

This document is fillable!  
To use this option, open document  
and download to fill. Once complete,  
print and hand in to the EXCL Office  
for processing.

# FARMINGTON EXTENDED CARE & LEARNING

## 2025-2026 SCHOOL YEAR ENROLLMENT FORM

Anticipated start date for the EXCL program: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Yearly registration fee: \$40.00 per family and first-month tuition is due at the 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. 2025: \_\_\_\_\_  
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: \_\_\_\_\_

Preferred 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 1<sup>st</sup> – 6<sup>th</sup> 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 5<sup>th</sup> and 6<sup>th</sup>-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))*

_____ BEFORE SCHOOL (7:00 am – 8:30 am)  M      T      W      TH      F	_____ AFTER SCHOOL (3:15 pm – 6:00 pm)  M      T      W      TH      F	_____ AS NEEDED (See Additional Care information in 2025-2026 Parent Handbook)
--	---	--

**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 they normally attend 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 2025/2026****Please provide the name of the person(s) responsible for Tuition Payments:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*Choice of payment schedule each month:*

\_\_\_\_\_ **MONTHLY basis** (one check for the entire monthly amount that is due by the 1<sup>st</sup> 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.***

**Completion of Registration:**

I have had the opportunity to read and understand the "2025-2026 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 2025-2026 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

### 2025-2026 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.

**\*\* For the 2025-2026 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	\$40	\$54	\$75
September	\$197	\$265	\$376
October	\$197	\$265	\$376
November	\$197	\$265	\$376
December	\$160	\$215	\$288
January	\$197	\$265	\$376
February	\$197	\$265	\$376
March	\$197	\$265	\$376
April	\$160	\$215	\$288
May	\$197	\$265	\$376
June	\$40	\$54	\$75

#### FIVE DAY PROGRAMS

	Before School	After School	Before & After School
August	\$49	\$69	\$91
September	\$240	\$348	\$462
October	\$240	\$348	\$462
November	\$240	\$348	\$462
December	\$191	\$264	\$355
January	\$240	\$348	\$462
February	\$240	\$348	\$462
March	\$240	\$348	\$462
April	\$191	\$264	\$355
May	\$240	\$348	\$462
June	\$49	\$69	\$91

*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: \$63.00 \*(September 23)\*(October 2,13,14,20th)\*(November 4th)\*(January 19th)\*(February 17&18th)*

*Inclement Weather Program, Vacation Camps-8am-5pm: per day fee: \$63.00*