

August 3, 2017

Dear Parents:

The goal of the Extended Day program is to provide an emotionally and physically safe environment for all students after school. See below for additional information about the program.

- Pre-Kindergarten – Pre-First snacks are provided.
- First through fourth graders should **bring a snack**. Please do not send suckers, gum, glass containers, or carbonated beverages. Children will not be allowed to get soft drinks from the soda machine. On early dismissal, students should bring a lunch, a drink and a snack.
- Basketballs, baseball gloves, toys, or other personal property should clearly be marked with your child's name. The children need to understand that they are responsible for their belongings. Please do not allow your child to bring anything that could be dangerous to himself or others, such as hard balls and baseball bats. A safe alternative would be tennis balls and/or Nerf bats. We would also ask that you not allow your child to bring electronics such as portable gaming devices, laptops, iPods, cell phones, and/or iPads.
- Please send a note to school if your child has a medical need to stay inside or abstain from other extended day activities.
- **All students who want to attend Extended Day on early dismissal days must reserve a place at least two days in advance. This includes students who are on contract, faculty and staff.** Payments **MUST** be made at the time the reservation is made. Otherwise your child's name will be dropped from the list.
- Children who are participating in an after school program and are not on contract, **will be charged a fee of \$8.00 for services rendered.**
- The Extended Day program ends at 5:30 p.m. If your child is staying for a sponsored activity (Sock Wars, Basketball practice...) **after Extended Day ends, arrangements will need to be made to have your child picked up by 5:30 p.m. The Extended Day program is not responsible for watching your child until that program begins.**
- Extended Day hours are from 2:45-5:30 p.m. Please pick up your child on time. **After 5:35 p.m., late fees will be assessed at the rate of \$5.00 per minute (and are payable on that date).** This fee also applies to faculty and staff. True emergencies arise, making it difficult for you to get your child on time. When this happens, please call us if possible at 615-966-6313. **Extended Day privileges will be forfeited if you are habitually late picking up your child.**
- If school is closed or closes early due to weather or circumstances beyond our control, there is no Extended Day available.
- **All monthly payments must be made at the Elementary School.**

Thank you so much for your cooperation concerning these matters.

Extended Day Fees 2017-2018

Annual	\$1,115.00
Monthly	\$145.00
Daily for Regular Dismissal	\$ 14.00
Early Dismissal (11:00-5:30)	\$ 17.00
Late fee per minute after 5:35 p.m.	\$5.00

Reservations required for *ALL* students

On contract with reservations	No charge
Not on contract with reservations	\$17.00
Child attending without reservation	\$30.00

1. Extended Day monthly payments are to be made payable to LAES. Please label the check and include the child's first and last name and L number. **The \$145.00 monthly payment is due by the fifth of each month.**

The first monthly payment is due on the first day of school, August 16 in the amount of \$72.50.

All Extended Day payments are to be made at the Elementary School and not at the business office.

2. To obtain the discounted rate for annual payment of Extended Day fees, the payment must be made by **September 7, 2017**. Credit cards are accepted during this time period only.
3. If monthly payments are two months past due, services will be suspended until the account has been paid in full.
4. Daily payment is to be made the same day service is rendered.
5. **A parent may cancel or change the Extended Day contract by notifying the elementary school Extended Day coordinator, Cynthia Harvey, in writing. Normal fees will accrue until such notification is received. Daily fees will be collected on the day of service.**

Extended Day Contract

(Please complete this form if your child is planning to use Extended Day Services.)

Child's Name: _____
(Last) (Called by) (Teacher/Grade)

L Number: L _____

Parent Information:

Father's Name: _____

Place of Employment: _____

Mobile Phone: _____ Work Phone: _____

Mother's Name: _____

Place of Employment: _____

Mobile Phone: _____ Work Phone: _____

Child's Home Address: _____

Medical Information:

Doctor's Name: _____

List any medical problems: _____

Emergency Contact:

Neighbor or Relative to contact in an emergency: (not an out of town relative)

Name: _____ Phone: _____

Name of person(s) authorized to pick up my child & their relationship to you.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Extended Day runs from 2:45 to 5:30 p.m.

