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**SECTION G**

**EXTENDED DAY PROGRAM FORMS**

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**EXTENDED DAY PROGRAM**  
**Policies and Procedures Manual**  
**Sign-Off Sheet**



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

School Year: \_\_\_\_\_

My signature below certifies that I have received a copy of the Calcasieu Parish School Board Extended Day Program Policies and Procedures Manual and ProCare manual and have reviewed the policies for the current school year. I understand that it is my responsibility to contact the Internal Auditing Department for any questions or issues that may arise that are not addressed in the manual.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# EXTENDED DAY PROGRAM

## Weekly Schedule Checklist



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

For the Week of: \_\_\_\_\_

*Intructions: Check box to indicate item was completed. Note any deviations from schedule. Two signatures required each day attesting to accuracy of schedule.*

*All items listed (except optional items) must be done each day. Deviations from the schedule are allowed for special planned activities. Items listed within a block may be completed in a different order than listed. For example, from dismissal of school until 4:00, you may choose to take roll first, do homework/activity centers, then do restroom and snack. However, all of these items must be completed between the dismissal of school and 4:00.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Dismissal of School - 4:00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Roll	Roll	Roll	Roll	Roll
	Restroom	Restroom	Restroom	Restroom	Restroom
	Snack	Snack	Snack	Snack	Snack
	Supervised Homework Activity Centers	Supervised Homework Activity Centers	Supervised Homework Activity Centers	Supervised Homework Activity Centers	Supervised Homework Activity Centers
Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	
4:00 - 5:00	Outside games/free play (when weather permits)	Outside games/free play (when weather permits)	Outside games/free play (when weather permits)	Outside games/free play (when weather permits)	Outside games/free play (when weather permits)
	Inside games/free play (when weather does not permit)	Inside games/free play (when weather does not permit)	Inside games/free play (when weather does not permit)	Inside games/free play (when weather does not permit)	Inside games/free play (when weather does not permit)
	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:
5:00 - 6:00	Restroom	Restroom	Restroom	Restroom	Restroom
	Optional: Inside games/free play	Optional: Inside games/free play	Optional: Inside games/free play	Optional: Inside games/free play	Optional: Inside games/free play
	Optional: Activity Centers	Optional: Activity Centers	Optional: Activity Centers	Optional: Activity Centers	Optional: Activity Centers
	Optional: Movie	Optional: Movie	Optional: Movie	Optional: Movie	Optional: Movie
	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:	Schedule Deviations:

EDP Staff Signature: \_\_\_\_\_

EDP Staff Signature: \_\_\_\_\_

**EXTENDED DAY PROGRAM  
Photo/Video Release Form**



**NAME OF STUDENT:** \_\_\_\_\_

I give permission for my child to be photographed and/or recorded on video in connection with Calcasieu Parish Extended Day Program activities. I understand that all photos and videos will become the property of Calcasieu Parish Extended Day Program. These recordings may be used in in-service presentations and displays, informative brochures, and/or maintained for security purposes. I further agree that any reproductions may also be published and distributed to the general public.

I understand and agree to the above stated conditions and give permission for my child to participate.

\_\_\_\_\_  
Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

# EXTENDED DAY PROGRAM Site Information Form



School Year:  School Year  Summer

School Name:

EDP Landline Telephone Number (including Extension):

EDP Cell Phone:

EDP Location(s) within School Building:

Site Director		SD Cell and Home Phone	
Asst. Director		SD Cell and Home Phone	
Bookkeeper		SD Cell and Home Phone	

### ALL EMPLOYEES

Name (Please list Site Director first.)	EDP Position	Medication Certified	CPR Certified
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No

### STUDENTS

Total Number Enrolled		# Students on Medication	
Average Daily Attendance		# Students Receiving CCA	
Approximate # of Drop-ins per week		# Students on CPSB insurance	
# Students in Pre-K		Limit enrollment? How?	

### SNACKS

<i>Please check the appropriate space.</i>	
Each student brings his own.	
Snack Machines	
Snacks provided by food services (Title I)	

### PROGRAM HOURS

AM Program Hours	PM Program Hours	Summer Program Hours

### STUDENTS WITH SPECIAL NEEDS

Description of Special Need	Special Accommodations Required (if additional staffing is required, indicate below)

\*\*\*\*\*ATTACH COPY OF EMERGENCY PLAN AND EMERGENCY PLAN ACKNOWLEDGEMENT FORM\*\*\*\*\*

See EDP Policy Manual Appendix A26 for Emergency Plan and A24 for Emergency Plan Acknowledgement Form

**EXTENDED DAY PROGRAM**  
**Notification of Holiday Opening**



TO: INTERNAL AUDITING DEPARTMENT

FAX: 217-4191

School: \_\_\_\_\_

Name of Holiday: \_\_\_\_\_

We will be / will not be accepting children registered in other EDP Programs.  
(Circle One)

Holiday Dates Open: \_\_\_\_\_

Holiday Hours Open: \_\_\_\_\_

Location within School Building: \_\_\_\_\_

E.D.P Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Site Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

***\*This form must be received by the Internal Auditing Department at least one week in advance of school holiday opening.***

**EXTENDED DAY PROGRAM**  
**Verification of Enrollment for EDP**  
**Transfers**



I verify that \_\_\_\_\_ (student) is currently enrolled in  
\_\_\_\_\_ (school) Extended Day Program  
and is covered under the Calcasieu Parish School Board insurance policy.

\_\_\_\_\_  
Extended Day Program Site Director or Bookkeeper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number

**Please attach copy of current registration form with current emergency information.**

**PARENTS:**

Please initial the correct choice. For your child's safety, please provide whatever information will make the registration form current.

\_\_\_\_\_ I verify that the information on the registration form is current.

- OR -

\_\_\_\_\_ I verify that the following changes will make the information current:  
  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number



**EXTENDED DAY PROGRAM  
FAMILY REGISTRATION FORM**

SHEET 1 OF 3

**Parent/Guardian Information**

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

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Employed By: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier (required): \_\_\_\_\_

Email (required): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Calcasieu Parish School Board employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Is Mother/Guardian authorized to pick-up child? Yes \_\_\_\_\_ No \_\_\_\_\_**

*\*If mother is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Employed By: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier (required) \_\_\_\_\_

Email (required): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Calcasieu Parish School Board employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Is Father/Guardian authorized to pick-up child? Yes \_\_\_\_\_ No \_\_\_\_\_**

*\*If father is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

Child Information

1st Child First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List authorized pick-up persons/emergency contacts (other than parents/guardians):

1st Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3rd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Child First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1st Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

1st Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3rd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3rd Child First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1st Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

1st Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3rd Contact/Pick Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1<sup>st</sup> Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Tuition / Payment Information:**

<p>I agree to pay the rates selected below. A Status Change Form must be requested from staff for changes in tuition status and must be submitted in advance of tuition status change. No credits will be given/expected for absences.</p>	
<p><b>My child will attend (check one):</b></p> <p><input type="checkbox"/> Morning (if offered)</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> Morning and Afternoon (if offered)</p>	<p><b>I would like to be billed (check one):</b></p> <p><input type="checkbox"/> Monthly Fee</p> <p><input type="checkbox"/> Daily Drop-in Fee</p>

Please outline below the person(s) responsible for payment of tuition and fees.

\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that that would be helpful to our EDP management and teaching staff?

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

*My signature below certifies that I have received a copy of the Extended Day Parent Handbook and have reviewed the policies. I understand that failure to follow the Program's policies and procedures may result in termination. I also fully understand the Program's policies with regard to tuition and fees.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXTENDED DAY PROGRAM**  
**Insurance Verification Form**



**TO: Health Insurance Department**

**FAX: 217-4241**

**SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_**

**SITE DIRECTOR \_\_\_\_\_ FAX \_\_\_\_\_**

**The following parent(s) has requested exemption from purchasing insurance for the student registered in the Extended Day Program because of insurance coverage through the Calcasieu Parish School Board.**

CPSB Insured Employee	Social Security #	Student	Verification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Insurance coverage by CPSB has been verified on the students initialed above.***

\_\_\_\_\_

**Signed: Health Insurance Department**

\_\_\_\_\_

**Date**



## EXTENDED DAY PROGRAM

### 2023-2024 Tuition and Fee Policies

#### TUITION AND FEE POLICIES:

- Tuition and fees are payable by cash, check, money order, or via Tuition Express (Visa/MC).
- Nonpayment or continued untimely payment of tuition/fees will result in termination.
- The Program is not responsible for interruptions in the delivery of the U.S. Postal Service which may delay receipt of payment. The Program is not responsible for payments sent in students' backpacks or left at the school office.
- Payments made by swiping a credit/debit card at the program's Check-in station are processed immediately. Payments made online via tuitionexpress.com have a processing time of up to three business days. In order to avoid the assessment of late payment fees, payments made online at tuitionexpress.com should be made in advance to account for processing time.
- The Program reserves the right to require payment by cash or money order.
- Students may not transfer to another CPSB Extended Day Program, re-enter any Program, change status to drop in or continue in program with a balance due.

#### REGISTRATION

- Registration requires completion of all registration forms and payment of an annual nonrefundable registration fee (per child), plus the monthly tuition for the first month of services (if registering to be billed on a monthly basis). Tuition will be pro-rated when registering the program mid-month. The pro-rated rate will be calculated by multiplying the following applicable rate (First Child: \$8 PM, \$3 AM, and \$9 AM/PM Add'l Child: \$4 PM, \$1 AM, \$5 AM/PM) by the number of school days in the month that the child will be registered. A student may not have a balance due at any CPSB Extended Day Program prior to enrolling.

#### MONTHLY TUITION

- Monthly Tuition is due on the first of the month. Tuition in full must be received by 6:00 p.m. on the 20th of the month to avoid assessment of a late payment fee, per student, even when the student is not in attendance. If all past due balances and fees are not paid by the 20th of the month, students will not be permitted to re-enter the program until past due balances are paid in full.
- Monthly tuition is not prorated for short weeks, acts of God or circumstances beyond our control, or when termination occurs on any day of the month.
- Accounts are billed monthly, regardless of student attendance.
- When termination occurs during any part of a month, unused monthly tuition is nonrefundable. The parent is responsible for signing a Termination Form in order to withdraw from the program and stop monthly billing.
- Families who have children in attendance on alternating weeks will be expected to pay the full monthly tuition regardless of custody issues.

#### DROP IN TUITION

- A late payment fee is assessed when payment is not made at the time the drop in service is utilized. Students may not utilize the drop in service if any past due balance is unpaid.
- Pre-paid drop in tuition for days when no attendance occurred will not be refunded.

#### LATE PICK UP FEE

- All students must be signed out by 6:00 p.m. Beginning at 6:01 p.m., a late pick-up fee will be assessed, per student, for every 10 minute interval or portion thereof. Late pick-up fees are due immediately at the time of the occurrence. Repeated late pick-ups may result in termination from the program.

