2025 -2026 Registration Packet

The OES Extended Care Program requires that every child enrolled in the program have a completely filled-out 6-page registration packet.
Fill in all blanks and send the packet to the elementary school office, attention to ***Becky Hatfield.***
If you have any questions about the Registration packet, you can contact her at; email bhatfield@otsegoknights.org or by phone (419) 823-4381 ext:4401.

Registration Packets are only good for 1 year, June 1st to June 1st. The Registration Packet **can not be signed or turned in until **after May 12th, 2025.** All parts of the packet must be filled out completely before a student can start using the program.

The Billing Department will be sending your bill (Invoice) and your receipt for the payment to your email(s). The Credit Card Form information will be used to pay for your family's Registration Fee of $10.00, a one-time charge that covers 2025-2026. Extended Care hours used in the program amount will also use the credit card form information. The email on this form is where the billing and newsletter will be sent unless indicated differently.

When bringing in or picking up your child, you will need to put the time clearly and your signature on the Sign-in/out Sheet. If this is not done, there could be a full charge for the session. If you have any questions about billing, you can contact Becky Hatfield at her email: bhatfield@otsegoknights.org or phone (419) 823-4381 ext: 4401

You can also contact us by email: extendedcare@otsegoknights.org or phone (419) 823-4381 ext: 4408.
Thank you for using our program, and we are looking forward to spending time with your children.

Steps to take for

OES Extended Care

After School Schedule

➔ You have a routine work schedule for after school

- ◆ Fill out the form titled After School Plans

➔ You do not know the work schedule ahead of time

- ◆ As soon as you know the plans for the child(ren), PM
  - Send a **note** in, which must be addressed to:

    OES Extended Care Program
  - Or send an email to extendedcare@otsegoknights.org

➔ You have given us the plans with a note, form, or message.

- ◆ There is a **change** for the current day. Take these steps:
  - Must call the Elementary Office to tell them the change, and make sure you mention OES Extended Care
    - 419-823-4381 choose the elementary option
  - Do not only text, email, or call the teacher - we will NOT get the message.
    - Which will cause your child(ren) to be with the plans you gave us.

➔ General questions or problems, email

- ◆ extendedcare@otsegoknights.org or phone (419) 823-4381 ext: 4408, during program hours

OES Extended Care Program REGISTRATION

For students age 5 thru the summer before entering 6th grade

Program Hours:
Before School . . . . . 6:30 am to start of school
After School . . . . . end of school to 6:00 pm
Summer Hours . . . . . 7:00 am to 6:00 pm

Hourly Rates: First child $3.50 per hour, 2nd child $2.00 per hour, 3rd (and any additional children) $1.50 per hour (The hourly rate is billed to the quarter hour).
See the Program Handbook for more information.

An annual Program Registration fee of $10.00 per family will be charged to your credit card. The Registration fee goes from June 1 to June 1 of the following year. Please state the approximate hours and times needed each day of the week so that we can plan for staffing accordingly. An Emergency Medical Authorization form must be on file with all phone numbers, addresses, and names **COMPLETELY FILLED IN**. Thank you!

Please check all that apply:
_____ Summer
_____ Before or After School
_____ Early Release
_____ Weather Delays, including 2-hour delays that change to closed

****The Extended Care Program is not open on any day that school is scheduled to be closed or we close before 6:30 am due to weather.**

Please state the approximate hours and times needed each week.

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Student Name: _____
Parent(s) Name: _____
Address: _____
Phone: _____ Email for billing: _____

STUDENT INFORMATION CARD
OTSEGO LOCAL SCHOOLS

Name _____ Home Phone _____
Fnt Middle Last

Grade _____ Gender: M F Cell Phone (Mom) _____
Date of Birth _____ Cell Phone (Dad) _____
Address _____ Lot# _____ PO Box _____
City _____ Zip _____ County _____ Parent Email _____

PRIMARY CONTACTS

Father _____ Mother _____

Address _____ Address _____

_____ _____

Student Resided with: both parents _____ father _____ mother _____ step dad _____ step mom _____ guardian _____

Mother works at _____ Work phone _____

Father works at _____ Work phone _____

Additional parent info: Name _____ Works at _____
step-dad/step-mom Work phone _____

Other Children in the Home

Name	Grade	Gender	Name	Grade	Gender
1. _____			2. _____		

SECONDARY CONTACTS

The following three people (other than the primary contacts listed above) are authorized to pick up my child or be used as an emergency contact for my child:
You must complete all required information.

