

# Stafford Extended School Day Program

2018-2019

## IMPORTANT REGISTRATION INFORMATION

SMSD Parent(s) before filling out the enrollment information, please review the required needed information below. By providing this information when submitting your enrollment packet, it will help us better serve the needs of both you as a parent and your child(ren) in our ESD program for the 2018-2019 school year.

**Packets with incomplete information WILL NOT BE processed on registration day.**

The following information must be on the SMSD enrollment forms for your child(ren):

### **Registration Card:**

#### **PARENT RELEASE / SIGN-OUT AUTHORIZATION**

You must list two authorized persons to pick up your child(ren) who are 18 or older, and provide the contact number and their driver's license number. Please do not list any person as a contact unless you have their driver's license number and phone number.

### **Health Card:**

#### **HEALTH CARD INFORMATION**

This section requires your acknowledgement and signature.

### **Inclement Weather Form:**

#### **INCLEMENT WEATHER PICK-UP INFORMATION**

You must list two authorized persons to pick up your child(ren) who are 18 or older, and provide the contact number and their driver's license number. Your contact person should be someone who can reach the campus within 20 minutes.

**STAFFORD EXTENDED  
SCHOOL DAY PROGRAM  
2018-2019**

**APPLICATION**

- A.M. PROGRAM (\$50)
- P.M. PROGRAM (\$125)
- A.M. & P.M. PROGRAMS (\$175)

DATE: \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt/Unit#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Does your child have any allergies, health problems, or use medication?

YES NO

If yes, please list health problems, allergies, or medications:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone : \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Information**

Name (Parent/Guardian 1): \_\_\_\_\_ Address: \_\_\_\_\_

TX DL#: (REQUIRED) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Parent/Guardian 2): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TX DL# (REQUIRED): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Student Transportation**

Please select form of evening transportation at dismissal:

- My child will be a car rider
- My child will ride the bus home.

**Parent Release/Sign-Out Authorization: Parent must complete this area for child to be enrolled in program**

Parent or Guardian: Please provide the names of those persons (*other than you*) authorized to pick up your child(ren) from the Extended School Day program. All persons signing the child(ren) out must be over 18 years of age unless Stafford Extended Day Program has proper documentation and copies of license for drivers under 18. Driver's license numbers are to be supplied for each authorized person. Person must show Driver's License in order for child to be released -NO EXCEPTIONS

Authorized to pick up my child(ren) (Name must be written as shown on Driver's License)	Home Phone/Work Phone	Driver's License# (REQUIRED)
Name: (as shown on DL)		
Name: (as shown on DL)		
Name: (as shown on DL)		
Name; (as shown on DL)		

YOU MUST PROVIDE COMPLETE CONTACT INFORMATION FOR AT LEAST TWO (2) OTHER PEOPLE AUTHORIZED TO PICK UP CHILD.

Do not list any pickup person that you cannot provide both phone and driver's license information.

**Parent/Guardian Signature**

I certify that I have read this form, supplied accurate information and that documentation of physical examination and immunizations in accordance with the public school health requirements on file at Stafford \_\_\_\_\_ School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **SMSD Health Card Information for 2018-2019**

Parents:

For the 2018-2019 school year, the SMSD program will use the Health Card information as provided in your registration packet. Please make sure all information is up-to-date.

**Parents/Guardian:**

I understand that the SMSD program will use the health card information I provided in the registration packet.

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

## **Programa de Dia Extendido 2018-2019 Informacion de Salud**

Padres:

Para el año escolar 2018-2019, el Programa de Dia Extendido (SMSD), utilizara la Tarjeta de Informacion de Salud, proveida en su paquete de registro. Favor de verificar, que toda la informacion en linea este actualizada.

**Padres/Tutor:**

Yo entiendo que el Programa extendido de Dia (SMSD) accesara informacion de la tarjeta de Salud de su paquete de registro.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

# STAFFORD MUNICIPAL SCHOOL DISTRICT (SMSD)

## EXTENDED SCHOOL DAY (UD) PROGRAM

### -PROGRAM POLICIES-

#### PICK UP POLICY

Your child will be supervised at Stafford Elementary School until 6:00 p.m. After that time (6:00 p.m.), there will be an additional charge of \$5.00 every minute past 6:00 p.m. For additional information, please contact Bernadette Lockett, Extended Day Coordinator, at 281-615-8712.