#### TUITION STATUS CHANGE

- A tuition status change may be made two times per school year and only if there is no past due balance on the account. Changes in tuition status will require signing the Status Change Form. Additional status changes will incur an additional registration fee (\$30), per child. Status changes to drop in will not be considered for any student who has a balance due.

# EXTENDED DAY PROGRAM



## 2023-2024 Tuition and Fees

2023-2024 School Year Tuition Schedule (effective August 11, 2023)						
	PM ONLY	AM ONLY	AM & PM	PM DROP IN	AM DROP IN	NON-SCHOOL DAY DROP IN
<b>AUGUST</b>	*(Monthly)	*(Monthly)	*(Monthly)	(Daily)	(Daily)	(Daily)
First Child	\$120.00	\$45.00	\$135.00	\$12.00	\$6.00	\$25.00
Additional Children	\$60.00	\$15.00	\$75.00	\$6.00	\$3.00	\$20.00
<b>SEPT-MAY</b>	PM ONLY	AM ONLY	AM & PM	PM DROP IN	AM DROP IN	NON-SCHOOL DAY DROP IN
	*(Monthly)	*(Monthly)	*(Monthly)	(Daily)	(Daily)	(Daily)
First Child	\$180.00	\$70.00	\$195.00	\$12.00	\$6.00	\$25.00
Additional Children	\$95.00	\$35.00	\$110.00	\$6.00	\$3.00	\$20.00

\*The monthly tuition has been calculated based on the number of weeks that school is in session, and the annual cost has been allocated evenly over the months of September through May. As an aid to parents at the beginning of the school year, August tuition is provided at a discounted rate.

Fees:	
REGISTRATION FEE (PER CHILD)	\$40 (includes \$30 registration fee and \$10 secondary insurance)
LATE PICK UP FEE	\$10 (per child for every 10 minute interval or portion thereof)
LATE PAYMENT FEE - MONTHLY	\$20 per child
LATE PAYMENT FEE - DROP IN	\$5 per child
RETURN CHECK FEE	\$25

**EXTENDED DAY PROGRAM**  
Status Change Form



**School:** \_\_\_\_\_

*To be completed by parent or guardian:*

**Child/Children:** \_\_\_\_\_

**Date Status Change to Take Effect:** \_\_\_\_\_

I would like to change the above referenced child/children's extended day status to:

(circle one)

**AM Only (Billed Monthly)**

**AM Drop-In (Billed Daily)**

**PM Only (Billed Monthly)**

**PM Drop-In (Billed Daily)**

**Full Time (AM & PM Billed Monthly)**

Reason for status change:

\_\_\_\_\_  
\_\_\_\_\_

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

*To be completed by Extended Day Program Site Director/Bookkeeper*

-----  
Site Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Bookkeeper: \_\_\_\_\_ Date: \_\_\_\_\_

**EXTENDED DAY PROGRAM**  
**Delinquent Account Notice**



**DELINQUENT ACCOUNT NOTICE**

RE: \_\_\_\_\_  
(child / children's names)

Dear \_\_\_\_\_,

This letter is to inform you that your Extended Day child care fees for the above referenced child/children for the period of \_\_\_\_\_ have not been paid. You now owe a total of \$\_\_\_\_\_.

In accordance with Calcasieu Parish School Board Policy, child care services are to be terminated for anyone with an Extended Day account that is not current.

To avoid further action and/or termination of child care services, please pay this balance in full by \_\_\_\_\_.

If you have any questions regarding your account please contact \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

Principal

**EXTENDED DAY PROGRAM**  
**Notice of Delinquent Account**



Attn: Greg Belfour  
P.O. Box 1930  
Lake Charles, La 70602-1930  
(337) 439-8315  
Fax (337) 436-5606

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

RE: \_\_\_\_\_

Dear Mr. Belfour,

This letter is to notify you of a delinquent Extended Day account balance for the above referenced individual totaling \$\_\_\_\_\_.

\_\_\_\_\_ has been notified of his/her outstanding balance and has failed to remit payment. You will find attached copies of the Extended Day statements that have been provided to \_\_\_\_\_ on a monthly basis. A copy of the Delinquent Account Notice that was sent via certified mail is included for your reference.

I am requesting that you take necessary action in order to collect payment for this delinquent account. If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Thank you in advance for your assistance in this matter.

Sincerely,

\_\_\_\_\_

Principal

# EXTENDED DAY PROGRAM

## Late Sign Out Sheet



Extended Day closes at 6:00 PM daily.  
Late fees are charged for each child not picked up by 6:00 p.m.

A late fee charge of \$10.00 will be assessed for every ten minute interval or portion thereof. The late fee is charged *per child*; therefore, if a parent is picking up more than one child then the late fee will be assessed for each child.

**Example:** If the child is signed out at 6:18 PM, the charge would be \$20.00.  
 6:00 – 6:10 \$10.00  
 6:11 – 6:18 \$10.00  
 (If the parent signed out two children at 6:18 PM, the charge would be \$40.00)

<b>Student(s) Name(s):</b>			
<b>Date of Late Pick-up:</b>			
<b>Time of Late Pick-up:</b>			
<b>Parent Signature:</b>			
<b>Date Paid:</b>		<b>Amount Collected:</b>	
<b>Indicate Receipt Number or Payment by Tuition Express</b>		<b>Received By:</b>	

Two employees are required to stay when children are left after 6:00 p.m. The employees that stayed late will split the late fee.

Employees to split late fee	Amount to be paid:

*Employees will be paid the late fee only if the late fee is collected, deposited into the CPSB Extended Day Program account and recorded in ProCare. The Late Sign-Out Sheet must be attached to the employee's Supplemental Payroll Forms when it is submitted to payroll. A copy must be kept on file at the school. The late fee to be paid (not the employee's hourly rate) must be included on the Supplemental Payroll Form in the Additional Pay Column.*

<hr/> <b>Site Director</b>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>Total Amount Collected</b>
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EXTENDED DAY PROGRAM STUDENT ATTENDANCE LOG

Week of: \_\_\_\_\_



School: \_\_\_\_\_  
 Attendance Log: \_\_\_\_\_

Student	Monday			Tuesday			Wednesday			Thursday			Friday		
	Arrival Time	Departure Time	Signature of Person Picking Up Student <small>(Must legibly sign full name) <small>(If no signature was recorded, EDP staff should enter name of person picking up Student and EDP initials. EDP initials should be identified by name at the bottom of form.)</small></small>	Arrival Time	Departure Time	Signature of Person Picking Up Student <small>(Must legibly sign full name) <small>(If no signature was recorded, EDP staff should enter name of person picking up Student and EDP initials. EDP initials should be identified by name at the bottom of form.)</small></small>	Arrival Time	Departure Time	Signature of Person Picking Up Student <small>(Must legibly sign full name) <small>(If no signature was recorded, EDP staff should enter name of person picking up Student and EDP initials. EDP initials should be identified by name at the bottom of form.)</small></small>	Arrival Time	Departure Time	Signature of Person Picking Up Student <small>(Must legibly sign full name) <small>(If no signature was recorded, EDP staff should enter name of person picking up Student and EDP initials. EDP initials should be identified by name at the bottom of form.)</small></small>	Arrival Time	Departure Time	Signature of Person Picking Up Student <small>(Must legibly sign full name) <small>(If no signature was recorded, EDP staff should enter name of person picking up Student and EDP initials. EDP initials should be identified by name at the bottom of form.)</small></small>
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
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12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															

Identify EDP initials by name:

# EXTENDED DAY PROGRAM

## Registration Requirements & Conduct Policy and Discipline Procedures



**Registration Requirements:** Calcasieu Parish Public School elementary and middle school children are eligible for the participation in the Extended Day Program if they meet all of the following criteria:

1. Attend a school where the program is offered
2. Are at least four years of age
3. Are potty trained and able to use the bathroom by oneself

### **Conduct Policy & Discipline Procedures:**

It is the policy of this Extended Day Program to promote a safe, secure, and orderly environment which will serve to enhance the goals of child care. Students will be required to be well-behaved at all times. Under no circumstances will violent, disruptive or abusive behavior be tolerated. Violent behavior will be defined as anyone hitting another person, using vulgarities, throwing objects, or destroying property. In the event that a child would bring a weapon (i.e. gun, knife) to Extended Day, the child will be expelled permanently from the Extended Day Program. Students will be expected to act in an orderly and safe manner at all times.

Depending on the severity of the problem, there will be three (3) steps taken to alleviate unacceptable behavior:

1. On the first offense, the Support Teacher will notify the Site Director of the problem. The teacher will call or notify the parent(s) when he/she picks up the child and advise him/her of the situation. Written documentation of the incident should be kept on file.
2. On the second offense, the Support Teacher will notify the Site Director of the problem. The teacher will again notify the parent(s) of the situation. The possibility of suspension or expulsion will be discussed and a completed Probation Notice should be given to the parent(s). The principal should be notified, and a copy of this document should be kept on file.
3. On the third offense, the Support Teacher will notify the Site Director of the problem. The Site Director will call the child's parent(s) to immediately pick up the child from school with the understanding that the child is suspended or permanently terminated from the Program, depending on the severity of the infraction. No refunds will be made. The parent(s) will be provided with a completed Notification of Suspension/Expulsion. One copy of this document will be sent to the principal and one copy will be kept on file.

Any of the above procedures may be waived, depending upon the seriousness of the offense. The Site Director should keep the Principal informed of disciplinary concerns in the Extended Day Program. The Principal has the ultimate authority for disciplinary action with input from the Site Director. Parents will be provided with a copy of each report.

Parents are responsible for any damages done by their child to school property. Parents will be notified of the cost of any such damages in writing and will be required to sign a notice of disciplinary action.

These policies are established in order to assure a safe, secure, and orderly atmosphere and are established in the best interest of all the children. Participants are required to observe conduct regulations at all times.

Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**EXTENDED DAY PROGRAM**  
**Probation Notice**



School: \_\_\_\_\_

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

Dear Parent/Guardian:

RE: \_\_\_\_\_ (Child's Name)

Please be advised that your child has been placed on probation in the Extended Day Program for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We ask for your cooperation in resolving this problem in order to avoid suspending/expelling your child from the Extended Day Program. Please contact me to arrange for a conference to discuss this matter.

Sincerely,

\_\_\_\_\_  
Site Director's Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Principals' Signature

\_\_\_\_\_  
Contact Number

***Please sign and return one copy to the Site Director. Thank you.***

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**EXTENDED DAY PROGRAM**  
**Notification of Suspension or**  
**Expulsion**



School: \_\_\_\_\_

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

Dear Parent:

RE: \_\_\_\_\_ (Child's Name)

This is to notify that your child has been suspended / expelled from the Extended Day Program for the following reasons:

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Your child may return in \_\_\_\_\_ days. According to the conduct policy, no refunds will be given or credited for this absence.

Your child has been expelled and may not return to EDP. According to the conduct policy, no refunds will be given.

