

# Milton Middle School Extended Day Program

## Student information Sheet

Publication: in the instance that there would be publicity for the newspaper, television, or school/county social media accounts, indicate below whether you child has permission to be photographed, interviewed, videotaped, quoted, or audio recorded. Please only check one choice

\_\_\_\_\_ Yes, my child has permission for publicity

\_\_\_\_\_ No, my child does not have permission for publicity

## Pick-Up Information

In addition to the parents/guardians the following people have permission to pick-up my child on a regular or emergency basis.

Name	Relationship to Child	Address	Phone Number

I \_\_\_\_\_ do hereby acknowledge the following

1. I verify that all my child's demographic and health information is accurate. \_\_\_\_\_
2. I give permission and consent for Milton Middle School Extended care program for my child, \_\_\_\_\_ to receive emergency medical, dental, or surgical treatment if I cannot be reached. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Milton Middle School Extended Care**

**Student information Sheet**

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Allergies \_\_\_\_\_

Medicines taken \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Any medicines that need to be taken during extended care time frame \_\_\_\_\_

\* Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Phone Number Work \_\_\_\_\_ Phone Number cell \_\_\_\_\_

Phone Number Home \_\_\_\_\_

Phone number to be used to communicate with extended care program \_\_\_\_\_

\*Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Phone Number Work \_\_\_\_\_ Phone Number cell \_\_\_\_\_

Phone Number Home \_\_\_\_\_

**Phone number to communicate with extended care program** \_\_\_\_\_

**Emergency medical Information**

Primary Care Doctor \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

# Milton Middle School Extended Program

## Rates will be:

1 Child \$13.00 a day or \$60 for a full week (5 days)

2 children \$12.00 daily per child or \$110.00 for both children for a full week (5 days)

Bills will be sent home at the end of each month. The bill will have a due date of approximately 2 weeks away. All checks should be made out to Milton Middle School. Students can bring payments to Mrs. Hill in room 2701, or parents can drop payment off in office. Late payments will accrue a \$5.00 fee. When a bill becomes past due for 2 consecutive months, extended care privileges will be suspended. The child will not be permitted to attend extended care until past due bill is paid in full.

- Students must be picked up by 6:00PM. A late charge of \$1.00 per minute will be charged if you exceed the time. Late charge is for each child. Example 5 minutes late would be a charge of \$5.00. If you have multiple children in the program, each child will be charged \$5.00 late fee. The late charge MUST be paid before the child will be permitted to stay for extended care again.
- For safety, doors to the school will remain locked. Pick-up person will be asked to text or call the extended care phone to let the teacher know they are at the building to pick up child. Dependent upon which teacher is working, they will direct the pick-up person to a specific door to meet the student for pick up. This is to ensure that the teacher can see the pick-up person and still maintain coverage of the remaining students.