ___

Office Use Only:	Date Registered: _____	Date Paid: _____	Staff Int: _____
Status Change: AS: M T W Th F	BS: M T W Th F	CYCLE: _____	DATE: _____
Status Change: AS: M T W Th F	BS: M T W Th F	CYCLE: _____	DATE: _____
Status Change: AS: M T W Th F	BS: M T W Th F	CYCLE: _____	DATE: _____

MONTHLY FEES:

**reduced rates are available to those families on free or reduced lunches, there are limited spaces available per school year. Please contact Director for information.*

Both AS/BS	\$255.00 per child	\$229.50 per additional child
Before School	\$70.00 per child	
After School	\$185.00 per child	\$166.50 per additional child
Drop-IN BS/AS	\$ 20.00 per child (Before School)	\$25.00 per child (After School)

PAYMENT PROCEDURES:

Desoto Trail EDEP program is **non-cash program**, meaning that **cash cannot be accepted** as payment. All checks, money orders, certified checks or payments via your bank need to be made out to Leon County Schools (LCS), memo to read your child's name. There are 10 payments, which cover 10 months or 40 weeks of actual school. **A late fee of \$10.00 will be assessed for all late payments.** After 2 days late, suspension of services will occur. **Registration Is a one-time payment of \$30.00 per child.** This will be **non-refundable** and required to attend even on an emergency basis.

WITHDRAWAL

If you choose to withdraw your child any time throughout the year, a two-week notice is required. Keep in mind the registration fee is non-refundable; however, if you choose to return to the program you will not be required to pay another fee. Re-enrollment is based on availability and a registration fee will not be assessed.

DISCIPLINE POLICY

The Leon County Code of Conduct Rules that apply during the school day will be applied to Extended Day. Warnings will be given to children that are not following the rules outlined by Leon County as well as Desoto Trail Elementary. All unacceptable behavior will be dealt with accordingly. Being part of Desoto Trail Extended Day program is a privilege to the child and not a right.

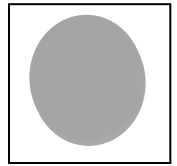
HOMEWORK ASSISTANCE

Homework assistance is offered daily to all students. This is a quiet, controlled environment where your child may complete any homework. This is not a one-on-one tutoring session. If your child doesn't have homework they may read for the allotted homework time. If you would prefer your child to not participate please initial here.

Initials: _____

Principal: Michelle Keltner
EDEP Director: Jeriesha Carter Johnson

Desoto Trail EDEP Registration



SNACK

A snack is provided to each student in after school, if your child has any allergies or food sensitives please list below.

MEDICAL INFORMATION

The well-being of your child is very important. Should your child become seriously ill or injured, it's important that your child's Extended Day Program is provided the most updated medical information. We request your cooperation in completing this section of the enrollment form.

IMPORTANT! *The following information about your child will help us in the event of an emergency. If your child has one or more serious conditions, select all that apply and comment:*

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Allergies (food, plants, medications, animal – please specify) _____ |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Other allergies (list) _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other diseases (list) _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other concerns _____ |
| <input type="checkbox"/> Dietary needs/concerns (nuts, red dye, etc.) | <input type="checkbox"/> My child has a diagnosed hearing impairment |
| <input type="checkbox"/> My child wears glasses or contact lenses | <input type="checkbox"/> My child wears a |
| <input type="checkbox"/> My child wears a hearing aid. | <input type="checkbox"/> hearing aid |

- 1. Does your child have any special needs (including attention deficit disorders, or behavioral influences) that we should be aware of?** Yes No
If yes, please state the need _____
- 2. My child may be in photographs or videos taken during the school year for display on the EDEP website, yearbook, and school social media:** Yes No
- 3. My child may watch G and PG rated movies:** Yes No
- 4. My daughter may participate in the occasional Spa-La-La club, and have her nails painted:** Yes No
- 5. My child is eligible for:** Free Lunch _____ Reduced Lunch Verified: _____ LCS Discount: School _____

HOURS OF OPERATION

Before School- 7:00 a.m. to 7:45 a.m.

After School- 2:50 p.m. to 6:00 p.m.

***Exception: early release days are 12:50 p.m.**

I have read and fully understand the policies outlined in the Extended Day Enrichment Program Policy Statement.

Parent's Signature: _____ **Date:** _____