Sincerely,

---

Site Director

---

Principal

# EXTENDED DAY PROGRAM

## Accident Procedures



The following procedures must be completed for all accidents that occur during Extended Day:

**1. A STUDENT INCIDENT REPORT MUST BE COMPLETED.**

- The original copy must be sent to the Risk Management Department.
- A copy must be sent to the Administrative Director.
- A copy must be kept on file at the school.

**2. THE TOP PORTION OF THE CLAIM FORM MUST BE COMPLETED BY EDP PERSONNEL.**

- The claim form must be stapled to the Parent Insurance Letter and must be given to the parent.

**3. THE ACCIDENT CHECKLIST MUST BE COMPLETED.**

- The Site Director must sign the EDP Accident Checklist verifying that the Student Incident report was completed and the Claim Form and Parent Insurance Letter were given to the parent.
- The parent/guardian must sign the EDP Accident Checklist verifying that they received the Claim Form and Parent Insurance Letter.
- The EDP Accident Checklist must be kept on file at the school.

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**\*\*SERIOUS INJURIES ARE TO BE REPORTED IMMEDIATELY TO THE PRINCIPAL AND RISK MANAGEMENT DEPARTMENT\***

Risk Management Department	217-4240 Ext. 3006
----------------------------	--------------------

*This form must be posted where the Extended Day Program is located so that all EDP employees know accident procedures. Student Incident Reports, Claim Forms, Parent Insurance Letters, and the EDP Accident Checklist must be readily available to all EDP personnel.*

# EXTENDED DAY PROGRAM

## Accident Checklist



### To be completed by EDP Site Director:

Child's Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

1. A Student Incident Report was completed and sent to Risk Management, the Administrative Director, and filed at the school.
2. The top portion of the Claim Form was completed and given to the parent along with the Parent Insurance Letter.

\_\_\_\_\_

Site Director's Signature

\_\_\_\_\_

Date

---

### To be completed by parent/guardian:

I have received an insurance claim form and a parent insurance letter.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**EXTENDED DAY PROGRAM**  
Termination Form



**To be completed by parent/guardian:**

**Student Name(s):** \_\_\_\_\_

My child/children's termination from the Extended Day Program will take effect: \_\_\_\_\_ (date)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**EXTENDED DAY PROGRAM**  
**Finger Scan Permission Form**



Child/Children's Names: \_\_\_\_\_

I give permission for my child to be checked-in or checked-out of the Extended Day Program by having his/her finger scanned at the Extended Day Check-In Station.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Name (please print)

# EXTENDED DAY PROGRAM

## Parent Questionnaire



Child's Name: \_\_\_\_\_

Parent/Guardian completing questionnaire: \_\_\_\_\_

In order to provide the best care for your child in the Extended Day Program, please take a moment to tell us a little bit about your child. All information provided will be confidential. The Program operates under the Americans with Disabilities Act and does not discriminate against individuals with disabilities. The information provided is not to exclude your child from the program but to assist the Program in making any special accommodations necessary. The purpose of this questionnaire is to ensure that all of your child's needs are adequately met.

**THIS QUESTIONNAIRE IS OPTIONAL AND IS NOT REQUIRED FOR REGISTRATION IN THE PROGRAM.**

1. Does your child have any physical disabilities/disorders/developmental delays (diagnosed or suspected)?

If so, please describe:

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2. Do you have any concerns about your child (anxiety, fears, behavior/social/anger issues)? If so, please describe:

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3. Does your child have any allergies? If so, please describe:

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4. Is your child toilet trained? If not, please describe assistance needed:

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5. Are there any special family situations that the program should know about? If so, please describe:

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6. Please make comments about anything else that you think the Program needs to know about your child.

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**EXTENDED DAY PROGRAM  
Emergency Plan  
Acknowledgment Form**



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

School Year: \_\_\_\_\_

**EXTENDED DAY STAFF:**

My signature below certifies the following:

1. I have been trained on the Extended Day Emergency Plan, and the Site Director has reviewed the Extended Day Program Emergency Plan with me at the beginning of this school year.
2. I fully understand my roles and responsibilities in the event of a fire, shelter-in-place, and lock-down situation. I also understand the procedures for illness and injuries.

Signature:	Date:

**SITE DIRECTOR:**

My signature below certifies the following:

1. I have reviewed the Emergency Plan for accuracy and it has been updated with current information.
2. I have reviewed the Emergency Plan with all Extended Day staff at the beginning of the school year, and all staff have been trained on their roles and responsibilities.
3. I have reviewed Section III – Assignment of Responsibilities of the Emergency Plan and fully understand my duties as Site Director.

Site Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINCIPAL:**

My signature below certifies the following:

1. I have reviewed and approve the Extended Day Program’s Emergency Plan.
2. I have witnessed staff demonstrate the Emergency Plan and confirm that it is effective.
3. I have reviewed Section III – Assignment of Responsibilities of the Emergency Plan and fully understand my duties as Principal.

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

# EXTENDED DAY PROGRAM

## Drill Report



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

Date and time of drill: \_\_\_\_\_

Drill Type (fire, shelter-in-place, lock-down): \_\_\_\_\_

Person in charge conducting the drill: \_\_\_\_\_

Number of students evacuated: \_\_\_\_\_

Were the elements of the Emergency Plan followed: \_\_\_\_\_

Total time of drill (from start until all children/staff were accounted for in meeting place) \_\_\_\_\_

Explain where the drill began and the simulated conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any deficiencies noted during the drill? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of all employees present during drill:


Drill Report Completed by: \_\_\_\_\_

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

Principal Signature: \_\_\_\_\_

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



# **EXTENDED DAY PROGRAM**

## **Emergency Plan**

**School:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

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# EXTENDED DAY PROGRAM

## Emergency Plan



### I. General Information

1. The purpose of the Emergency Plan is to describe the actions to be taken in an emergency to make sure that the children and staff are kept safe from harm. The safety and well-being of children and staff shall always take first priority.
2. A copy of this plan will be kept in the program's Emergency Binder, which should remain accessible to staff at all times.
3. The Children Currently Checked-In Report shall be attached to the cover of the Emergency Binder each day. (Students names must be highlighted on the Children Currently Checked In Report as they are checked out so that the program always has an accurate list of students present at any given time. This procedure is critical in order to account for all children in the event of an emergency.)
4. Quick response guides are attached to this plan as Tab A. They explain what to do in each type of emergency.
5. Emergency contact numbers, staff contact numbers, and parent/guardian/authorized pick-up contact numbers are attached as Tab B.
  - ✓ Complete the Emergency Contact Numbers Form (see Tab B).
  - ✓ Include a list of all parent/guardian/authorized pick-up contact numbers.
6. The school's physical address is: \_\_\_\_\_ . The program utilizes the following locations of the school:  
\_\_\_\_\_  
A floor plan of the school and maps reflecting where staff and students will proceed and meet in the event of an emergency are included as Tab C.
  - ✓ Include a floor plan of the school. Indicate locations of the school utilized by the program.
  - ✓ Include a map titled "Fire Evacuation", and detail where staff and children will proceed and meet.
  - ✓ Include a map titled "Shelter-in-Place", and detail where staff and children will proceed and meet.
  - ✓ Include a map titled "Lock-Down", and detail where staff and children will proceed and meet.
7. Procedures for injuries and illnesses are included as Tab D.
8. Include copies of the following forms as Tab E in the Emergency Binder:
  - ✓ Emergency Plan Acknowledgment Forms
  - ✓ Drill Reports
  - ✓ Accident Checklists
  - ✓ Student Incident Reports
  - ✓ Insurance Claim Forms
  - ✓ Insurance Parent Letters

**II. CONCEPT OF OPERATIONS:**

1. The person in charge that will be responsible for making emergency response decisions will be:

\_\_\_\_\_ (Site Director).

2. In the event of the Site Director’s absence, the designated person responsible for making emergency response decisions will be: \_\_\_\_\_.

3. Depending on the type of emergency, the person in charge will enact the appropriate emergency operations plan. He/she will work with First Responders to ensure the safety and security of all staff and children until they can be reunited with their parent or guardian. In the following sections of this plan each type of disaster that could affect the program will be listed and the plan for response will be provided. The plans include procedures for fire, shelter-in-place, and lock-down. Procedures for illness/injury are also included.

**A. Fire:**

*The person in charge will order an evacuation. Account for all children and staff. Staff will notify parents and guardians to come get their children at the evacuation site. It is important for staff members to plan for and train on the procedures and guidelines to reunite children with the proper parent or guardian following an evacuation.*

**B. Shelter-in-Place:**

*Shelter-in-place means that the staff and children will remain in the school’s building(s). Sheltering can be used in emergencies such as severe storms, tornados, or hazardous chemical conditions in the area. Any children or staff that are outside will be brought in, accounted for and put in their assigned rooms. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, children and staff will be moved to interior rooms and hallways. In the event of a tornado warning, children and staff will be moved to interior hallways. Sheltering may also be used in the event of a hazardous chemical incident. Windows and doors will be shut and all fans, air conditioners and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors. The center will stay in shelter until the authorities give an all clear.*

**C. Lock-Down:**

*Lock-down means that the staff and the children will remain in the center’s building(s) with all doors and windows locked. Lock-downs can be used in emergency situations such as escaped prisoners, criminals being chased by police, threat made by a parent or other unknown person or any other event that threatens the safety of the staff and children. Any children or staff that are outside will be brought in, accounted for and put in their assigned rooms. Windows and doors will be firmly closed and checked for soundness. Children and staff will be moved out of hallways and placed in rooms that can be locked and secured. The center will remain in lock-down until the authorities give an all clear. Each facility should review this plan carefully and ensure that doors are strong and have the ability to fend off someone that is attempting to gain access to the facility. If possible, it is recommended that all children and staff to be secured behind at least two locked doors. (Main entrance door and interior room door.)*

4. Depending on the type of emergency, the staff will follow the steps listed in the attached Quick Response Guides (Tab A). The emergency actions will be in three phases; Alert, Action, and Recovery.

