



# MORELAND EXTENDED DAY PROGRAM REGISTRATION

4711 Campbell Avenue, San Jose, CA 95130 • Phone: (408) 874-2969  
 Fax: (408) 374-8367 • Website: [http://www.moreland.org/pr\\_afterschool.html](http://www.moreland.org/pr_afterschool.html)

Date: \_\_\_\_\_

**Please fill out one Registration Form per child and submit with non-refundable registration fee to the site supervisor at your home school.**

**Baker Elementary**

4845 Bucknall Road, San Jose, 95130  
(408) 874-3217

**Country Lane Elementary**

5140 Country Lane, San Jose, 95129  
(408) 874-3479

**Latimer Elementary**

4250 Latimer Avenue, San Jose, 95130  
(408) 874-3646

**Easterbrook Discovery School**

4835 Doyle Road, San Jose, 95129  
(408) 874-3557

**Payne Elementary**

3750 Gleason Avenue, San Jose, 95130  
(408) 874-3751

## CONTACT INFORMATION

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Entering Grade \_\_\_\_\_ Date of Birth mm/dd/yy \_\_\_\_\_

**Mother's/Guardian's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Father's/Guardian's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## PROGRAM OPTIONS AND ANNUAL FEES

**BEFORE SCHOOL**

- 5 Days \$820/year
- 4 Days \$790/year
- 3 Days \$770/year
- 2 Days \$750/year

**AFTER SCHOOL**

- 5 Days \$5,070/year
- 4 Days \$4,320/year
- 3 Days \$3,850/year
- 2 Days \$3,510/year

**FLEX SCHEDULE PASS**

\$50 per family  
 Flex Pass is good for up to 3 random visits per school year and are only available as an addition to your child's contracted schedule.  
 Flex Passes will be issued upon receipt of payment and can be purchased on site. No refunds or replacements for lost or stolen passes. Pass are non-transferrable.

**Please indicate days attending if less than 5 days:**

A 15% sibling discount will be applied to the 2nd child of the family as long as both siblings are enrolled on the same schedule in the program. **Sibling's Name:** \_\_\_\_\_

## PAYMENT OPTIONS

1. Annual tuition paid in full minus a 5% discount. Tuition is due on the first day of enrollment. Initial here: \_\_\_\_\_
2. Annual tuition paid in installments. First installment is due on the first day of enrollment and subsequent installments are due on the 15th of every month until May 15th. If the 15th is a non-business day such as a holiday or weekend, payment is due on the business day preceding the 15th. Initial here: \_\_\_\_\_
3. Annual tuition paid by a third party. Subsidized by: \_\_\_\_\_  
 Subsidy paperwork is the parent's responsibility. Please attach approved agency's certificate. Initial here: \_\_\_\_\_

## PAYMENT AGREEMENT

I agree to the \$100 non-refundable registration fee payable to Moreland School District to secure my spot & pay the programs fees with the payment method I have initialed above.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Comments: \_\_\_\_\_



# MORELAND EXTENDED DAY PROGRAM ADMISSION AGREEMENT

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Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

School Year \_\_\_\_\_

My child will attend the Moreland Extended Day Program at (School Name): \_\_\_\_\_ School.

As of (date) \_\_\_\_\_ my child's weekly schedule is \_\_\_\_\_.

