



# PHILLIPS EXTENDED DAY (PED)

## Information/Guidelines/Rules

**\*\*\*\*\*No student is allowed to be on campus without adult supervision\*\*\*\*\***

The Phillips Extended Day program (PED) is a service for our families who need care for their children after regular school hours. PED provides a safe and monitored environment for your child between the hours of 2:30 p.m. and 5:30 p.m. each day.

**\*\*When required by MCPSS, social distancing guidelines will be followed and masks will be worn during Extended Day.\*\***

### A typical daily schedule for PED:

- 2:30 – 2:40 All regular PED students must report to PED and sign in immediately after dismissal. Students will sit in their assigned area/seats.
- 2:40 – 3:15 Students will be served a light, packaged snack and drink. They should also prepare themselves and their materials for homework/study time.
- 3:00 All students who have not been picked up by this time will be brought to extended day.
- 3:15 – 4:15 **MANDATORY/REQUIRED** homework/study time. *This is not optional.* Students who have completed their homework must use this hour to read or study.
- 4:15 – 5:30 Possible activities include physical activity outside or in the gym when possible, games, movies, and social time. Students are expected to be on their best behavior at all times.

**IF NECESSARY DUE TO COVID-19, ACTIVITIES MAY BE LIMITED TO THOSE THAT ALLOW SOCIAL DISTANCING.**

### IMPORTANT NOTES ABOUT PED:

- ❖ This program is ideal for those parents who regularly have days when they just cannot make it to the school by 3:00 and want to be sure their child is in a safe and monitored environment until they arrive.
- ❖ All students not enrolled in the program that are left on campus after 3:00 p.m. WILL be brought to PED and WILL be charged a fee of \$5.00 per hour (or any portion thereof). This fee will be due upon pick-up.
- ❖ Students who attend a scheduled after school activity (tutoring, club meeting, athletic event/practice, etc...) must be picked up within 15 minutes of the ending of that scheduled activity or the student WILL be brought to PED and charged the drop-in fee and it is due upon pick-up.
- ❖ **ALL STUDENTS WHO ATTEND PED MUST SIGN IN AND MUST BE SIGNED OUT BY A PARENT OR AN AUTHORIZED ADULT.**
- ❖ All Students who participate in the Phillips Extended Day program, whether full time or drop-in, will be expected to adhere to all school board approved behavior and conduct policies.
- ❖ Again, it is our goal to ensure that all students are in a safe and monitored environment at all times while on the PPS campus.
- ❖ Payment is due on Friday of each week. A late fee will be charged for any amount over ONE WEEK late and services may be terminated.
- ❖ Bi-monthly and monthly payment options are available but must be pre-approved.
- ❖ Students picked up after 5:30 will be charged a \$10 late fee and an additional \$1.00 per minute after 5:35.
- ❖ All checks should be made payable to PPS Extended Day and must have a phone number, driver's license number and the student's name on the front of the check.

<b>Registration Fee</b>	<b>\$10.00 per student</b>	<b>All participants</b>
<b>Full-Time Weekly (1 student)</b>	<b>\$50.00 per week (\$10.00 per day)</b>	<b>2:30 – 5:30 daily</b>
<b>Full –Time Weekly (2 or more students in family)</b>	<b>\$35.00 each per week for each child</b>	<b>2:30 – 5:30 daily</b>
<b>Part- time and Drop-in Hourly Rate</b>	<b>\$5.00 per hour (or any portion thereof)</b>	<b>Hourly</b>
<b>*Students not picked up by 5:30 p.m.</b>	<b>\$10.00 for late pick-up and an additional \$1.00 per minute after 5:35</b>	<b>It is vital that all students be picked up on time</b>



# PED APPLICATION

(Please print clearly)

<b>Student's Full Name</b>	
<b>Grade and Homeroom Teacher</b>	
<b>Mailing Address</b>	
<b>Mother's Full Name</b>	
<b>Mother's Place of Employment</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Business Phone</b>	
<b>Father's Full Name</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Business Phone</b>	
<b>Emergency Contact Name (If parents are not available)</b>	
<b>Emergency Contact Phone</b>	
<b>Family Doctor's Name</b>	
<b>Doctor's Phone Number</b>	
<b>Health Insurance Company</b>	
<b>Policy Number/Group Number</b>	
<b>Allergies or special needs</b>	
<b>List any person(s), other than parents or emergency contact listed above, who may pick your child up from PED – Please provide phone numbers</b>	
<b><i>Please sign to state that you have read the PED information and requirements and you and your child agree to abide by the information and rules that it contains</i></b>	<b>Parent/Guardian signature:</b> _____ <b>Date:</b> _____