**III. ASSIGNMENT OF RESPONSIBILITIES:**

1. The program's Site Director is responsible for everything that happens to the children during Extended Day hours. He/she will see to it that there is always a person in charge when he/she is absent and that this person knows the provisions of the Emergency Plan. The Site Director will see to it that the rest of the staff are trained and able to carry out the provisions of the plan.
2. Staff members will be provided a copy of the plan and will be trained to follow it. Every staff member will participate in an emergency.
3. The plan shall be reviewed with all staff at the start of the school year. Documentation evidencing that the plan has been reviewed with all staff shall include staff signatures and date reviewed on the Emergency Plan Acknowledgment Form.
4. At minimum, the plan shall be reviewed annually by the Site Director for accuracy and updated as changes occur. Documentation of review by the Site Director shall consist of the director's signature and date on the Emergency Plan Acknowledgment Form.
5. The Site Director will hold one fire drill per month and a minimum of two shelter in place and two lock-down drills each school year (one in August and another in January). Documentation of drills shall consist of a Drill Report signed by all staff present during the drill. Immediately following the drill, Drill Reports shall be submitted to the principal for review and signature. Copies of signed Drill Reports must be maintained on file.
6. The Site Director is responsible for ensuring that children are always under the supervision of staff. Children are not permitted to leave the extended day location to go to the restroom or anywhere else in the school without the supervision of staff.
7. The Site Director is responsible for ensuring that there is at least one medication certified and one CPR/First Aid/AED certified employee present at all times.
8. The Principal is responsible for the safety and security of the program. All programs must meet the following safety/security requirements:
  - a. There must always be a locked door or gate that would prohibit an intruder from accessing the children and staff. If necessary, a doorbell or buzzer should be installed.
  - b. The school must be locked and secure during Extended Day hours.
  - c. The program must have access to safe lock-down and shelter-in-place locations within the school.
  - d. The program must have access to the school's Automated External Defibrillator (AED) during Extended Day hours.
  - e. There must be sufficient lighting in areas of the school utilized by the program (drop-off/pick-up locations, restroom areas, etc.)
  - f. The program must have a landline and pre-paid cell phone to allow immediate access to employees.
9. The Principal must review and approve the Emergency Plan annually. The Principal shall require staff to demonstrate the Emergency Plan to confirm that it is effective.

\_\_\_\_\_  
Site Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

# **TAB A: QUICK RESPONSE GUIDES**

# FIRE

## ALERT PHASE

1. Do you hear smoke detectors?

If yes, Evacuate immediately.

2. Do you see smoke?

If yes, Evacuate immediately.

3. Do you see flames?

If yes, Evacuate immediately. Assist handicapped people out of the building.

4. Is the main exit blocked?

If yes, use your second exit. Always know two ways out.

If unable to evacuate in a multi-story building, go to a safe location near a window. Hang something out the window to alert firemen that you need help.

5. Should you call the fire department from the facility?

If any of the above applies, then evacuate first, then call for help from a safe location.

## ACTION PHASE

1. Account for all children and staff. Ensure everyone is out of the Fire Departments way.

2. Once everyone is outside, stay there. Remember "Get out and Stay out."

3. If the fire is small, you may be able to put it out with a fire extinguisher. Only do so if you are trained to use it. Remember to keep the exit door behind you and never let the fire get between you and the exit. Don't be a hero if the fire is too big for one extinguisher. Get out, the fire department will be there soon.

List fire extinguisher location(s):

4. Remember these safety tips:

a. Always crawl low to the floor in smoke.

b. Feel each door for heat before opening it.

c. If your clothing catches fire: stop, drop to the floor, cover your face with your hands, and roll until the fire is put out.

## RECOVERY PHASE

1. Be Ready to answer the Fire Departments questions:

a. Is anyone still in the building?

b. Is anyone injured?

c. Where did the fire start?

d. Is there anything in the building that could be dangerous to firefighters such as: gasoline, chemicals, propane, paint, etc.

e. How long has the fire been burning?

2. Do not go inside the building until the Fire Department says it is safe to do so.

3. Call the Principal, Risk Management Department, and Internal Audit Department to report the incident.

# SHELTER IN PLACE

## ALERT PHASE

What is the threat?

A. Severe weather or tornado: get information from the radio, tv, or phone.

B. Hazardous materials release: get all children and staff inside. Close and seal all doors, windows and vents. Turn off air conditioning/heating and fans. Turn off or extinguish any open flame device. Keep radio and tv on to get bulletins.

List Shelter in Place location(s): \_\_\_\_\_

## ACTION PHASE

### 1. PRIMARY STAFF ACTIONS:

- a. Call 911 and tell them that you are sheltering in place.
- b. Move to the interior of the building. Locate an area that is safe and secure such as interior hallways, bathrooms, or small rooms located in the center of the school.
- c. Seal off the room where you are sheltering with tape, blankets, plastic bags, etc. (only if hazmat condition exists.)
- d. If it is a tornado, have children and staff get next to the wall in the center of the building and tell them about the tornado tuck position.
- e. Make sure you have a radio, TV, phone, water, tape, blankets, and a first aid kit in your shelter-in-place location.
- f. Do not leave the building until the authorities give an all-clear notice.

### 2. SECONDARY STAFF ACTIONS:

- a. Remove and discard any clothing exposed to the hazardous material.
- b. If skin is exposed to hazardous material, wash with soap and water. Use a lot of water.

## RECOVERY PHASE

1. Have you received an all clear from the authorities?  
Return center to normal operations.
2. Call the Principal, Risk Management Department, and Internal Auditing Department to report the incident.

# FACILITY LOCK-DOWN

Lock-down location(s): \_\_\_\_\_

## ALERT PHASE

1. Has there been a threat of criminal action against the facility, or any other type of criminal action in the area?
  - a. If yes, call 911 immediately.
  - b. If yes, account for all children and staff and move everyone inside the building.
  - c. If yes, have staff look for any suspicious persons near the center.
  - d. Lock all exterior doors and windows. Cover windows, and if possible, have students get under desks in tornado position so that faces are not shown.
  - e. Allow no one outside holding area until authorities have given an all-clear notice.
  
2. Is a criminal or mentally unstable person present in the facility, threatening some type of action?
  - a. If yes, find out whether he or she is within reach of any children or has harmed anybody.
  - b. If yes, try to get children and staff out of reach of the person. Place them behind a locked door.
  - c. If yes, call 911.

## ACTION PHASE

### 1. PRIMARY STAFF ACTIONS

- a. If a person is threatening or committing criminal acts, get children and staff away from the person. Attempt to lock all exterior doors and call 911.
  
- b. When possible move children to one room where a second door can be locked. If you cannot lock the door, place object in front of the door so that it is hard to open.
  
- c. If the person has harmed anybody, get to the injured person and perform first aid.

### 2. Secondary staff actions:

- a. Account for all children and staff.
  
- b. Keep other people away from the facility if possible.
  
- c. If possible, have a staff member meet law enforcement responders outside the center and brief them on the situation. Stay on the phone until responders arrive.
  
- d. Stand by to assist responders to locate the person. Get a good description of the person.

## RECOVERY PHASE

1. Make sure that authorities have issued an all clear and the person or danger has been removed or otherwise rendered safe.
2. Return to normal activities as soon as possible.
3. Call the Principal, Risk Management Department, and Internal Auditing Department to report the incident.

# **TAB B: EMERGENCY CONTACT NUMBERS**



# **TAB C: MAPS**

- ✓ Include a floor plan of the school. Indicate the program's locations on the floor plan.
- ✓ Include a map titled "Fire Evacuation", and detail where staff and children will proceed and meet.
- ✓ Include a map titled "Shelter in Place", and detail where staff and children will proceed and meet.
- ✓ Include a map titled "Lock-Down", and detail where staff and children will proceed and meet.

# **TAB D: INJURY OR ILLNESS**

✓ Include copies of Accident Checklist Forms, Claim Forms, and Parent Letters.

## **ILLNESS OR INJURY**

**First Aid Kit location(s):** \_\_\_\_\_

**AED location:** \_\_\_\_\_

### **A. MINOR**

1. Treat with medical supplies on hand.
2. Consult family members.
3. Evaluate periodically to see if further medical attention is required.
4. Document treatments and evaluations in children's file.
5. Complete the Accident Checklist.

### **B. MAJOR**

1. Employ first aid techniques as trained, if needed.
2. Contact 911, if immediate medical attention required.
3. Consult family members. (Arrange for transportation to the emergency room, per instructions of the family member. If the parent wants to meet at the hospital, the child must be transported by ambulance and accompanied by an Extended Day employee.)
4. Contact the Principal, Risk Management Department, and Internal Audit Department.
5. If an employee left in the ambulance, contact other staff to see if someone is available to come to work.
6. Complete the Accident Checklist.

# **TAB E: FORMS**

**TAB F: SPECIAL NEEDS EMERGENCY  
ACCOMMODATIONS  
(IF APPLICABLE)**

## Special Needs Students

A plan must be developed to ensure the safety of special needs students in the event of an emergency.

**Student's name:** \_\_\_\_\_

**Who will assist the child in the event of an emergency:** \_\_\_\_\_

**If evacuation is required, list special items that must be brought (ie. medication):** \_\_\_\_\_

**Explain other special accommodations that will be needed to assist this child in the event of an emergency:**

---

---

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---

**Student's name:** \_\_\_\_\_

**Who will assist the child in the event of an emergency:** \_\_\_\_\_

**If evacuation is required, list special items that must be brought (ie. medication):** \_\_\_\_\_

**Explain other special accommodations that will be needed to assist this child in the event of an emergency:**

---

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**Student's name:** \_\_\_\_\_

**Who will assist the child in the event of an emergency:** \_\_\_\_\_

**If evacuation is required, list special items that must be brought (ie. medication):** \_\_\_\_\_

**Explain other special accommodations that will be needed to ensure child's safety in the event of an emergency:**

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# **TAB G: EMERGENCY SUPPLY PACK**

## Emergency Supply Pack

The Program must maintain an emergency supply pack with emergency supplies.  
(ie. flashlight, first aid kit, batteries, etc.)

List emergency supply pack contents:

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Supply pack location: \_\_\_\_\_

**TAB H: POSTING OF EMERGENCY  
INFORMATION**

## Posting of Emergency Information

The program must make a list of emergency phone numbers such as fire, police, hospitals, Louisiana Poison Control, electric company, gas company, water company, insurance provider, and the physical address and phone number of the Extended Day Program. This list must be posted in easily visible locations of all areas of the school utilized by the program.

List locations of the school where the emergency list has been posted:

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**EXTENDED DAY PROGRAM**  
**Notification of Summer Program**  
**Opening**



TO: INTERNAL AUDITING DEPARTMENT

FAX: 217-4191

This is to notify you that \_\_\_\_\_ Extended Day  
*(Name of School)*  
Program will be having a Summer Extended Day Program for the \_\_\_\_\_ summer.  
*(Year)*

We will be / will not be accepting children registered in other EDP Programs.  
*(Circle One)*

Summer Dates Open: \_\_\_\_\_

Summer Hours Open: \_\_\_\_\_

Location within School Building: \_\_\_\_\_

E.D.P Contact Telephone Number(s): \_\_\_\_\_

\_\_\_\_\_  
Site Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

***\*This form must be received by the Internal Auditing Department by May 15<sup>th</sup> for schools that will be having a summer program.***

Calcasieu Parish School Board  
Parent-Guardian Permission Form

I hereby give permission for my child \_\_\_\_\_ to  
(Student's Name)  
participate in the field trip to \_\_\_\_\_ to be  
(Place)  
held on \_\_\_\_\_  
(Date)

I understand my child will be leaving school property and will be transported by  
\_\_\_\_\_  
(Bus, Private Vehicle, Etc.)

I understand the school system has arranged for supervision. Further that teachers and other supervisors cannot prevent all injuries and that each student is expected to obey all rules, regulations, and instructions.