#### MEDICATION POLICY

A parent and/or legal guardian will be contacted to pick up their child(ren) who are sick or injured. Medication will not be administered without written permission from the parent or legal guardian.

#### STUDY HALL POLICY

If a student has homework, he or she must work on the given assignment during the designated academic assistance time. If he/she does not have any homework, they will need to have appropriate reading materials to read during the Study Hall period. If a student finishes their homework prior to the end of Study Hall, they are required to read. If a student does not have reading materials they will be required to complete an academic enrichment worksheet, which will be provided through the EDS Program (no exceptions).

#### PROGRAM OFFERINGS

The EDS Program will have a monthly schedule. Each parent and student will be issued a monthly schedule for each EDS participant at the beginning of each month.

#### PAYMENT

- You must make your payments between the **1st** and **5th** day of each month.
- **Payments must be paid online.**
- Credit card payments may be made on the SMSD Website by visiting <http://staffordmsd.org> under the "Parents" tab. Click on the word "More" and then click on the "Payments" tab on the left and the webstore menu will appear. Monthly fee for a child is \$50 (A.M. ONLY), \$125.00 (P.M. ONLY), OR \$175.00 (A.M. & P.M.)

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

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

# Stafford Extended School Day Program

## Inclement Weather Pickup Information

2018-2019

**Campus** \_\_\_\_\_

**Child(ren) Name** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Parent Phone Number** (most accessible number) \_\_\_\_\_

**First Alternative Pickup Designee\*** \_\_\_\_\_

**Pickup Designee Phone Number** (most accessible number) \_\_\_\_\_

**Pickup Designee Driver's License Number** \_\_\_\_\_

**Second Alternative Pickup Designee\*** \_\_\_\_\_

**Pickup Designee Phone Number** (most accessible number) \_\_\_\_\_

**Pickup Designee Driver's License Number** \_\_\_\_\_

\*The Pickup Designee should be someone who could reach the campus within 20 minutes to pick up your child(ren) in the event of inclement weather or school closing.

In the event the alternative pickup designee information changes, please contact the main SMSD office immediately.

**Stafford Municipal School District  
2018-2019**

**WAIVER MUST BE SIGNED FOR CHILD TO BE ENROLLED IN ESD PROGRAM**

***ANNUAL WAIVER AND RELEASE OF LIABILITY FOR EXTENDED DAY PROGRAM***

*Parent/Legal Guardian must complete this area for child to be enrolled in program*

That I \_\_\_\_\_ (Parent Guardian) of \_\_\_\_\_ a minor child in consideration of the privilege of allowing my child to participate in SMSD activity, do hereby, for myself, my child, our heirs, executors and administrators, covenant and agree to INDEMNIFY AND HOLD HARMLESS the SMSD, its employees, agents, successors, assigns, sponsors and volunteers assisting in SMSD activities from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property of third persons occasioned by any error, omission or negligent act by my child.

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS the SMSD its employees, agents, **successors, assigns, sponsors and volunteers assisting in SMSD activities from any and all damages, claims or liability of any kind, whatsoever from any injury or death to my child or damage to my property arising or resulting from my child's participation in SMSD activities or the transporting my child to and from SMSD activities or my child presence upon SMSD facilities INCLUDING CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE SMSD, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.**

For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate this release, I will personally INDEMNIFY AND HOLD HARMLESS the SMSD, its employees, agents, successors, assign sponsors and volunteers assisting in SMSD activities for any and all loss and damages occasioned by such **repudiation.**

I recognize that all classes or activities of a physical nature involve some risk and by registering my child for a class/activity of the SMSD, there is an assumption of the risk by me or my child.

I further authorize the SMSD employee or agent supervising these activities to secure medical care for my child in the event of injury and in my absence. I promise to assume liability for payment, and hold harmless the SMSD, its employees or agents, of medical expenses arising from said medical care for said injury.

I understand that this "ANNUAL WAIVER and RELEASE OF LIABILITY" is effective for all classes/activities that my minor child is registered for between the dates of 2018-2019 School Year.

I, the undersigned, have read this release and indemnification and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date