

## Armstrong Extended Day Program Registration and Information (2025-2026)

Registration	
Student Information	
#1 Student Name: _____	Grade: _____ Teacher: _____
#2 Student Name: _____	Grade: _____ Teacher: _____
#3 Student Name: _____	Grade: _____ Teacher: _____
Parent/Guardians	
<b>Name:</b> _____ _____  <b>Phone:</b> (     ) - _____ - _____  <b>Email:</b> _____ _____	<b>Name:</b> _____ _____  <b>Phone:</b> (     ) - _____ - _____  <b>Email:</b> _____ _____
Enrollment Information	
<p><i>How many days a week will your child attend our program? (Place a check mark on the days your child will attend.)</i></p> <p> _____ <b>Monday</b>    _____ <b>Tuesday</b>    _____ <b>Wed</b>    _____ <b>Thursday</b>    _____ <b>Friday</b> </p>	

### Emergency Contact Information

Who is authorized to pick your child up in the event that parent/guardian cannot make it due to work issues, traffic delays, illness, etc.? (**List at least two contacts.**)

#### **#1st Contact**

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

Relationship to the child: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### **#2nd Contact**

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

Relationship to the child: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### **#3rd Contact**

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

Relationship to the child: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\*These contacts NEED to bring in personal ID information. Please note that we are not authorized to release a child to any adult unless their name is on this list. You may add, delete, or change any of these contacts throughout the year. You can do so in the front office if you speak with Mrs. Adams with ID information on hand. Or, if more convenient, you may email me at [stesimmons@greenville.k12.sc.us](mailto:stesimmons@greenville.k12.sc.us).

### Medical Information

Does your child(s) have any allergies (seasonal, food, skin, etc.)? \_\_\_\_ Yes \_\_\_\_ No

List here:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does your child have any medical conditions we need to be made aware of? (This includes asthma, migraines, heart conditions, clinical diagnoses, etc.) \_\_\_\_ Yes \_\_\_\_ No

List here:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In the event that your child has an allergic reaction, migraine, asthma attack, etc., are there medicines you authorize our director and/or school nurse to administer? List the name of the medication and dosage amounts below. **(If your child takes medication during the school day and will need it during EDP hours, you will need to provide medication that is solely for administration during EDP.)**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

1. \_\_\_\_\_  
     ○ Dosing: \_\_\_\_\_
2. \_\_\_\_\_  
     ○ Dosing: \_\_\_\_\_
3. \_\_\_\_\_  
     ○ Dosing: \_\_\_\_\_

***\*Please note that any food items brought in by your child should be free from peanuts and tree nuts due to staff allergies and potential student allergies.***

## Extended Day Registration Fees

*A one-time a year, non-refundable registration fee of \$40 per family will be required. If the child transfers to another school where a program exists, the \$40 fee must be paid again. Weekly rates for the program are as follows:*

### **Weekly Rates**

You need to choose one of the following rates for your child and stick to it. If you decide your child will attend the full week of EDP (3 or more days), you **MAY NOT** ask for a reduction in your payment costs if your child was only able to attend once or twice on a certain week. This policy is true for any event that may have prevented them from attending **(this includes sickness, suspensions from EDP, suspensions from the regular school day, being picked up right after Good News Club or tutoring).**

## 2025-2026 Extended Day Program Fee Rates

2025-2026

Number of Children	Weekly	Half Week	Daily
1	\$53.00	\$33.00	\$22.00
2	\$85.00	\$59.00	\$33.00
3	\$113.00	\$87.00	\$46.00
4	\$140.00	\$113.00	\$59.00
5	\$163.00	\$138.00	\$73.00

\*The family discount applies to any children living at the same address.

***Payments are due on Fridays by closing time in advance of the following week.***

*Consistent failures to pay will result in the child being withdrawn from the program.*

***Payments are required even if your child does not attend for any reason (suspensions, sicknesses, etc.) because your payment “holds your child’s spot” in our program. The cost of our program is very much below that of private daycares; therefore, fees are paid whether or not your child attends.***

***If the economy dictates that you no longer need the services of our program, you may withdraw your child to avoid paying for weeks you do not need and re-enroll your child when your circumstances change. There is no registration fee to re-enroll.***

\*\*\*Sign below to indicate that you have read and understand the information provided within this registration form.

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**Parent/Guardian Signature**

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**Date**