In the event of an emergency, I can be reached at \_\_\_\_\_  
Phone Number(s)

If I cannot be reached, I agree to permit the supervisor of this activity to authorize emergency medical treatment for my child. Further, I understand the school system does not carry medical insurance on the students. In the event of any emergency, or in case the trip is delayed for any reason, I want to make you aware of the following medical conditions, or other information, concerning my child:  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I am the natural and/or legal guardian and am acting in such capacity and further that I understand the contents of this document.

PLEASE PRINT GUARDIAN NAME: \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature \_\_\_\_\_ Date

Return this form to the school. Thank you.  
School: Keep original in office, carry one copy on trip.

Calcasieu Parish School Board  
Parent-Guardian Permission Form

I hereby give permission for my child \_\_\_\_\_ to  
(Student's Name)  
participate in the field trip to \_\_\_\_\_ to be  
(Place)  
held on \_\_\_\_\_  
(Date)

I understand my child will be leaving school property and will be transported by  
\_\_\_\_\_  
(Bus, Private Vehicle, Etc.)

I understand the school system has arranged for supervision. Further that teachers and other supervisors cannot prevent all injuries and that each student is expected to obey all rules, regulations, and instructions.

In the event of an emergency, I can be reached at \_\_\_\_\_  
Phone Number(s)

If I cannot be reached, I agree to permit the supervisor of this activity to authorize emergency medical treatment for my child. Further, I understand the school system does not carry medical insurance on the students. In the event of any emergency, or in case the trip is delayed for any reason, I want to make you aware of the following medical conditions, or other information, concerning my child:  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I am the natural and/or legal guardian and am acting in such capacity and further that I understand the contents of this document.

PLEASE PRINT GUARDIAN NAME: \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature \_\_\_\_\_ Date

**EXTENDED DAY PROGRAM:  
Field Trip Reconciliation Form**



**School:** \_\_\_\_\_

**Field Trip Location:** \_\_\_\_\_

**Field Trip Date:** \_\_\_\_\_

**Cost Per Child:** \_\_\_\_\_

Number of Children Attending Field Trip:	_____
Amount Collected Per Child:	\$ _____
<b>Total Field Trip Money Collected:</b>	<b>\$ _____</b>
<b>Total Cost of Field Trip:</b>	<b>\$ _____</b>
Variance:	\$ _____
Reason for Variance:	_____ _____

**Field Trip Procedures:**

1. A C.P.S.B. Field Trip Permission Form must be on file for each child attending the field trip.
2. A C.P.S.B. Transportation Field Trip Request Approval must be received BEFORE going on field trip. A copy of the of the Field trip Request Approval must be attached to the Field Trip Reconciliation Form.
3. Parents should send an envelope with the child's name on it THE DAY OF the field trip containing cash for the field trip. Parents must send correct change. (Do not accept field trip money early. Money should never kept in the school overnight.)
4. A Field Trip Reconciliation Form must be completed for ANY field trips in which money is collected.
5. A receipt from the field trip location must be attached to the Field Trip Reconciliation Form confirming the number of children that attended, the cost per child, and the total cost of the field trip.
6. On the Field Trip Reconciliation Form, the "Total Money Collected" should agree with the "Total Cost of the Field Trip." If the two amounts do not agree, the variance must be recorded and a reason for the variance must be provided.  
A Field Trip Roster should be completed for all field trips. For Field Trips in which money is collected, the Field Trip Roster should be attached to the Field Trip Reconciliation Form.
7. You should find out in advance how much the cost of the field trip will be per child. Do not collect more than the actual cost of the field trip.

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date

**EXTENDED DAY PROGRAM**



**Field Trip Roster**

**School:** \_\_\_\_\_  
**Field Trip Location:** \_\_\_\_\_  
**Field Trip Date:** \_\_\_\_\_  
**Cost Per Child:** \_\_\_\_\_

<b>CHILD'S NAME</b>		<b>Paid</b> <input checked="" type="checkbox"/>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

CHILD'S NAME		Paid <input checked="" type="checkbox"/>
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CHILD'S NAME		Paid <input checked="" type="checkbox"/>
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CHILD'S NAME		Paid <input checked="" type="checkbox"/>
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**C.P.S.B. SUMMER PROGRAM**

**FAMILY REGISTRATION FORM**

SHEET 1 OF 3

**Parent/Guardian Information**

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

**Mother/Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Employed By: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier (required): \_\_\_\_\_

Email (required): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Calcasieu Parish School Board employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Is Mother/Guardian authorized to pick-up child? Yes \_\_\_\_\_ No \_\_\_\_\_**

*\*If mother is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

**Father/Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Employed By: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier (required) \_\_\_\_\_

Email (required): \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Calcasieu Parish School Board employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Is Father/Guardian authorized to pick-up child? Yes \_\_\_\_\_ No \_\_\_\_\_**

*\*If father is not authorized to pick-up child due to custody arrangement, legal paperwork must be provided to Director.*

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List authorized pick-up persons/emergency contacts (other than parents/guardians):

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1<sup>st</sup> Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1<sup>st</sup> Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FAMILY REGISTRATION FORM**

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are authorized pick-up persons the same as 1<sup>st</sup> Child? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, list authorized pick-ups persons)

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>Tuition / Payment Information:</b>	<b>T-shirt Sizes:</b>
I agree to pay tuition based on the selection below. A Status Change Form must be requested from staff for changes in tuition status and must be submitted in advance of tuition status change.	Child Name: _____ Size: _____
<b>I would like to be billed (check one):</b>  _____ Monthly Fee  _____ Daily Drop-in Fee	Child Name: _____ Size: _____  Child Name: _____ Size: _____  Child Name: _____ Size: _____

Please outline below the person(s) responsible for payment of tuition and fees.

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our EDP management and teaching staff?

**Signature:**

*My signature below certifies that I have received a copy of the Extended Day Parent Handbook and have reviewed the policies. I understand that failure to follow the Program's policies and procedures may result in termination. I also fully understand the Program's policies with regard to tuition and fees.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EXTENDED DAY PROGRAM

## Summer 2023 Fee Schedule



<b>Summer 2023 Fee Schedule</b>		
<b>Dates Open: May 30 - July 28</b>	<b>FULL TIME</b> <i>*Billed Monthly (billed on 5/30 and 7/1)</i>	<b>DROP IN</b> <i>*Billed Daily</i>
<b>First Child Rate</b>	\$370.00	\$25.00
<b>Additional Child Rate</b>	\$220.00	\$20.00

*\*Payment must be received by the 20th of the month to avoid assessment of late payment fee(s).*

*\*Payment must be received the day service is provided to avoid assessment of late payment fee(s).*

**Summer programs that begin prior to May 30th and/or extend after July 28th:**

Some summer programs may choose to open prior to May 30th and/or remain open after July 28th. In such cases, monthly students that attend on these extra days will be billed at a daily rate of \$18 (first child) and \$11 (additional child).

<b>Fees:</b>	
REGISTRATION FEE	\$40 (includes \$30 registration fee and \$10 secondary insurance)
LATE PICK UP FEE	\$10 (per child for every 10 minute interval or portion thereof)
LATE PAYMENT FEE - MONTHLY	\$20 per child
LATE PAYMENT FEE - DROP IN	\$5 per child
RETURN CHECK FEE	\$25



# EXTENDED DAY PROGRAM

## Summer Program Tuition and Fee Policies

### SUMMER PROGRAM TUITION AND FEE POLICIES:

- Tuition and fees are payable by cash, check, money order, or via Tuition Express (Visa/MC).
- Nonpayment or continued untimely payment of tuition/fees will result in termination.
- The Program is not responsible for interruptions in the delivery of the U.S. Postal Service which may delay receipt of payment. The Program is not responsible for payments sent in students' backpacks or left at the school office.
- Payments made by swiping a credit/debit card at the program's Check-in station are processed immediately. Payments made online via tuitionexpress.com have a processing time of up to three business days. In order to avoid the assessment of late payment fees, payments made online at tuitionexpress.com should be made in advance to account for processing time.
- The Program reserves the right to require payment by cash or money order.
- Students may not transfer to another CPSB Extended Day Program, re-enter any Program, change status to drop in or continue in program with a balance due.

### REGISTRATION

- Registration requires completion of all registration forms and payment of a nonrefundable registration fee. Monthly tuition will be pro-rated when registering in the program mid-month. The pro-rated rate will be calculated multiplying the daily rate [(\$18 (first child) \$11 (additional child))] by the number of days that the child will be registered. The student's Extended Day balance from the school year must be paid in full prior to enrolling in the summer program. A student may not have a balance due at any CPSB Extended Day Program prior to enrolling in the summer program.

### MONTHLY TUITION

- Monthly Tuition is due on the first of the month. Tuition in full must be received by 6:00 p.m. on the 20th of the month to avoid assessment of a late payment fee, per student, even when the student is not in attendance. If all past due balances and fees are not paid by the 20th of the month, students will not be permitted to re-enter the program until past due balances are paid in full.
- Monthly tuition is not prorated for short weeks, acts of God or circumstances beyond our control, or when termination occurs on any day of the month.
- Accounts are billed monthly, regardless of student attendance.
- When termination occurs during any part of a month, unused monthly tuition is nonrefundable. The parent is responsible for signing a Termination Form in order to withdraw from the program and stop monthly billing.
- To accommodate for summer vacations, any week that a student is absent for a full week (Monday - Friday), the account will be credited at the weekly rate of \$90 (first child) and \$55 (additional child). This weekly credit will be limited to two (2) weeks over the summer program with one week credit allowed in June and one week credit allowed in July. Partial week absences will not be credited. For staffing purposes, we request that parents notify the Site Director of scheduled vacations in advance. (Credits will be refunded at the end of the summer program, or the parent may opt to apply the ending credit balance to the school year.)

### DROP IN TUITION

- A late payment fee is assessed when payment is not made at the time the drop in service is utilized. Students may not utilize the drop in service if any past due balance is unpaid.
- Pre-paid drop in tuition for days when no attendance occurred will not be refunded.

### LATE PICK UP FEE

- All students must be signed out by 6:00 p.m. Beginning at 6:01 p.m., a late pick-up fee will be assessed, per student, for every 10 minute interval or portion thereof. Late pick-up fees are due immediately at the time of the occurrence. Repeated late pick-ups may result in termination from the program.

### TUITION STATUS CHANGE

- A tuition status change may be made one time during the summer program and only if there is no past due balance on the account. Changes in tuition status will require signing the Status Change Form. Additional status changes will incur an additional registration fee (\$30), per child. Status changes to drop in will not be considered for any student who has a balance due.



