

**Trinity Episcopal School
Extended Day Program Agreement**

Student Information

Student's Name _____ Preferred Name _____

Address _____ City _____ Zip _____

Birth Date _____ Age _____ Grade/Teacher _____

Family Information

Mother/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Preferred E-Mail _____

Employer _____ Work Phone _____

Father/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Preferred E-Mail _____

Employer _____ Work Phone _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell-phone _____ Work phone _____

Pick Up Authorization

In addition to parents listed, please give the names and phone numbers to whom the child can be released.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Medical History

Are there any physical (i.e. allergies) and/or emotional conditions, medications, or any other medical information that the staff should be made aware of? ___ No ___ Yes (please explain on separate sheet)

Please give any information concerning your child which will be helpful in his or her experience in a group setting (playing, eating, sleeping habits, specific fears, special likes and dislikes, etc.).

Emergency Care Information

Name of Child's Doctor _____ Phone _____

Office Address _____ City _____ Zip _____

I agree that the School may authorize the physician of choice to provide emergency care in the event that neither I, nor another contact listed or the family physician can be contacted immediately.

Preferred Services:

Please check all that apply. Please do not enclose a check with this agreement. All TED billing will be done through the Business Office. To simplify billing for monthly regulars, costs have been averaged. Charges will be based on an average of 18.5 days per month for 10 months. Remittance is expected within 14 days of receipt of the invoice. After 14 days, the Business Office will impose a 1.5 percent late fee.

- Monthly \$300
- Monthly (Sibling Rate) \$270
- Drop-in \$25 day (\$45 half-day, \$65 full-day)

Additional Packages

- Spring Break Package (Non-TED Regulars) \$50/Day
- Spring Break Package (TED Regulars) \$40/Day

By signing this document, I acknowledge that I have read, understand, and agree to abide by all aspects of the TED program including parental and student expectations as outlined in the TED handbook.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____