



Groveport Madison Local Schools

Extended Day Program

4400 Marketing Place, Suite B
Groveport, OH 43125
(614) 492-2520

EXTENDED DAY PROGRAM OVERVIEW

The Extended Day Program is a before- and after-school childcare program for children in grades K-5 who reside in the Groveport Madison Local School District. Licensed with the Ohio Department of Education, we aim to provide affordable, quality childcare that instills a sense of pride in both school and community. The program is tentatively located at 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 a site director and one or two assistants. The 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 various 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 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 non-refundable registration fee, to:

EDP

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2024-2025 Tuition and Payment Procedures

A non-refundable registration fee must be submitted with the initial registration form and returned to: EDP, 4400 Marketing Place, Suite B, Groveport, OH 43125. The first monthly fee must be paid before your child attends the program. Monthly fees are to be prepaid on the first of the month. A payment schedule is 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 by money order or through the school district's [PaySchools System](#). A minimal fee will be added for the online transaction. We no longer accept cash or checks. 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	\$184.00 per month	1 st child
	\$168.00 per month	2 nd child
P.M. Care	\$184.00 per month	1 st child
	\$168.00 per month	2 nd child
A.M & P.M. Care	\$350.00 per month	1 st child
	\$322.00 per month	2 nd child
2 days or less a week	\$20.00/day	

PAYMENT DUE DATES

1 st payment due:	August 12, 2024 (prorated to half)
2 nd payment due:	September 1, 2024
3 rd payment due:	October 1, 2024
4 th payment due:	November 1, 2024
5 th payment due:	December 1, 2024
6 th payment due:	January 3, 2025
7 th payment due:	February 1, 2025
8 th payment due:	March 1, 2025
9 th payment due:	April 1, 2025
10 th payment due:	May 1, 2025



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Date & Time rec'd _____

Start Date _____

W/D Date _____

GM staff initial _____

2024-2025 Registration Form

Please complete 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 childcare

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 it with a copy of the court custodial papers.

Emergency Contact 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.

Name

Relationship to child

Phone #

1.

2.

3.



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2024-2025 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 of 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 #)

the 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 concur with the
necessity for such surgery.

(Signature of Parent/Guardian) (Date)

Part II (Refusal to Consent)

I **do not** consent to 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)



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Statement for Divorced/Separated Parents

It is the Extended Day Program's goal to support families and promote positive child development. 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 are the custody arrangements?
- Which parent do we 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 that 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 that 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 well-being that we maintain good relations with both parents.



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

It is our goal to support families and 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 paying 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 the picking 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 how they relate to the child, especially if we are to have contact with them at EDP.

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

_____	_____
Parent Signature	Date