# EXTENDED DAY PROGRAM

## Employment Application



### PART I: To be completed by Extended Day Site Director

Employee's Name: \_\_\_\_\_

Employee's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee's Current Address: \_\_\_\_\_  
\_\_\_\_\_

Employee's Current Phone Number: \_\_\_\_\_

Employee's E-mail Address: \_\_\_\_\_

Assignment Location: \_\_\_\_\_

Assignment Title:  Site Director  
 Assistant Site Director  
 Bookkeeper  
 Support worker  
 Other \_\_\_\_\_

### PART II: To be completed by the Principal

The above named employee is recommended for employment beginning \_\_\_\_\_ at a  
rate  
of \$\_\_\_\_\_ per hour. If this employee also works for CPSB, please indicate other  
position\_\_\_\_\_.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

### PART III: To be completed by CPSB Personnel Department:

I certify that this employee has completed his/her drug screen and is clear to begin working in Extended Day.

\_\_\_\_\_  
Personnel Signature

\_\_\_\_\_  
Date

*Routing of application: Upon completion of Parts I and II, Site Director should fax a copy of application to Payroll. Upon Completion of Part III, Personnel should email a copy of application to Principal. Upon receipt of the signed application from personnel, the principal should notify Site Director that employee is clear to work. **The employee may not start working or training in Extended Day until clearance is received from Personnel.***

# EXTENDED DAY PROGRAM

## Employment Contract

In compliance with the Extended Day Program, I the undersigned, do hereby agree to the following terms and conditions:

1. I, \_\_\_\_\_, will act in the capacity of \_\_\_\_\_ (part-time status) for \_\_\_\_\_ Elementary School. I will be paid monthly based upon the program Revenue Schedule. I will perform my duties as outlined in my job description and follow program guidelines as set forth in the program manual.
2. I agree that if staff reduction is necessary to keep the Extended Day Program open, the administrator(s) reserve(s) the right to act accordingly.
3. I understand that I am employed by the Extended Day Program and not the school at which I work. The school principal makes the decision for hiring and terminating personnel.
4. I have not been convicted of a felony nor had any other interaction with the law.
5. I agree that while on duty I will be in direct supervision of Extended Day children at all times during the daily program.
6. I will provide a healthy, safe and secure environment for all Child Care students.

Principal \_\_\_\_\_

Employee \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

# EXTENDED DAY (CHILD CARE) PROGRAM

## Nurse's Contract

In compliance with the Extended Day Program, I the undersigned, do hereby agree to the following terms and conditions:

1. I, \_\_\_\_\_, will act in the capacity of nurse (part-time status) for the Extended Day Program in \_\_\_\_\_ School. I will be paid monthly, based at the rate designated by the Extended Day Program Revenue Schedule. I will perform my duties as outlined in my job description.
2. I understand that the hours I work in the program will be determined by student need.
3. I understand that if staff reduction is necessary because nursing services are no longer needed, the administrator(s) reserve the right to act accordingly.
4. I acknowledge that my relationship to the Program is that of an independent party to this agreement.
5. I understand that I am employed by the Extended Day Program and not the school at which I work. The school principal makes the decision for hiring and terminating personnel.
6. I have not been convicted of a felony or had any other interaction with the law.
7. I agree that while on duty I will be in direct supervision of children in the Extended Day Program at all times during the daily program.
8. I will provide a healthy, safe, and secure environment of the Extended Day child care students assigned.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**JOB DESCRIPTION**  
**EXTENDED DAY PROGRAM – SITE DIRECTOR**

**SUPERVISOR:** School Principal

**SUPERVISES:** EDP Staff Members  
Students

**GOALS:** The Program Site Director will:

1. Perform administrative duties
2. Guide staff and community development
3. Provide competent day care supervision that allows for the intellectual, social, and emotional growth of the individual student
4. Plan and implement the curriculum

**DUTIES:**

1. Administrative
  - a. Promote and adhere to the established Extended Day and school system policies
  - b. Attend one or more in-service training sessions each year
  - c. Maintain a file in an easily accessible location, containing all student emergency, health, insurance, and attendance records, as well as all pertinent employee records
  - d. Prepare and distribute a school level Parent Handbook
  - e. Participate in the hiring, training, and evaluation of other EDP staff members
  - f. Schedule, plan, and provide in-service training for staff members
  - g. Maintain a portfolio of in-service training opportunities in which staff members participated (to include such items as agendas, workshop information, sign-in sheet/list of participants/certificates, overview of which employees are trained in what areas)
  - h. Secure qualified substitutes when necessary

## **JOB DESCRIPTION (Continued)**

### **EXTENDED DAY PROGRAM – SITE DIRECTOR**

- i. Prepare employment application form for all new substitutes and support teachers
  - j. Keep a daily log of personal activities to be reviewed by the program supervisor(s)
  - k. Collect tuition and registration for each student
  - l. Apply and maintain records for student insurance and coverage
  - m. Maintain accurate financial records and deposit monies on a daily basis
  - n. Disseminate finance reports as required
  - o. Review monthly EDP financial statements for accuracy
  - p. Assign duties to other staff members
  - q. Perform any other duties assigned by the program supervisor(s)
2. Staff and Community Development
- a. Foster an attitude of mutual respect and responsibility between the administration and the staff
  - b. Act as a liaison between the Program personnel and the school system personnel
  - c. Establish and maintain positive relations between the Program and the community through parental conferences and a continual informal assessment of community needs
  - d. Participate in professional meetings and workshops
3. Extended Day Supervision
- a. Conduct constructive, competent supervision during Extended Day hours in the morning until the duty teacher arrives and from the end of the school day until 6:00 P.M. or until all students are picked up

**JOB DESCRIPTION (Continued)**  
**EXTENDED DAY PROGRAM – SITE DIRECTOR**

- b. Monitor student arrival and departure
- c. Have parents sign children out on a daily basis
- d. Hold accountable any student displaying disorderly, disruptive, or abusive behavior to the extent of immediate, permanent dismissal from the Program
- e. Supervise appropriate action for sick and injured students
- f. Establish and implement monthly emergency evacuation procedures
- g. Supervise clean up at the end of each morning and afternoon session
- h. Report to school principal (immediate supervisor)

4. Curriculum

- a. Plan and implement with the Support Teacher(s) meaningful activities for students on a monthly basis taking into account individual student interest and capability
- b. Coordinate and supervise the implementation of the program's activities in conjunction with the other staff
- c. Design and publish monthly activities sheet that may be distributed to parents in advance
- d. Supervise students during homework time

**QUALIFICATIONS:** In accordance with State Guidelines, an employee must be a mature competent person, at least twenty-one (21) years of age and of good reputation, who can combine the duties of administration/supervision with the duties of providing an environment conducive to the physical, emotional, and social growth of children.

Reviewed and agreed to by: \_\_\_\_\_  
Signature Date

## **JOB DESCRIPTION**

### **EXTENDED DAY PROGRAM – ASSISTANT SITE DIRECTOR**

**SUPERVISOR:** School Principal, EDP Site Director

**SUPERVISES:** EDP Staff Members

Students

**GOALS:** The Program Assistant Site Director will:

1. Perform administrative duties as assigned
2. Assist in guiding staff and community development
3. Assist the Site Director in providing competent day care supervision that allows for the intellectual, social, and emotional growth of the individual student
4. Assist in planning and implementing the curriculum in accordance with school system policies

**DUTIES:** 1. Administrative

- a. Promote and adhere to the established Extended Day and school system policies
- b. Attend one or more in-service training sessions each year
- c. Maintain a file in an easily accessible location, containing all student emergency, health, insurance, and attendance records, as well as all pertinent employee records
- d. Prepare and distribute a school level Parent Handbook
- e. Participate in the hiring, training, and evaluation of other EDP staff members
- f. Schedule, plan, and provide in-service training for staff members
- g. Maintain a portfolio of in-service training opportunities in which staff members participated (to include such items as agendas, workshop information, sign-in sheet/list of participants/certificates, overview of which employees are trained in what areas)
- h. Secure qualified substitutes when necessary

## **JOB DESCRIPTION (Continued)**

### **EXTENDED DAY PROGRAM – ASSISTANT SITE DIRECTOR**

- i. Prepare employment application form for all new substitutes and support teachers
  - j. Keep a daily log of personal activities to be reviewed by the program supervisor(s)
  - k. Collect tuition and registration for each student
  - l. Apply and maintain records for student insurance and coverage
  - m. Maintain accurate financial records and deposit monies on a daily basis
  - n. Disseminate finance reports as required
  - o. Assign duties to other staff members
  - p. Perform any other duties assigned by the program supervisor(s)
2. Staff and Community Development
- a. Foster an attitude of mutual respect and responsibility between the administration and the staff
  - b. Act as a liaison between the Program personnel and the school system personnel
  - c. Establish and maintain positive relations between the Program and the community through parental conferences and a continual informal assessment of community needs
  - d. Participate in professional meetings and workshops
3. Extended Day Supervision
- a. Conduct constructive, competent supervision during Extended Day hours in the morning until the duty teacher arrives and from the end of the school day until 6:00 P.M. or until all students are picked up
  - b. Monitor student arrival and departure
  - c. Have parents sign children out on a daily basis
  - d. Hold accountable any student displaying disorderly, disruptive, or abusive behavior to the extent of immediate, permanent dismissal from the Program
  - e. Supervise appropriate action for sick and injured students

## JOB DESCRIPTION (Continued)

### EXTENDED DAY PROGRAM – ASSISTANT SITE DIRECTOR

- f. Establish and implement monthly emergency evacuation procedures
- g. Supervise clean up at the end of each morning and afternoon session
- h. Report to school principal (immediate supervisor)

#### 4. Curriculum

- a. Plan and implement with the Support Teacher(s) meaningful activities for students on a monthly basis taking into account individual student interest and capability
- b. Coordinate and supervise the implementation of the program's activities in conjunction with the other staff
- c. Design and publish monthly activities sheet that may be distributed to parents in advance
- d. Supervise or conduct daily study sessions

#### 5. Assumption of Site Director's Duties

- a. Assume the duties of the Site Director during his/her absence. If necessary, temporarily shift duty assignments and secure a substitute to fill the temporarily available duties of Extended Day.
- b. Request any necessary assistance from the school Principal or Administrator.

**QUALIFICATIONS:** In accordance with State Guidelines, an employee must be a mature competent person, at least twenty-one (21) years of age and of good reputation, who can combine the duties of administration/supervision with the duties of providing an environment conducive to the physical, emotional, and social growth of children.

Reviewed and agreed to by: \_\_\_\_\_

Signature

\_\_\_\_\_ Date

[Type text]

**JOB DESCRIPTION**  
**EXTENDED DAY PROGRAM – BOOKKEEPER**

**SUPERVISOR:** School Principal, EDP Site Director

**GOAL:** The Extended Day Bookkeeper will:

1. Prepare and maintain the Extended Day Program's financial records and reports with accurate and reliable information.

**DUTIES:**

1. Promote and adhere to the established Extended Day and school system policies
2. Participate in inservice training opportunities
3. Maintain accurate personnel records and submit on a weekly basis to the Site Director
  - a. Calculate total time worked by each week by each employee.
  - b. Complete the Payroll Report and secure authorization from Site Director and Principal prior to submitting the form to Payroll by the due-date.
4. Maintain accurate student records and submit on a weekly basis to the Site Director
  - a. Maintain and file Attendance Logs for students
  - b. Receipt all payments in ProCare for registration, insurance, tuition, and late fees
  - c. Complete deposit tickets and make daily deposits of all money collected
  - d. Collect all NSF fees and complete a separate receipt and deposit slip for each
  - e. Submit copies of all deposits weekly to the Accounting Department.
  - f. Maintain customer ledger card for each student/family
  - g. File all Tuition Status Change Forms.

