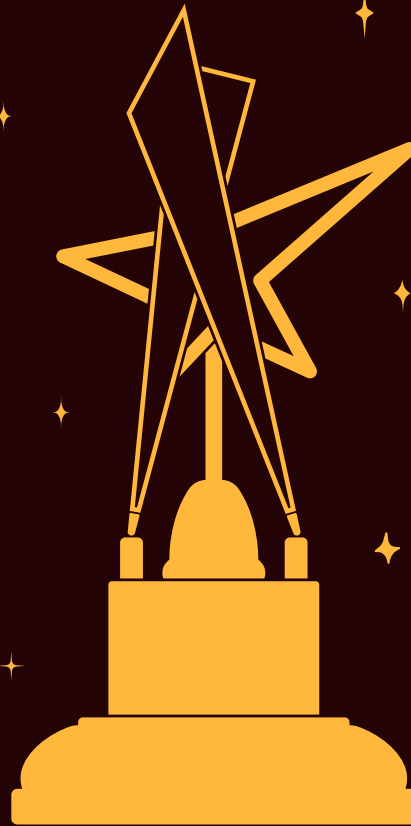


WE'RE THE STARS

# ASTORIA PARK



EDEP  
2025-2026  
FALL  
REGISTRATION

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# ASTORIA PARK EDEP LCSB EXTENDED DAY ENRICHMENT PROGRAM

## 2025-2026 REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ TEACHER: \_\_\_\_\_

OTHER SIBLINGS AT THIS SCHOOL: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Is this a split house hold? ☐ Yes ☐ No Any custody arrangements we should be aware of? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

The following individuals are allowed to pick up this child and may be contacted in case of an emergency:

<u>EMERGENCY CONTACTS</u>	<u>DAY PHONE</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications, allergies or limitations requiring special attention:

My child can safely function with a minimum staff/student ratio of 1:15: ☐ Yes ☐ No

My child is staffed into an ESE Program or Gifted Program: ☐ Yes ☐ No

My child has an IEP on file: ☐ Yes ☐ No

My child may be in photos or videos taken during the program for program use only: ☐ Yes ☐ No

My child has permission to use the internet for Extended Day Program activities: ☐ Yes ☐ No

My child may watch a G or PG rated family movie during EDEP: ☐ Yes ☐ No

### My child will be attending (Please circle all that apply):

#### Before School

Mon Tues Wed Thur Fri

Drop In Only

#### After School

Mon Tues Wed Thur Fri

Drop In Only

I have read and fully understand the procedures outlined in the Extended Day Enrichment Program handbook. It is clear that I must submit my payment to EDEP on or before the payment due date or a \$10.00 late charge will be assessed. My fee will be paid on time even if my child does not attend on the actual due date. I understand that my child must be picked up by 6:00 p.m. every day, or a \$1.00 per minute late fee will be assessed.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Extended Day Enrichment Program (EDEP)  
Childcare Payment Agreement**

**Parent/Guardian Name(s):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Program Location:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

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**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.

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**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.*

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**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.

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**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.

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**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.

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**6. 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.

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**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.

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**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.

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**Acknowledgment**

By signing below, I/we agree to all policies and payment expectations outlined in this agreement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EDEP Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_