Check one:

- \$1,115.00 per year payable by September 7, 2017
- \$145.00 per month payable by the 10th of each month
- \$14.00 per day (not on contract)
- Will use Extended Day occasionally (not on contract)
- Faculty/Staff (staying on a regular basis)
- Faculty/Staff (on occasion)

Extended Day Policies and Acknowledgements: (Please read and check each, then sign below.)

****New Late Fee Policy*** – The last possible pick-up time for your child is not 5:30. If you arrive later than 5:35 p.m. you will incur a late fee rate of \$5.00 per minute. This is to be paid upon arrival. ***This late fee will be strictly enforced.*** The only acceptable form of payment for this late fee is cash or a check made out to LAES.

- I acknowledge that I have read and fully understand the new Late Fee Policy above. ***I understand that I will be charged at a rate of \$5.00 per minute after 5:35 p.m.***
- I acknowledge that the Extended Day contract may be cancelled or changed only by written notification to the elementary school Extended Day coordinator. Regular fees will accrue until receipt of such notification.
- I acknowledge that I have received the TN Dept. Of Ed. Summary of Child Care Approval Requirements and the video list (available to pick up on Registration Day).

Signature: _____ Date: _____

Important Dates for Extended Day
2017-2018

Early Dismissal Dates with Extended Day Provided

August 18 (**for grades 1st-4th only**)
December 14 and 15
May 24

Days when No Extended Day is offered:

August 16	Registration Day
August 17	Half Day – 10:55 Dismissal
August 18	Early Dismissal 10:45 for SEED School only
September 4	No School - Labor Day
September 25	No School- Parent/Teacher Conferences
October 13-16	No School - Fall Break
October 18	Early Dismissal – Teacher In-Service
November 3	No School - Christian Schools In-Service
November 6	No School – Christian Schools In-Service
November 20-24	No School - Thanksgiving Holidays December 18-Jan 2
	No School - Christmas Holidays
January 16	No School - MLK Day
February 16	Early Dismissal – Teacher In-service
March 12-16	No School - Spring Break
March 30	No School –Good Friday
April 3	No School – Parent/Teacher Conferences
May 25	Last Day of School

*Dates are subject to change. If necessary, notice will be posted.

LAES Extended Day Student Health Form

Dear Parent:

In order for your child to be evaluated by the school nurse/employee, should she/he become ill or experience some other type of health concern, your permission is required. By signing below, you have given the school permission to assist your child medically. EXTENDED DAY: ALL PRESCRIPTION MEDICATIONS MUST BE GIVEN BY PARENTS UNLESS NURSE HAS GIVEN PRIOR AUTHORIZATION. PERSONAL EPI-PENS WILL BE STORED IN A LOCK BOX ALONG WITH ASTHMA TREATMENTS.

Student's name: _____ **DOB:** _____ **Teacher:** _____

Parent/guardian Signature: _____ **Date:** _____

I give the school nurse/employee permission to administer:

Acetaminophen (Tylenol)	Yes ___ No ___
Triple Antibiotic Ointment (Neosporin)	Yes ___ No ___
Hydrocortisone cream	Yes ___ No ___
Benadryl (for allergic reactions only)	Yes ___ No ___
Peroxide	Yes ___ No ___

Physician's name: _____ **Phone:** _____

PLEASE LIST ALL MEDICATIONS THE CHILD TAKES (home and school)

<u>Name of Drug</u>	<u>Dosage</u>	<u>Times taken</u>	<u>Purpose</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Allergies _____

Other Allergies _____

Existing Medical Conditions _____

(Example: diabetes, seizure disorder, depression)

PERSONS TO CALL IF THE STUDENT IS SICK OR INJURED:

(Name)	(Home)	(Work)	(Cell phone)
Mother _____	_____	_____	_____
Father _____	_____	_____	_____
Guardian _____	_____	_____	_____

EMERGENCY NUMBERS IF PARENTS CANNOT BE REACHED:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____