**JOB DESCRIPTION (Continued)**  
**EXTENDED DAY PROGRAM – BOOKKEEPER**

- h. Print ProCare Deposit Report and attach to deposit slip, bank receipt, Daily Receipt Record, and ProCare receipts and file by month
  - i. Provide IRS Form W-10 along with a copy of the student's payment schedule for the previous year to parents each January
5. Make purchase following established procedures as stated in the EDP manual and maintain
- a. Purchases may be made only after securing appropriate permission.
  - b. Complete requests for payment via a billhead or travel form (for reimbursement to employees) and submit for payment
6. Report to the Site Director any personal absences due to illness or emergency as soon as possible so that a substitute may be secured
7. Participate in professional meetings and workshops
8. Perform other duties as assigned

**QUALIFICATIONS:** In accordance with State Guidelines, an employee must be a mature competent person, at least eighteen (18) years of age and able to maintain accurate financial records with appropriate discretion.

Reviewed and agreed to by: \_\_\_\_\_  
Signature Date

## **JOB DESCRIPTION**

### **EXTENDED DAY PROGRAM – SUPPORT STAFF**

**SUPERVISOR:** School Principal, EDP Site Director

**SUPERVISES:** Students

**GOALS:** The Extended Day Support Person will:

1. Provide competent day care supervision that allows for the intellectual, social, and emotional growth of the individual student
2. Plan and implement the curriculum as directed by the Site Director in accordance with school system policies
3. Participate in staff and community development
4. Assume the duties of the Site Director in an emergency

**DUTIES:** 1. Supervision

- a. Promote and adhere to the established Extended Day and school system policies
- b. Conduct constructive, competent supervision during Extended Day hours in the morning until the duty teacher arrives and from the end of the school day until 6:00 P.M. or until all students are picked up
- c. Assist the Site Director in monitoring student arrival and departure
- d. Hold accountable any student displaying disorderly, disruptive, or abusive behavior
- e. Maintain accurate teacher and student attendance records and submit to on a weekly basis to the Site Director
- f. Assist the Site Director in establishing and implementing orderly emergency evacuation procedures
- g. Implement appropriate action for sick or injured students
- h. Supervise and assist students in cleaning the area at the end of each morning and afternoon session
- i. Report to the Site Director any personal absences due to illness or emergency as soon as possible so that a substitute may be secured
- j. Perform any other duties as assigned

## **JOB DESCRIPTION (Continued)**

### **EXTENDED DAY PROGRAM – SUPPORT STAFF**

2. Curriculum
  - a. Assist the Site Director in planning and implementing the meaningful activities for students on a monthly basis considering individual student interest and capability
  - b. Assist in coordinating and supervising the program's activities in conjunction with the Site Director
  - c. Assist the Site Director in design, publication, and distribution of a monthly activities calendar
3. Staff and Community Development
  - a. Foster an attitude of mutual respect and responsibility between the administration and the staff
  - b. Assist the Site Director in establishing and maintaining good community relations through parental conferences and a continual informal assessment of community needs
  - c. Participate in professional meetings and workshops
4. Assumption of Site Director's Duties
  - a. Assume the duties of the Site Director during his/her absence. (See duties outlined in the administrative job description.) If necessary, secure a substitute for the duties of the Extended Day Support Teacher
  - b. Request any necessary assistance from the school Principal or Administrator.

#### **QUALIFICATIONS:**

In accordance with State Guidelines, an employee must be a mature competent person, at least eighteen (18) years of age and of good reputation, who can combine the duties of administration/supervision with the duties of providing an environment conducive to the physical, emotional, and social growth of children.

Reviewed and agreed to by: \_\_\_\_\_

Signature

\_\_\_\_\_

Date

**TITLE: LICENSED PRACTICAL NURSE**

- QUALIFICATIONS:**
1. Completion of Certified Practical Nursing Program
  2. License (active-current)
  3. Knowledge of developmental growth.

**REPORTS TO:** School Nurse and Extended Day Site Director

**JOB GOAL:** To provide for the student an optimal health environment by remediation of health problems on an as needed basis while attending Extended day care.

**PERFORMANCE RESPONSIBILITIES:**

1. Reports directly to the lead nurse (according to the assigned school) regarding the implementation of the state/local mandated health programs.
2. Aids in the identification and referral of suspected medical problems.
3. Attends to minor injuries which may occur on school premises.
4. Counsels parents relative to student health as needed.
5. Keep records of students who are in active seizure, charting the frequency and severity of the seizure behavior.
6. Documentation on the administration of Rectal Diastat as ordered by the physician.
7. Keep records of students whose medical history reflects problems which must be carefully supervised and who require reporting to the attending physician.
8. Exhibits loyalty and maintains a positive attitude in the promotion of the school/system's goals.

**TERMS OF EMPLOYMENT:** Extended Day hours will be on an as needed basis and salary is to be \$25.00 per hour.

**EVALUATION:** Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Personnel.

Reviewed and agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_



**EXTENDED DAY PROGRAM**  
**Overtime Calculation Form**

Employee Name \_\_\_\_\_

Extended Day Location \_\_\_\_\_

CPSB Primary Position \_\_\_\_\_

Week of:	Hours Worked in Primary CPSB Position					Overtime Calculation			Employee Initials	Reason for Overtime			
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hrs Worked in Primary Position	Total Hrs Worked in EDP	Hrs to be paid at EDP Regular Rate			Hrs to be paid at EDP Overtime Rate		

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: You may not enter hours that you were not physically at work. Holidays, sick leave, and personal business days do not count toward overtime. However, if school was closed and you attended a school or system in-service, you would record the hours that you attended the in-service on the form.*

**C.P.S.B. EXTENDED DAY PROGRAM**

**2023-2024 Salary Schedule**

Site Director

Experience Level	Tier 1: \$0 - \$25,000	Tier 2: \$25,001 - \$35,000	Tier 3: \$35,001 - \$50,000	Tier 4: \$50,001 - \$75,000	Tier 5: \$75,001 - \$100,000	Tier 6: \$100,001 - \$150,000	Tier 7: > \$150,001
1	\$12.40	\$13.40	\$14.40	\$15.40	\$16.40	\$17.40	\$18.40
2	\$12.55	\$13.55	\$14.55	\$15.55	\$16.55	\$17.55	\$18.55
3	\$12.70	\$13.70	\$14.70	\$15.70	\$16.70	\$17.70	\$18.70
4	\$12.85	\$13.85	\$14.85	\$15.85	\$16.85	\$17.85	\$18.85
5	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00
6	\$13.10	\$14.10	\$15.10	\$16.10	\$17.10	\$18.10	\$19.10
7	\$13.20	\$14.20	\$15.20	\$16.20	\$17.20	\$18.20	\$19.20
8	\$13.30	\$14.30	\$15.30	\$16.30	\$17.30	\$18.30	\$19.30
9	\$13.40	\$14.40	\$15.40	\$16.40	\$17.40	\$18.40	\$19.40
10	\$13.50	\$14.50	\$15.50	\$16.50	\$17.50	\$18.50	\$19.50

Tier level is determined by the program's prior year revenue reflected on the June 30th income statement.

If the Site Director is absent for 5 consecutive days or more, the substitute Site Director will be paid according to the Assistant Site Director's salary schedule.

Hourly Wage Supplement for Degree and/or Bookkeeping		
Tier	Choose one:	
	BA or BS Degree	Degree + CPSB Teaching Position
1-3	\$0.50	\$1.25
4-5	\$0.50	\$1.50
6-7	\$0.50	\$1.75
		Site Director and Bookkeeper
		\$0.75
		\$1.00
		\$1.25

**C.P.S.B. EXTENDED DAY PROGRAM**

**2023-2024 Salary Schedule**

Assistant Site Director and Bookkeeper

Experience Level	Tier 1: \$50,001 - \$100,000	Tier 2: > \$100,001
1	\$11.90	\$12.90
2	\$12.05	\$13.05
3	\$12.20	\$13.20
4	\$12.35	\$13.35
5	\$12.50	\$13.50
6	\$12.60	\$13.60
7	\$12.70	\$13.70
8	\$12.80	\$13.80
9	\$12.90	\$13.90
10	\$13.00	\$14.00

*Tier level is determined by the program's prior year revenue reflected on the June 30th income statement.*

**Degree Supplements:** For a degree, add \$.50 per hour **OR** for teaching degree, add \$.75 per hour.

\*Programs must generate annual revenue of at least \$50,000 per the June 30th income statement to have bookkeeping and/or assistant site director positions.

**EXTENDED DAY PROGRAM  
2023-2024 Salary Schedule**

Support Staff

Support Staff Hourly Rate	\$10.00
---------------------------	---------

\_\_\_\_\_ SCHOOL

**EXTENDED DAY DAILY RECEIPT RECORD**

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

STUDENT NAME	AMOUNT	CHECK (√)	CHECK NO.	MONEY ORDER (√)	CASH (√)
<b>TOTAL CASH</b>	\$	Receipt book receipt #'s issued: to _____			
<b>TOTAL CHECKS</b>	\$				
<b>TOTAL MONEY ORDERS</b>	\$	Date issued: _____			
<b>TOTAL DEP. AMOUNT</b>	\$				

Received by: \_\_\_\_\_ ProCare Deposit Report #: \_\_\_\_\_

Amt. Counted: \_\_\_\_\_ Verified by: \_\_\_\_\_

**\*\*Cash, Check, and Money Order amounts must be reconciled to the Total Amount prior to deposit\*\***

*If the amounts per the Daily Receipt Record, ProCare Deposit Report, and/or Deposit slip do not agree, an explanation for the variance must be provided. The explanation must be signed by the principal and attached to the corresponding Deposit Report, Daily Receipt Record, deposit slip, and ProCare receipts.*



**Extended Day Tuition Transfer Form**



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

Please Transfer Tuition From: \_\_\_\_\_  
School's Name

Please Transfer Tuition To: \_\_\_\_\_  
School's Name

Transfer Amount: \$ \_\_\_\_\_

Student's Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Originator: \_\_\_\_\_  
Name Date

Principal: \_\_\_\_\_  
Original Signature Date

Dir. Internal Auditing: \_\_\_\_\_  
Original Signature Date

*Please attach customer statement and specific charge/credit summary reflecting all account activity.  
Both Schools will be notified of Transfer when completed with documentation.*

8/14/2008

# EXTENDED DAY PROGRAM

## FINANCIAL STATEMENT COVERSHEET



SCHOOL: \_\_\_\_\_

FOR THE MONTH/YEAR ENDING: \_\_\_\_\_

When entering amounts from the Total Summary Report, if the amount is positive on the report, enter the amount as a positive number on the coversheet. If the amount is negative on the report, enter the amount as a negative number on the coversheet.

