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FARMINGTON EXTENDED CARE & LEARNING

2024-2025 SCHOOL YEAR ENROLLMENT FORM

Anticipated start date for the EXCL program: ____/____/____

Yearly registration fee: \$40.00 per family and first-month tuition are due at time of registration.

Registration Fee:

Check #: _____

Rcv'd: _____

____ ProCare

____ Copy to

Site/Scanned

____ Spreadsheet

Y N Photo waiver

CHILD'S INFORMATION:

Child's Name: _____ DOB: ____/____/____ Gender: M F Non Binary

Home Address: _____ Town: _____ Zip: _____

Elementary School(check one): EF NW UN WD WWUE Grade in Sept. 2024: _____

Sibling(s) in the Program: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

GUARDIAN INFORMATION:

Guardian #1 _____

Relationship to student: _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

GUARDIAN INFORMATION:

Guardian #2 _____

Relationship to student: _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

Child resides with: (check one) Guardian #1 Guardian #2 Both Guardians
Guardian(s) are: (check one) Single Married Separated Divorced
Court Order(s): (check one) Yes* No *If there is a court order, please supply a copy for our confidential files.

ADDITIONAL EMERGENCY CONTACTS:

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

**Adults authorized for student pick-up will be asked for a picture ID upon arrival.*

AUTHORIZATION LIST FOR STUDENT PICK-UP:

Other than Parents/Guardians, the following adults are authorized for student pick-up (*must be over 18 years of age*):

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

**Adults authorized for student pick-up will be asked for a picture ID upon arrival.*

PHOTOGRAPHY PERMISSION:

I DO / DO NOT (Check one) give permission for my child to be photographed/video recorded by EXCL staff for program use, and or the news media to publish those photographs

MEDICAL INFORMATION:

Please list any known allergies and/or medications for your child:

Allergy: _____

Medication: _____

Dietary Restrictions: _____

Other allergies: _____

Special personal/medical needs for your child: _____

Will medication be needed while at EXCL (Check one):

Yes No

****Please note the following about medications:***

- ***If medication will be needed at EXCL, we must have a copy of the Doctor's Orders on file.***
- ***Please note that we do not transport any medications to and from the student's EXCL Home school for vacation camps, full day programs, ect. The guardians are responsible for any transportation of emergency medications.***

MEDICAL TREATMENT AUTHORIZATION:

Please read the following statement and complete the following information:

"In case of an accident or serious illness, I request that Farmington EXCL contact me. If EXCL is unable to reach me, I hereby authorize their personnel to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, or in the judgment of Program Staff immediate medical attention is needed, EXCL may make whatever arrangements seem necessary."

Dentist's Name: _____

Hospital: _____

Physician's Name: _____

Phone: _____

Insurance: _____

Group #: _____ Policy/ID#: _____

"I hereby release the Farmington Extended Care & Learning program, and Farmington Public Schools, from any claim arising from the actions of medical personnel or EXCL staff."

****All medical, and /or transportation expenses are the responsibility of the parent****

HOMEWORK CLUB: (For children in grades 1st – 6th ONLY)

To know more about homework club please read appendix XIX in our guardian handbook:

_____ My child will attend Homework Club

_____ My child will do his/her homework at home

_____ My child will do his/her homework after participating in co-curricular activities (for 5th and 6th-grade students)

ADDITIONAL ENROLLMENT INFORMATION:

(optional)

Has your child ever been in a child care situation before (check one)? Yes No

If "yes", where did your child attend and for how long?

Was it a positive experience? Yes No

Why, or why not? _____

How does your child relate to other children/adults?

Discipline techniques used at home:

Specific interests/hobbies:

How does your child feel about being enrolled in the EXCL?

Is there any additional information that you would like to share with us about your child?

PROGRAM INFORMATION:

Please enroll my child in the following program(s): (circle choice(s))

<input type="checkbox"/> BEFORE SCHOOL (7:00 am – 8:30 am) M T W TH F	<input type="checkbox"/> AFTER SCHOOL (3:15 pm – 6:00 pm) M T W TH F	<input type="checkbox"/> BEFORE & AFTER SCHOOL (7:00 am – 8:30 am & 3:15pm – 6:00 pm) M T W TH F	<input type="checkbox"/> AS NEEDED (See Additional Care information in 2024-2025 Parent Handbook)
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SCHOOL CLOSING PLAN

In the event school closes early, my child should:

Follow his/her normal routine for that day of the week. *Please provide specific details, for example, my child will be going home on the bus or my child will wait for parent pick-up at early dismissal:* _____

Attend EXCL, regardless if the early dismissal occurs on a day he/she regularly attends EXCL. If the early dismissal day is not a day and time he/she normally attends EXCL I understand that there will be additional charges for childcare added to my child's account.

