



# Mary B. Austin Elementary

## Extended Day Care Program



**ROOTS TO SUCCESS** *"Holding firm to our roots as we branch into the future."*

**Melissa Whigham, Principal**  
**Kirsten Glover, Assistant Principal**  
**Ms. Sue Westover and Ms. Stella Hudgins, EDC Coordinators**

**EDC Program Information:**

Austin’s Extended Day Program provides morning and after-school care for currently enrolled students. The hours provided for morning care is from 6:30am to 7:50am and afternoon care from 3:00pm to 6:00pm. EDC is only provided for days in which school is in session and will be closed in the event that MCPSS cancels or closes school early. EDC is not offered on holidays, teacher work days, or the last calendar school day. Annual registration fee must be paid in order to attend program.

Students who arrive before 7:40am and remain after 3:40pm will be charged a fee and placed in EDC for adult supervision. Every Austin Family will be allowed one “Get out of Paying” fee for an emergency only per semester. Morning Fee will be \$15.00 per child and afternoon fee will be \$20.00 per child.

**Admission Requirements:**

Parents/Guardians must complete all registration requirements before the student can be admitted to the Extended Day Program. Registration includes the following

- Completed and signed registration forms for EDC
- Current medical information/immunization (filed in the school office) and accompany medication
- Emergency contacts other than parents/guardians listed on registration form
- No past behavior issues
- No outstanding balance from previous school year
- Registration fee paid (see chart below for fees) **NON-Refundable**

**Make check payable to: Mary B. Austin School and include student(s) name on memo line, 2 phone numbers, driver’s license. This will assist in properly crediting your account. Please note all fees must be turned in by 6:00pm each Monday (unless absent or a school holiday) otherwise a \$5.00 late fee will be applied to account.**

Sessions	Annual Registration	Weekly Fees
<b>Morning Only</b>		
1 <sup>st</sup> child	\$35.00	\$35.00
2 <sup>nd</sup> child	\$35.00	\$30.00
3 <sup>rd</sup> child	\$35.00	\$25.00
<b>Morning and Afternoons</b>		
1 <sup>st</sup> child	\$35.00	\$75.00
2 <sup>nd</sup> child	\$35.00	\$70.00
3 <sup>rd</sup> child	\$35.00	\$65.00
<b>Afternoons Only</b>		
1 <sup>st</sup> child	\$35.00	\$55.00
2 <sup>nd</sup> child	\$35.00	\$50.00
3 <sup>rd</sup> child	\$35.00	\$45.00
<b>Drop-In (registration fee required)</b>		
Morning Only	\$35.00	\$15.00
Afternoon Only	\$35.00	\$20.00

***Mary B. Austin Elementary~Extended Day Care Program***  
***Enrollment Form 2020-2021***

**Student Information**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone Number: \_\_\_\_\_ Sibling(s) at MBA: \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Authorized to pick up?  Yes  No      Authorized to pick up?  Yes  No

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student lives with:  *mother*     *father*     *both parent's*     *other*

**Medical Information**

Name of Primary Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Mary B. Austin to arrange for emergency medical care for my child.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Release**

Please list any additional individuals not listed above who are authorized to pick up your child. Must be 18 years of age or older. Proof of identification will be required at pick-up.

Name	Relationship	Phone Number

**Mary B. Austin Elementary~Extended Day Care Program**  
**Parent Agreement**

**Parent Agreement:**

Please read and initial the following:

\_\_\_\_\_ I understand that weekly fees are due on Monday by 6:00pm (\$5.00 late fee will apply on Tuesday) and my child **may be removed from EDC program if balance does not remain current.**

\_\_\_\_\_ I recognize that an additional fee of \$10 is due if my child is not picked up by 6:00 pm, and that fee increases to \$15 if not picked up by 6:10 pm. At 6:15 pm, the teacher on duty will notify the principal and Mobile Police that the child has not been picked up.

\_\_\_\_\_ I understand that in the event my child's behavior becomes severely disruptive, unsafe to his/her self or others, or does not respond to intervention, I will be called to pick him/her up immediately.

\_\_\_\_\_ I understand that if my child will not be attending EDC because of a scheduled appointment, vacation, or other planned absence, I will notify the staff in advance in **written form only**. No phone calls will be accepted to change dismissal routine. This will be strictly enforced.

\_\_\_\_\_ I understand that refunds are not given for days missed due to absences/suspensions from school.

\_\_\_\_\_ I understand that registration fees are non-refundable

*I have completed all registration information to the best of my knowledge. I have read the above information and agree to abide by Mary B. Austin's policies and procedures and to support the Student Code of Conduct and uniform policy. I acknowledge that the MCPSS acceptable use policy for computer use applies to my child's use of computers in EDC. I understand that EDC staff members are not responsible for my child's personal belongings. I confirm that my child's current health immunization information is on file in the school office. I will notify the EDC staff in writing of any changes made to the information on this form.*

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

\_\_\_\_\_  
Date

Office Use Only:

Registration paid: \_\_\_\_\_ Added to Master List: \_\_\_\_\_ Yearly Summary: \_\_\_\_\_