1. **Balance Forward** (from Total Summary - Primary Accounts Only) \$ \_\_\_\_\_
2. **Tuition Charges** (from Total Summary - Primary Accounts Only)
  - (a) Total "Tuition Charges" \$ \_\_\_\_\_
  - (b) Total "Other Charges" \_\_\_\_\_
  - (c) Total "Special Charges" \_\_\_\_\_
  - (d) Total "Credits" \_\_\_\_\_
  - (e) Total "Special Credits" \_\_\_\_\_
  - (f) **Total Daycare Fees Charged** \_\_\_\_\_ 0.00
3. **Daycare Collections** (from Total Summary - Primary Accounts Only)
  - (a) Payments by Check \$ \_\_\_\_\_
  - (b) Payments by Money Order \_\_\_\_\_
  - (c) Payments by Cash \_\_\_\_\_
  - (d) Payments by TE: CC Batch \_\_\_\_\_
  - (e) Payments by TE: CC POS \_\_\_\_\_
  - (f) **Total Daycare Collections** \_\_\_\_\_ 0.00
4. **ENDING ACCOUNTS RECEIVABLE BALANCE** (from the Total Charge/Credit Summary) \$ \_\_\_\_\_ 0.00

Breakdown of Accounts Receivable (From Primary Accounts 30 Day Aging Report) <i>(Total should equal line 4)</i>	Amount
120 Days	\$ _____
90 Days	+ _____
60 Days	+ _____
30 Days	+ _____
Current	+ _____
<b>Total Amount Owed to EDP</b>	<b>0.00</b>

Net Income and % of Expenditures to Revenue Calculation	
Total Revenue (line 3g)	0.00
Less: Monthly Payroll (from Supplemental Pay Form)	_____ <small>*enter as a positive number</small>
EDP Supplies purchased this month (from Due-From EDP Report)	_____ <small>*enter as a positive number</small>
<b>Net Income for month</b>	<b>\$ -</b>
<b>% of Expenditures to Revenue</b> (Total Expenses divided by Total Collections)	<b>#DIV/0!</b>

I have reviewed the information contained in this report, as well as, the attached summary report and aging report for the current month. I find them to be accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Completed By

\_\_\_\_\_  
Principal

# EXTENDED DAY PROGRAM

## FINANCIAL STATEMENT CHECKLIST



School: \_\_\_\_\_

For the Month/Year Ending: \_\_\_\_\_

	Circle Yes/No											
	YES	NO										
1. All of the following are included in the order listed below:												
<table border="0"> <tr> <td>(1) Financial Statement Coversheet (with revised date of 1/2017)</td> <td>(6) Reconciliation Report for Due-From EDP Account for the month (obtain from school bookkeeper)</td> </tr> <tr> <td>(2) Financial Statement Checklist</td> <td>(7) Copy of Weekly Schedule Checklists for the month</td> </tr> <tr> <td>(3) Total Summary - Primary Accounts Only</td> <td>(8) Copy of <u>Approved</u> Supplemental Payroll Forms reflecting principal's signature (write 'copy' on all pages)</td> </tr> <tr> <td>(4) Account Aging - Primary Accounts @ 30 Day Aging</td> <td>(9) Time Card Detail reports signed by employees for each week of the pay-period</td> </tr> <tr> <td>(5) Tuition Express Report - Bank Account Activity</td> <td>(10) Overtime Calculation Forms (for applicable employees)</td> </tr> </table>	(1) Financial Statement Coversheet (with revised date of 1/2017)	(6) Reconciliation Report for Due-From EDP Account for the month (obtain from school bookkeeper)	(2) Financial Statement Checklist	(7) Copy of Weekly Schedule Checklists for the month	(3) Total Summary - Primary Accounts Only	(8) Copy of <u>Approved</u> Supplemental Payroll Forms reflecting principal's signature (write 'copy' on all pages)	(4) Account Aging - Primary Accounts @ 30 Day Aging	(9) Time Card Detail reports signed by employees for each week of the pay-period	(5) Tuition Express Report - Bank Account Activity	(10) Overtime Calculation Forms (for applicable employees)		
(1) Financial Statement Coversheet (with revised date of 1/2017)	(6) Reconciliation Report for Due-From EDP Account for the month (obtain from school bookkeeper)											
(2) Financial Statement Checklist	(7) Copy of Weekly Schedule Checklists for the month											
(3) Total Summary - Primary Accounts Only	(8) Copy of <u>Approved</u> Supplemental Payroll Forms reflecting principal's signature (write 'copy' on all pages)											
(4) Account Aging - Primary Accounts @ 30 Day Aging	(9) Time Card Detail reports signed by employees for each week of the pay-period											
(5) Tuition Express Report - Bank Account Activity	(10) Overtime Calculation Forms (for applicable employees)											
2. All reports are printed for the correct date range. (first day of the month through the last day of the month)	YES	NO										
3. Coversheet amounts 1-4 agree with the Total Summary Report.	YES	NO										
4. Breakdown of Accounts receivable total agrees with line 4 of the coversheet.	YES	NO										
5. Payroll total on the coversheet agrees with the total per the supplemental payroll summary page.	YES	NO										
6. Supplies amount on the coversheet agrees to the total 'disb/jv' column per the Due-From EDP Reconciliation Report.	YES	NO										
7. Does Total Summary report reflect any bad-debt write-offs? If yes, include copy of principal's written approval.	YES	NO										
8. Have Salary Information Forms been submitted to Internal Audit for all employees paid on the supplemental payroll?	YES	NO										

9. Does coversheet reflect a percentage of expenditures to revenue greater than 60%? If yes, complete below: YES NO

No. Staff (Morning Program)	Avg. Daily Attendance (Morning Program)	Staff to Student Ratio (Morning Program)	No. Staff (Afternoon Program)	Avg. Daily Attendance (Afternoon Program)	Staff to Student Ratio (Afternoon Program)	Principal's Initials

10. Does 30-Day Aging Report reflect any balances over \$200? If yes, complete below: YES NO

Account Name	Balance	Date child last attended	Does child still attend your school?	Explain Current Collection Status
1				
2				
3				
4				
5				

11. Does 30-Day Aging Report reflect any balances that are 120 days old and over \$50? If yes, complete below: YES NO

Account Name	Balance	Date child last attended	Does child still attend your school?	Date that Delinquent Notice was sent via Certified Mail	Date Sent to School Board Attorney for Collections
1					
2					
3					

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Principal

## Dependent Care Provider's Identification and Certification

▶ **Do NOT file Form W-10 with your tax return. Instead, keep it for your records.**  
 ▶ **Go to [www.irs.gov/FormW10](http://www.irs.gov/FormW10) for the latest information.**

<b>Part I</b>	<b>Dependent Care Provider's Identification (see instructions)</b>	
<b>Please Print or Type</b>	Name of dependent care provider	<b>Provider's taxpayer identification number</b>
	Address (number, street, and apt. no.)	If the above number is a social security number, check here ▶ <input type="checkbox"/>
	City, state, and ZIP code	

**Certification and Signature of Dependent Care Provider.** Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct.

<b>Please Sign Here</b>	<b>Dependent care provider's signature</b>	<b>Date</b>
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<b>Part II</b>	<b>Name and Address of Person Requesting Part I Information (see instructions)</b>
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Name, street address, apt. no., city, state, and ZIP code of person requesting information

### General Instructions

Section references are to the Internal Revenue Code.

**Purpose of form.** You must get the information shown in Part I from each person or organization that provides care for your child or other dependent if:

1. You plan to claim a credit for child and dependent care expenses on Form 1040 or 1040-SR, or
2. You receive benefits under your employer's dependent care plan.

If either 1 or 2 above applies, you must show the correct name, address, and taxpayer identification number (TIN) of each care provider on Form 2441, Child and Dependent Care Expenses.

You may use Form W-10 or any of the other sources listed under *Due diligence* below to get this information from each provider.

**Penalty for failure to furnish TIN.** TINs are needed to carry out the Internal Revenue laws of the United States. Section 6109(a) requires a provider of dependent care services to give to you a valid TIN, even if the provider isn't required to file a return. The IRS uses the TIN to identify the provider and verify the accuracy of the provider's return as well as yours.

A care provider who doesn't give you a correct TIN is subject to a penalty for each failure unless the failure is due to reasonable cause and not willful neglect. This penalty doesn't apply to an organization described in section 501(c)(3). See *Tax-exempt dependent care provider*, later.

**If incorrect information is reported.** You won't be allowed the tax credit or the exclusion for employer-provided dependent care benefits if:

- You report an incorrect name, address, or TIN of the provider on your Form 2441; and
- You can't establish, to the IRS upon its request, that you used due diligence in trying to get the required information.

**Due diligence.** You can show due diligence by getting and keeping in your records any one of the following.

- A Form W-10 properly completed by the provider.
- A copy of the provider's social security card.
- A recently printed letterhead or printed invoice that shows the provider's name, address, and TIN.
- If the provider is your employer's dependent care plan, a copy of the statement provided by your employer under the plan.

- If the provider is your household employee and he or she gave you a properly completed Form W-4, Employee's Withholding Certificate, to have income tax withheld, a copy of that Form W-4.

If your care provider doesn't comply with your request for one of these items, you must still report certain information on your Form 2441. For details, see the Instructions for Form 2441.

### Specific Instructions

#### Part I

The individual or organization providing the care completes this part.

Enter the provider's name, address, and TIN. For individuals and sole proprietors, the TIN is a social security number (SSN). But if the provider is a nonresident or resident alien who doesn't have and isn't eligible to get an SSN, the TIN is an IRS individual taxpayer identification number (ITIN). For other entities, it is the employer identification number (EIN). If the provider is exempt from federal income tax as an organization described in section 501(c)(3), see *Tax-exempt dependent care provider* below.

**How to get a TIN.** Providers who don't have a TIN should apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. To apply for an ITIN, get Form W-7, Application for IRS Individual Taxpayer Identification Number, from the IRS. To apply for an EIN, get Form SS-4, Application for Employer Identification Number, from the IRS.

**Note:** An ITIN is for tax use only, and may expire under certain conditions. It doesn't entitle the individual to social security benefits or change his or her employment or immigration status under U.S. law. For details, see the Instructions for Form W-7.

**Tax-exempt dependent care provider.** A provider who is a tax-exempt organization described in section 501(c)(3) and exempt under section 501(a) isn't required to supply its TIN. Instead, the provider must complete the name and address lines and write "tax-exempt" in the space for the TIN. Generally, an exempt 501(c)(3) organization is one organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or for the prevention of cruelty to children or animals.

#### Part II

Complete this part only if you are leaving the form with the dependent care provider to return to you later.