



Groveport Madison Local Schools

Extended Day Program

5400 Sedalia Drive
Columbus, OH 43232

(614) 374-1218 Phone (614) 833-2429 Fax

OVERVIEW

The Extended Day Program is a before and after school child care program for children in grades K-5, who reside in the Groveport Madison Local School District. Licensed with the Ohio Department of Education, our purpose is to provide affordable, quality childcare, which instills a sense of pride for both school and community. The program is located at Madison, Glendening and Sedalia Elementary. Transportation is provided to and from school.

THE PROGRAM

The morning program begins at 7:00 a.m. and lasts until school starts. The afternoon program begins directly after school and ends at 6:00 p.m. An afternoon snack and drink are provided. The Extended Day Program follows the school calendar; therefore, when school is not in session, Extended Day will be closed as well. Each location is staffed with site director and one or two assistants. Adult/child ratio will not exceed 1 to 18. The program provides age appropriate games, arts and crafts activities, and many special events. An area for homework is offered. Outside time, supervised by staff, is encouraged if weather permits. The staff at Extended Day takes great pride in providing a safe and caring atmosphere in which children enjoy a variety of activities.

EXTENDED DAY PROGRAM GOALS

- To provide a developmentally appropriate “play” and “success” oriented curriculum, which compliments the home and school by encouraging physical, social, emotional and intellectual growth and positive feelings of self-worth.
- To provide a warm, secure environment designed to encourage decision-making, problem-solving, individual expression and freedom within limits, where children can respect and enjoy each other.
- To provide a competent and caring professional staff who understand and meet the needs of the children.
- To provide frequent, open communication with parents, which provides support and encourages involvement.

REGISTRATION INFORMATION

Registration forms and price lists are available at all elementary office buildings. You may also access the same forms on the school district’s website at www.gocruisers.org. You will find the registration packet under the ‘Parents/Students’ tab at the top of the webpage. Click ‘Extended Day Program (EDP)’ to find the application. Print the forms, fill them out and return them, along with the nonrefundable registration fee, to:

EDP
5400 Sedalia Drive
Columbus, OH 43232



2019-2020 Tuition and Payment Procedures

A non-refundable registration fee must be submitted with the initial registration form and returned to: Sedalia Elementary, 5400 Sedalia Dr., Columbus, OH 43232. The first monthly fee must be paid prior to your child attending the program. Monthly fees are to be prepaid on the first of the month. There is a payment schedule listed below for your convenience. Any fees not paid by 6:00 p.m. on the day that they are due will be assessed a \$30.00 late fee. Delinquent fees may jeopardize your child's place in the program. (See parent handbook.) Payments may be made payable to Groveport Madison Schools by check, money order or cash in the exact amount. In addition, you may pay online with the school district's EZ Pay System. A minimal fee will be added for the online transaction. Refunds are not given for part-time, absent or emergency closing days.

MONTHLY FEES

Registration fee:	\$30.00 per year	1 st child
	\$20.00 per year	2 nd child
A.M. Care	\$180.00 per month	1 st child
	\$165.00 per month	2 nd child
P.M. Care	\$180.00 per month	1 st child
	\$165.00 per month	2 nd child
A.M & P.M. Care	\$360.00 per month	1 st child
	\$330.00 per month	2 nd child
1 st payment due:	August 22, 2019 (prorated to half)	
2 nd payment due:	September 3, 2019	
3 rd payment due:	October 1, 2019	
4 th payment due:	November 1, 2019	
5 th payment due:	December 2, 2019	
6 th payment due:	January 6, 2020	
7 th payment due:	February 3, 2020	
8 th payment due:	March 2, 2020	
9 th payment due:	April 1, 2020	
10 th payment due:	May 1, 2020	



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2019-2020 Registration Form

Date & time rec'd _____

Start Date _____

W/D Date _____

GM staff initial _____

Please fill out both sides

Child's Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Phone (H) _____ School _____ Grade _____ Gender M ___ F ___

Please indicate what days and times you need child care

Do you need AM care? _____ Circle the days needed: M T W Th F Drop off time _____

Do you need PM care? _____ Circle the days needed: M T W Th F Pick up time _____

Email address _____

Parent/Guardian Information

Mother/Guardian Name _____

Home Address _____ City _____ Zip _____

Phone Numbers (H) _____ (C) _____ (W) _____

Employer _____ Work days & hours _____

Father/Guardian Name _____

Home Address _____ City _____ Zip _____

Phone Numbers (H) _____ (C) _____ (W) _____

Employer _____ Work days & hours _____

Are there special custody arrangements? _____ If yes, please fill out the attached DIVORCED/SEPARATED PARENTS INFORMATION FORM and submit with a copy of the court custodial papers.

