



2019-2020 School Year

Extended Daycare Program (EDP) Application

After-school care from 2:50 p.m. - 6:00 p.m. for PreK - 8th grade

Parent FACTS account name (please print)

Child name (please print)

Grade

_____	_____
_____	_____
_____	_____

EDP is a state-licensed after school program available for PreK students. Due to space limitations and state staffing requirements, we are asking that you register in advance for the specific days you will need after-school care. You must submit this application to register your child(ren) if you intend to use the EDP program, indicating the days you will need EDP. **There is a \$45 per-child registration fee that will be drafted on your next FACTS payment if not submitted with this application. If you are applying for both Aftercare and EDP, one registration fee (per student) covers both programs.**

Payment Options:

1. Pay in full for EDP by August 14, 2019 to receive a 10% discount.
2. Monthly draft through the FACTS tuition payment plan system.

Extended Daycare Program Annual Rates

# of days your child will attend EDP	** Circle the days in which your child will attend EDP **	1 child	2 children	3 children	4 children
5	ALL	\$2,100	\$3,780	\$5,670	\$7,560
4	M T W T H F	\$1,704	\$3,068	\$4,602	\$6,136
3	M T W T H F	\$1,272	\$2,290	\$3,435	\$4,580
2	M T W T H F	\$840	\$1,512	\$2,268	\$3,024
1	M T W T H F	\$456	\$820	\$1,230	\$1,640
Drop-in Rate		\$15.00 per child/day Registration fee waived except in cases of repeated drop-ins.			

Payment and Late Charges

- For students attending more days per week than indicated above, you will be billed the drop-in rate for the extra day(s).
- If your schedule changes from what you indicate above please notify the EDP director, Tracy Cupolo, at tcupolo@ckslex.org, or the business manager, David Stromquist, at dstromquist@ckslex.org.
- No adjustments will be made for absences or illnesses.
- There is a late charge of \$1.00 per minute after 2:50 p.m. This additional fee will be billed to your FACTS account.

Parent/Guardian Consent and Release

[EDP Guidelines/Procedures for 2019-2020](#)

I am requesting that my child(ren) listed above to be admitted to Christ the King School's (CKS) EDP program, and I understand the nature and scope of the program listed above, and will adhere to all guidelines and procedures of the program, a copy of which I acknowledge has been provided to me (link above). I understand that there are risks associated with the program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and the other participants. In the event that I cannot be reached in an emergency involving my child I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such personnel. I also give permission for my child to be included in photos or videos, without identifying information, for promotional use. In consideration of my child being permitted to enroll in the program, I hereby release, indemnify, and hold harmless Christ the King School, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in EDP.

I understand that I must separately submit, on a paper form provided to me, parent/guardian and emergency contact, authorized pick-up, and medical/insurance information, and that the EDP program cannot assume responsibility for a child for whom that form or any necessary application or registration form is not filed with the Director.

I give permission for my enrolled child(ren) to participate in any planned walking field trips.

I give consent to any hospital or emergency treatment center, doctor, or qualified employees of same, to administer necessary treatment and care in the event that I cannot be reached in case of an emergency, and I further give permission to the physician, selected by the adult leader in charge of the EDP program, to hospitalize, secure proper anesthesia, or to order injection(s) or surgery for my child(ren) listed above in such case.

I agree to pay for the EDP program according to my choices and the terms set out on Page 1 of this application, and I understand and agree that there will be no reimbursement of fees for days that EDP is closed due to special events or inclement weather, including the following scheduled and unscheduled closures:

- Any day(s) that CKS is closed
- Tuesday, October 22, 2019
- Friday, December 20, 2019 (CKS dismisses early for Christmas break)
- Tuesday, February 25, 2020
- Friday, May 22, 2020

Parent's Name (please print)

Parent Signature _____ **Date:** _____