1. I agree to pay the annual tuition of \$\_\_\_\_\_ in full or in installments. The annual tuition payment will be due on the first day of enrollment. For installments, the first payment will be due on the first day of enrollment and subsequent installments will be due on the 15th of every month until May 15th. If the 15th is a non-business day such as holiday or weekend, payment is due the business day preceding the 15th. Payments can be made at any extended day site, online, or the district office. A \$50 late fee will be charged if payment is not received by the 3rd business day after the due date. If payment is not received 4 business days after the due date, an involuntary withdrawal will take place. A \$20 fee will be charged for a returned check.
2. An annual non-refundable registration fee of \$100 per child per school year is due upon registering in the program.
3. I understand that the annual tuition and days of operation are based on the Moreland School District board approved student calendar. School breaks have been taken into consideration in calculating the annual fee.
4. I agree to notify the site supervisor in writing two weeks before an effective change in my child's current schedule. I understand that my annual tuition will be recalculated and my remaining installment payments will be adjusted to reflect my requested change in schedule. A fee of \$5 will be charged for each schedule change.
5. I understand that schedule changes or withdrawal from the program will not be permitted after May 1st.
6. I understand that my child will not be able to sign up for any Moreland Camps or the subsequent year if I have an outstanding balance due.
7. Regardless of the reason, I agree to notify the site supervisor in writing two weeks before withdrawing my child for Moreland Extended Day. I understand that my final tuition will be recalculated and I will be financially responsible for all the weeks he/she has attended including the two weeks of notice. My final payment will be due on week before the agreed withdrawal date. If I choose to return to Moreland Extended Day, I will pay a \$50 re-registration fee.
8. Moreland Extended Day has an open door policy and encourages parents to visit the sites at any time.
9. My child will be picked up at \_\_\_\_\_(time) each day. My child will be picked up no later than 6 PM each day. I understand that a late fee of \$10 will be charged for any child not picked up at 6PM. The fee is non-negotiable and increases to \$1 per minute after 6:05PM. Excessive late pick-ups can result in termination of services.
10. I understand that it is my responsibility to change information on my child's emergency card. If someone arrives to pick up my child and he/she is not listed on the card, my child will not be released. Changes must be in writing and verbal permission will not be granted. One parent may not remove the other parent from the Emergency Card without legal paperwork allowing us to do so. Persons picking up the child must provide photo identification if asked to do so by a staff member to verify identity with the Emergency Card.
11. I agree to escort my child to the Extended Day site and sign my child in and out daily.
12. I must notify the site staff by calling them if my child is absent for the day. Refunds and make-up days will not be given for absent children. If my child goes home from the school during the day for any reason, they cannot come back for Moreland Extended Day.
13. I will notify the site supervisor if my child contracts a communicable disease. If my child gets sick during their stay at Moreland Extended Day, I understand that it is my responsibility to pick him/her up within thirty (30) minutes after receiving the call from the site staff.
14. I understand that it is my responsibility, upon registration, to notify the center staff of any and all medical conditions that affect my child. I and my child's physician will fill out the medication release form should my child need medication while at Moreland Extended Day. I will provide the medication in its original box with the doctor's orders to the site.
15. Moreland Extended Day is required by law to report suspected child abuse.
16. I expect to be treated respectfully and in return, I will treat all site staff and other students with respect.
17. Information regarding my child will be kept strictly confidential. I may discuss my child's progress with the site supervisor at any time.
18. If my child is suspended from his/her regular school, I understand that he/she will also be suspended from Moreland Extended Day for the same amount of time. I will not be reimbursed for the time my child is suspended and make up days will not be allowed.
19. If my child's behavior threatens other children or staff, I will be notified via telephone or in writing. If my child is asked to leave for the day, I will pick him/her within thirty (30) minutes. Moreland Extended Day reserves the right to terminate services at any time.
20. I understand that Moreland Extended Day follows the Moreland School District Wellness policy. I understand that snack will be served daily and it is my responsibility to notify staff of any food allergies, sensitivities, and/or preferences. I will provide my child with an alternative snack if he/she cannot have the snack provided.
21. If tuition payment is split among multiple parties, all parties must sign the Policy/Tuition Agreement below. If the account becomes delinquent, an involuntary withdrawal will take place.
22. I will receive a receipt for all payments made towards my annual tuition. I am responsible for keeping my receipts for tax purposes. I agree to pay \$5 for any additional receipts or \$25 for a yearly receipt summary. I understand that my request may take up to two weeks to process.
23. The Flex Schedule Pass is good for up to 3 random visits per school year and are only available as an addition to my child's contracted schedule.
24. My Flex Schedule Pass will be issued upon receipt of payment and can be purchased on site. I understand that there will be no refunds or replacements for lost or stolen flex passes and that they are not transferrable.
25. I agree that if my annual tuition is paid by a subsidized agency, I am responsible for all paperwork and must provide Moreland Extended Day the approved agency's certificate before my child's first day of enrollment. I agree to be financially responsible for any co-pays or unpaid tuition installments from my subsidy agency.
26. Moreland Extended Day will be closed at 4:00PM the last day before Winter Break and on the last day of school.
27. I understand that a 15% sibling discount will be applied to the 2nd child of the family as long as both siblings are enrolled on the same schedule in the program.
28. A 15% discount will be applied to the tuition of the children of Moreland School District employee unit members.

**I have read all policies on the Moreland Extended Day Policy/Tuition Agreement. I agree to them and understand that failure to follow any site policies can lead to termination of program services.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL AGREEMENTS (OPTIONAL):**

I agree to allow photographs of my child to be used by Moreland Extended Day for legitimate purposes in newspaper articles, in promotional materials (such as brochures), on bulletin boards, or on the district website.

Initial here: \_\_\_\_\_

I also agree to allow my child to use the Internet on computers located at the Moreland Extended Day sites. I understand that staff members will monitor my child closely when using the computer.

Initial here: \_\_\_\_\_



# MORELAND EXTENDED DAY PROGRAM EMERGENCY INFORMATION

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Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Gender (m/f) \_\_\_\_\_ Date of Birth mm/dd/yy \_\_\_\_\_

### Mother's/Guardian's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### Father's/Guardian's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### RELEASE INFORMATION

In order of preference, please list persons to be called in case of emergency and who are permitted to take your child from the center. Children will be released only to those authorized (at least 18 years old) as designated on this emergency card. For safety reasons, a minimum of one contact person must be listed.

#### Contact Person 1

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Day Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_

#### Contact Person 2

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Day Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_

#### Contact Person 3

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Day Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_

#### Additional persons authorized to take child from site.

*Please list full name and contact number.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EMERGENCY HEALTH / MEDICAL INFORMATION

Allergies (allergic to bees, peanuts, etc): \_\_\_\_\_

Medical Conditions (asthma, diabetic, etc): \_\_\_\_\_

If a Moreland School District healthcare plan is in place for your child, please attach a copy.

Emergency Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. which covers my child: \_\_\_\_\_ Policy: \_\_\_\_\_ ID# \_\_\_\_\_

If the doctors listed above cannot be reached, please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Moreland Extended Day Program to seek emergency treatment on behalf of my child in the event of a medical emergency.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_