Emergency Contacts Information

In case of an emergency and the above mentioned people cannot be reached, we must have a list of 3 people who we can call to pick up your child.

	<u>Name</u>	<u>Relationship to child</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

REGISTRATION FEE PAID BY ck# _____ OR CASH IN THE AMOUNT OF _____ DATE _____

Staff Initial _____



2019-2020 Registration Form (con't)

Health Information

List any medication your child is taking _____

Does your child have any allergies? If so, please list _____

List any additional medical information we should be aware of _____

Does your child have any behavior problems, and if so, please explain _____

Please sign and date either Part I or Part II

Part I (To Grant Consent)

In the event reasonable attempts to contact me at _____ or _____
(Phone #) (Parent/Guardian)

at _____ have been unsuccessful, I hereby give my consent for the administration of any
(Phone #)

treatment deemed necessary by Dr. _____ at _____ or
(Preferred Physician) (Phone #)

Dr. _____ at _____ or in the event the
(Preferred Dentist) (Phone #)

designated preferred practitioner is not available, by another licensed doctor and the transfer of the child to
_____ or any hospital reasonably accessible. This authorization
(Preferred Hospital)

does not cover major medical surgery unless the medical opinions of two licensed physicians, concurring in the
necessity for such surgery.

(Signature of Parent/Guardian)

(Date)

Part II (Refusal to Consent)

I **do not** consent for the emergency medical treatment of my child. In the event of illness or injury requiring
emergency treatment, I wish program authorities to take no action or to: (specify)

(Signature of Parent/Guardian)

(Date)



Statement for Divorced/Separated Parents

It is Extended Day Program's goal to be supportive to families and to promote positive development for children. We are aware that many families are in transition and have experienced divorce and separation. In order to continue to provide the best for your children, we feel that it is important for us to maintain a good working relationship with all the significant people in their lives.

Because our staff is sensitive to these issues, we ask that you relay, or make an appointment to discuss any matters that may be of importance in helping us care for your children. Below are some areas we need to be clear about. If you are a divorced or separated parent, please take the time to read and fill out the back of this paper. Please attach any legal documents detailing child custody.

- What the custody arrangements are
- Which parent to contact first for general questions and in an emergency
- Will there be a request for duplicate program information to be sent to both parents
- Who is responsible for payments to the program (We will accept payments from one designated parent)
- Who will or will not be authorized to pick up the children
- What are the visitation schedules which involve pick up of the children at the program
- Who are the other significant adults that are in the child's life and what is their relationship, especially if we are to have contact with them

In an effort to minimize situations, which may be uncomfortable for you, your children and our staff, we ask that parents refrain from talking about custody issues, visitation disputes and problems with, or talking negatively about, the child's other parent in front of the children. Please note that we cannot deny a parent access to their child upon the word of the other parent unless we have a copy of a court order stating that this is the case. If there are any concerns that we need to be aware of, please meet privately with the Site Director or the Coordinator to discuss the matter. It is important for the child's wellbeing that we maintain good relations with both parents.



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Divorced/Separated Parents Information Form

Child(ren)'s Name(s) _____
(Please Print)

It is our goal to be a support to families and to promote positive development for children. We recognize that many families are in transition and have experienced divorce and separation. Please provide us with the following information so that we may avoid any confusion for you, your children and our staff. Attach a separate sheet of paper if necessary.

1. Which parent do we contact first for general questions?

2. Which parent do we contact first in an emergency?

3. Who is responsible for the payments to EDP?

4. What are the custody arrangements?

5. Please list below any persons **not authorized** to pick up the child(ren) at EDP. **Attach any legal papers or court orders stating the restrictions with your child(ren) that are at our program** and if possible, include a photo and general description of this person.

Not Authorized: _____

6. What is the visitation schedule, which involves pick up of the child(ren) at EDP? (To be written out on a separate piece of paper and attached to this form.)

7. It would be helpful to know who the other significant adults in your child's life are and their relationship to the child, especially if we are to have contact with them at EDP.

Name	Phone #	Relationship to child
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____

Parent Signature

Date