Other arrangements will be made on a case-by-case basis. Please contact me to confirm:Phone: _____

TUITION FEE AGREEMENT 2024/2025

My child, _____, is registered to attend Farmington Extended Care & Learning (EXCL) at _____ school in the:

Before School program (\$_____/ \$_____) _____

After School program (\$_____/ \$_____) _____

Before & After School programs(\$_____/ \$_____) _____

Choice of payment schedule each month:

MONTHLY basis (one check for the entire monthly amount that is due by the 1st of each month prior to receiving services)

FOUR TIMES/MONTH (four equal payments totaling the entire monthly tuition that must be submitted weekly prior to the last day of each month)

Tuition and registration are non-refundable. Fees cannot be prorated for holidays, illness or personal leave. A late fee of \$30.00 will automatically be charged for each month that tuition is not paid in full.

Please provide the name of the person(s) responsible for Tuition Payments:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Completion of Registration:

I have had the opportunity to read and understand the "2024-2025 Farmington Extended Care & Learning Guardian Handbook". I agree to pay all tuition and fees, noted above and in the handbook, to "Farmington EXCL" in consideration of my child's enrollment in Farmington Extended Care & Learning for the 2024-2025 school year. I also understand that my child is not officially **enrolled** in EXCL until the completion of all registration materials, including the Tuition Fee Agreement form, and payment of registration fees. **Yearly registration fee: \$40.00 per family and first month tuition is due at time of registration.**

Parent/Guardian Signature: _____ Date: ____/____/____

Printed Name: _____

The registration packet and registration fees must be handed in 48 hours before a child can attend the program. Payment should be made by check or money order payable to Farmington EXCL. **August, December, April, and June are prorated months due to a shortened school month.**

FARMINGTON EXTENDED CARE & LEARNING

2024-2025 School Year Tuition

Tuition is due before services are provided on a monthly basis per child. To accommodate the needs of our families, tuition may be paid once per month, or four times per month in equal installments.

**** New for the 2024-2025 school year, monthly tuition will only include the scheduled 180 school days and follow the FPS District School Calendar. On scheduled no school holidays and PD days, EXCL will offer Full day care through a Google Form sign up at an extra care fee. *** Monthly tuition includes any additional care for early dismissal days as long as the child normally attends on the days and times affected. Inclement Weather Program, Vacation Camps, and Summer Camp are offered at additional cost. Fees cannot be prorated for holidays, illness or personal vacations. Tuition and registration are non-refundable.

THREE DAY PROGRAMS

	Before School	After School	Before & After School
August	\$39	\$52	\$73
September	\$191	\$257	\$366
October	\$191	\$257	\$366
November	\$191	\$257	\$366
December	\$155	\$209	\$280
January	\$191	\$257	\$366
February	\$191	\$257	\$366
March	\$191	\$257	\$366
April	\$155	\$209	\$280
May	\$191	\$257	\$366
June	\$30	\$38	\$53

FIVE DAY PROGRAMS

	Before School	After School	Before & After School
August	\$47	\$67	\$89
September	\$233	\$338	\$449
October	\$233	\$338	\$449
November	\$233	\$338	\$449
December	\$185	\$256	\$345
January	\$233	\$338	\$449
February	\$233	\$338	\$449
March	\$233	\$338	\$449
April	\$185	\$256	\$345
May	\$233	\$338	\$449
June	\$34	\$49	\$65

Annual Registration Fee: \$40.00 per family

Extra Care Before School or After School: \$30 day per day for students who attend weekly 3 or 5 days

Extra Care Before School or After School: \$45 day per day for "AS NEEDED" Students

*Full Day Care Fee*8am-5pm: \$61.00 *(October 3,14,15th)*(November 1 & 5th)*(January 20th)*(February 17 & 18th)*

Inclement Weather Program, Vacation Camps-8am-5pm: per day fee: \$61.00