



Extended Day Morning Program Registration Form (2025 -2026)

Extended Day is available by the week only, and payment is due on the first day of the week. K-6th Morning Extended Day begins at 7:00 a.m.

CHILD INFORMATION: (Please Print & Use Only Black Ink)

Child's Last Name First Name Sex Date of Birth Grade

PARENT/GUARDIAN INFORMATION: CHILD LIVES WITH: ___ Both Parents ___
Mother ___ Father ___ Guardian ___ Shared Custody ___ Other _____

PARENT/GUARDIAN INFORMATION:

Name _____
Cell Phone #: _____
Home Phone #: _____
Place of Employment: _____
Work Phone #: _____
Email: _____

PARENT/GUARDIAN INFORMATION:

Name _____
Cell Phone #: _____
Home Phone #: _____
Place of Employment: _____
Work Phone #: _____
Email: _____

EMERGENCY CONTACTS:

Other persons authorized by the parent to pick up child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parent's responsibility to keep this list current.

| | <u>Name</u> | <u>Cell Phone #</u> | <u>Home Phone#</u> | <u>Relationship</u> |
|----|--------------------|----------------------------|---------------------------|----------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Registering Parent/Guardian SIGNATURE: _____

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Consent Form

I hereby give my consent to have my child participate in all activities. I also realize the Hope Charter School Extended Day Program will not be responsible for any minor injuries that might occur during the normal school day (ex. Scratched knee, cuts, bruises, bites, etc.).

I have read the above and hereby give my consent:

Child/ren's Name: _____

Address: _____

Parent/Guardian Signature: _____

Authorization for Emergency Medical Treatment

In case of any emergency, Hope Charter School Extended Day Program will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of these parties are available, I authorize Hope Charter School Extended Day Program to use, and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: _____

First number to call when a parent cannot be reached

Emergency Telephone #: _____

I have read the above and hereby give my consent.

Parent/Guardian Signature: _____

Date: _____

Payment Policy

REGULAR PROGRAM FEE: Extended Day Morning Care tuition is \$25 per week for K-6 and \$20 if you have a second child. There is a \$25 registration fee per family. Please make your payments payable to Hope Charter School.

PAYMENT POLICY & PROCEDURES: Payments can be accepted in the Hope Office, by the Extended Day staff, or your student's classroom teacher. **All payments must be made prior to the start of the attendance period.** Payment can be made by check, money order, cash or credit/debit card. Cards can be run in the Hope Office and will include the bank processing fee that Hope/Legacy is charged. **If payment is made late, your child will not be permitted to attend the Extended Day Program until the bill is paid in full.**

RETURNED CHECKS: There is a returned check charge of \$25.00. Checks for all subsequent payments will **not** be accepted for a period of one year.

I acknowledge receipt of the schedule of fees to be paid by me for my child's attendance at Hope Charter School Extended Day Program. I understand that in the event I fail to pay these charges timely and collection procedures are started my child/ren will not be permitted to attend the program until all debt is paid in full.

Child's Name _____

Parent/Guardian's Signature: _____ Date: _____

Discipline Policy

Our vision is to create a learning environment that is safe, excellent, interesting and motivating.

We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Program Director for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Repeated misbehavior can result in dismissal from the Extended Day Program.

I have read and fully understand the Hope/Legacy Charter School Extended Day Program discipline policy.

Parent/Guardian's Signature: _____ Date: _____