	Name	Relationship	Address	Phone/Cell
1.				
2.				
3.				

PERMANENT FIELD TRIP PERMISSIONS: _____ has my permission to attend all field trips with the Extended Care program.

Parent/Guardian Signature _____

Written notice including all details of each field trip will be posted as well as noted on the summer calendars.

PART I give my consent for treatment by the following (or in the event of an emergency, another licensed practitioner, and also the transportation and treatment by any reasonably accessible hospital). This does not cover major surgery unless the medical opinion of two other physicians deems it necessary.

_____ _____
Preferred physician phone

_____ _____
Preferred hospital phone

_____ _____
Preferred dentist phone

Parent/Guardian Signature _____ Date _____ for school year _____
Please list any medical or allergy problems: _____:

PART II I do not wish for any type of emergency treatment, and do not wish the school to take any action in the event of illness or injury requiring emergency treatment. I would like the school in an emergency to _____
Parent/Guardian Signature _____ Date _____

OES EXTENDED CARE PROGRAM
Behavior Expectations and Commitments

Discipline:
As a general rule, the Student Code of Conduct for Otsego Elementary School will be followed. We expect all children to follow the rules and regulations of good behavior. The instructor will be guiding children to socially acceptable behavior through an assertive discipline plan. This plan includes the following:

1st offense = Conference with student explaining the proper rules and procedures to follow

2nd offense = 5-minute break period

3rd offense = 10-minute break period

4th offense = Student referred to Extended Care Coordinator, and parents will be informed

Continued disruptive behavior could lead to removal from the program. Every effort however, will be put forth to keep parents informed of disciplinary problems. **We operate on a three strike system. We will communicate with parents and work together to try to remedy the situation. However, getting three strikes will result in the removal of the program for the remainder of the school year.**

STUDENT COMMITMENT CONTRACT

I, _____,
have read the rules of the OES Extended Care Program and will make every effort to follow the rules for the safety of myself and others. I also know that my parents will be contacted if I continuously break the behavior rules and I may lose my privilege to attend the program.
I also know that reading and writing are an important responsibility that I have to participate in each day. I may read silently or be read to as part of our reading period.
I understand that the use of electronic handheld items (Nintendo DS, iPods, mp3 players, kindles, etc.) is at the discretion of the supervisors and that bringing these items to the program is a privilege. I also understand that "war games" or games of violence are not appropriate and will not bring them to the program. I am solely responsible for my personal items.

Student signature _____ date _____

Parent signature _____ date _____

Otsego Credit Card Authorization Form

I, _____, give permission to Otsego Local Schools to charge
Parent Name
my card for the following purchases. My card details will be stored in my profile and will only be used for:

_____
Cardholder Email

OES Extended Care Amount _____

Amount Authorized Student's Name(s)

_____
Phone Number

Credit Card information is used for OES Extended Care charges per the handbook.

Card Information: _____

Card Type **Cardholder (Name on card)**

☐ **MasterCard** _____

☐ **Discover** **Card Number**

☐ **VISA** _____ _____ _____

☐ **AMEX** **Expiration Date (MM/YYYY)** **ZIP Code (From billing address)** **Code on Back**

_____

☐ **Other**

X_____ _____

Customer Signature **Date**

PERMISSION TO SWIM

_____ has my permission to go swimming with the OES Extended Care Summer Program.

My child:

_____ can not swim and will stay in the shallow end.
(life jackets and floaties are not permitted at the pool)

_____ is an experienced swimmer. She/he can swim in the deep end and go off the diving board. Adults will be supervising.

_____ needs to wear sunscreen while at the pool. Parents MUST provide sunscreen to be used. The supervisor is not allowed to apply sunscreen.

Parent signature _____

Date _____

OES Extended Care Program

AFTER-SCHOOL PLANS

ONLY for After School Year **2025 - 2026**, my child(ren)

(Child's Name) _____

Grade _____ Today's Date _____

Homeroom _____

Mark ONLY days attending OES Otsego Extended Care Program AFTER School (PM):
[circle the day(s)]

Monday Tuesday Wednesday Thursday Friday

This will be your child's schedule unless a note is sent in and signed by a Parent/Guardian.

Date _____ Parent Signature _____