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FARMINGTON EXTENDED CARE & LEARNING

2026-2027 SCHOOL YEAR ENROLLMENT FORM

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

Yearly registration fee: $40.00 per family and first-2 weeks 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

Home Address: _____ Town: _____ Zip: _____

Elementary School(check one): ☐ EF ☐ NW ☐ UN ☐ WD ☐ WWUE *Grade in Sept. 2026*:_____

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/Relationship: _____
Phone:_____

Name/Relationship: _____
Phone:_____

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/Relationship: _____
Phone:_____

Name/Relationship: _____
Phone:_____

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:_____
Special personal/medical needs/Dietary Restrictions 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:_____
Prefered 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.

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

____ **BEFORE SCHOOL*** (7:00 am – 8:30 am)	____ **AFTER SCHOOL*** (3:15 pm – 6:00 pm)	____ **AS NEEDED** (See Additional Care information in 2026-2027 Parent Handbook)
____ M ____ T ____ W ____ TH ____ F	____ M ____ T ____ W ____ TH ____ F	

Please note: if you choose a 3-day option, you are selecting your child's regular weekly schedule. If a holiday or no-school day affects one of those days, you must notify your child's EXCL site at least two weeks in advance to request a schedule adjustment. If fair to do so, your days will stay as scheduled originally enrolled.

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 2026/2027-*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/Relationship: _____ Name/Relationship: _____

Phone/Email:_____ Phone/Email:_____

Completion of Registration:

I have had the opportunity to read and understand the "2026-2027" 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 2026-2027 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 2 weeks 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.

FARMINGTON EXTENDED CARE & LEARNING
2026-2027 School Year Tuition

Farmington Extended Care & Learning will transition to a **weekly rate structure**. This adjustment is intended to provide a more consistent and predictable billing model for families. A weekly tuition rate will streamline the payment process and offer greater clarity, regardless of variations in the school calendar such as holidays, shortened weeks, or scheduled closures.

The grid outlines the established weekly tuition rates based on each student's enrolled program. Rates have been calculated based on a 39-week school year to ensure consistency across the full program duration.

****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. ***

Tuition includes any additional care for early dismissal days as long as the child normally attends on the days and times affected.

**Please note: if you choose a 3-day option, you are selecting your child's regular weekly schedule. If a holiday or no-school day affects one of those days, you must notify your child's EXCL site at least two weeks in advance to request a schedule adjustment. If fail to do so, your days will stay as scheduled originally enrolled.*

Annual Registration Fee: ***$40.00 per family***
Extra Care Before School or After School: ***$30*** *per day for students who attend weekly 3 or 5 days*
Extra Care Before School or After School: ***$45*** *per day for "AS NEEDED" Students*
*Full Day Care Fee*8am-5pm:* ***$64.00 *S****ee section III. PUBLIC SCHOOL HOLIDAYS AND VACATIONS*
Inclement Weather Program, Vacation Camps-8 am-5 pm: per day fee: ***$64.00.***

EXCL 26-27 Tuition Breakdown Grid

			3 DAY OPTIONS* (117 day)			5 DAY OPTIONS (180 days)		
School DaysOffered	Start & End Date of Week		3 Before*	3 After*	3B/A*	5 Before	5 After	5B/A
5	8/31/26	9/4/26	$47	$63	$89	$65	$90	$120
4	9/7/26	9/11/26	$47	$63	$89	$52	$72	$96
5	9/14/26	9/18/26	$47	$63	$89	$65	$90	$120
4	9/21/26	9/25/26	$47	$63	$89	$52	$72	$96
5	9/28/26	10/2/26	$47	$63	$89	$65	$90	$120
5	10/5/26	10/9/26	$47	$63	$89	$65	$90	$120
3	10/12/26	10/16/26	$47	$63	$89	$39	$54	$72
5	10/19/26	10/23/26	$47	$63	$89	$65	$90	$120
5	10/26/26	10/30/26	$47	$63	$89	$65	$90	$120
4	11/2/26	11/6/26	$47	$63	$89	$52	$72	$96
5	11/9/26	11/13/26	$47	$63	$89	$65	$90	$120
5	11/16/26	11/20/26	$47	$63	$89	$65	$90	$120
3	11/23/26	11/27/26	$47	$63	$89	$39	$54	$72
5	11/30/26	12/4/26	$47	$63	$89	$65	$90	$120
5	12/7/26	12/11/26	$47	$63	$89	$65	$90	$120
5	12/14/26	12/18/26	$47	$63	$89	$65	$90	$120
3	12/21/26	12/25/26	$47	$63	$89	$39	$54	$72
	12/28/26	1/1/27						
5	1/4/27	1/8/27	$47	$63	$89	$65	$90	$120
5	1/11/27	1/15/27	$47	$63	$89	$65	$90	$120
4	1/18/27	1/22/27	$47	$63	$89	$52	$72	$96
5	1/25/27	1/29/27	$47	$63	$89	$65	$90	$120
5	2/1/27	2/5/27	$47	$63	$89	$65	$90	$120
5	2/8/27	2/12/27	$47	$63	$89	$65	$90	$120
3	2/15/27	2/19/27	$47	$63	$89	$39	$54	$72
5	2/22/27	2/26/27	$47	$63	$89	$65	$90	$120
5	3/1/27	3/5/27	$47	$63	$89	$65	$90	$120
4	3/8/27	3/12/27	$47	$63	$89	$52	$72	$96
5	3/15/27	3/19/27	$47	$63	$89	$65	$90	$120
4	3/22/27	3/26/27	$47	$63	$89	$52	$72	$96
5	3/29/27	4/2/27	$47	$63	$89	$65	$90	$120
5	4/5/27	4/9/27	$47	$63	$89	$65	$90	$120
	4/12/27	4/16/27						
5	4/19/27	4/23/27	$47	$63	$89	$65	$90	$120
5	4/26/27	4/30/27	$47	$63	$89	$65	$90	$120
5	5/3/27	5/7/27	$47	$63	$89	$65	$90	$120
5	5/10/27	5/14/27	$47	$63	$89	$65	$90	$120
5	5/17/27	5/21/27	$47	$63	$89	$65	$90	$120
5	5/24/27	5/28/27	$47	$63	$89	$65	$90	$120
4	5/31/27	6/4/27	$47	$63	$89	$52	$72	$96
5	6/7/27	6/11/27	$47	$63	$89	$65	$90	$120
180	Total Tuition based on Program:		$1,833	$2,457	$3,471	$2,340	$3,240	$4,320