



Berea City School District

ExtendedED Program 2021-2022

A before and after school program designed especially for children of school age (through 14 years old). THE ExtendedED Program is designed to provide quality enrichment activities in such areas as language, arts and crafts, music, and small and large motor skills.

REGISTRATION INFORMATION – ALL SPACES MUST BE COMPLETED OR WRITE N/A.
HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Child's LAST NAME: Male Female

Child's FIRST NAME:

GRADE ENTERING K 1 2 3 4 5 6 7 8

Child will attend: Big Creek Elementary Brook Park Elementary
 Grindstone Elementary Berea-Midpark Middle School

PARENT(S) / GUARDIAN(S):

NAME:

ADDRESS:

CITY & ZIP: Berea, 44017 Brook Park, 44142 Middleburg Heights, 44130

HOME PHONE #: () CELL PHONE #: ()

EMAIL ADDRESS:

Annual registration is REQUIRED to secure your child's placement in the program. The registration fee is NON-REFUNDABLE and NOT APPLIED toward tuition.
Space is limited at each site.

Invoices will be sent this summer and upon registration throughout the school year. The first month's tuition payment must be made in order to secure your child's placement in the Program. Future payments will be due on the 15th of each month **prior to the month of service.** Invoices will be sent via email the first week of every month.

Registration fees: \$35 per child or \$50 per family (same household)
\$25 per household if registered by June 10, 2021

****Families may register throughout the school year based on availability at each program site.**

Middle School registrations must reach a minimum for the Program to resume at the Middle School in the fall. Otherwise Middle School students will attend Big Creek's Program.

TRANSPORTATION

Parents will be responsible for dropping students off at the appropriate ExtendedED site in the morning and for picking students up in the evening. Parents and/or guardians must sign their child/children in and out on a daily basis.

HOURS

Elementary Schools: BEFORE SCHOOL (6:30 AM – 9:00 AM) - AFTER SCHOOL (3:45 PM – 6:00 PM)
Berea-Midpark Middle School: BEFORE SCHOOL (6:30 AM – 8:00 AM) - AFTER SCHOOL (3:00 PM – 6:00 PM)

A \$35 late fee, per child, will be added to your account for pick- up after 6 PM.

Child's Last Name/First Name:

Please choose the days and hours you require – 3 day minimum both AM and PM sessions (no exceptions)
A 10% discount will be applied for siblings in the same household

Elementary Schools: **AM CARE** (3 day minimum)

Elementary Schools: **PM CARE** (3 day minimum)

						MONTHLY TUITION
6:30 AM – 9:00 AM (2.5 hours of AM care)						
3 Days	M	T	W	R	F	\$165
4 Days	M	T	W	R	F	\$220
5 Days	M	T	W	R	F	\$275

						MONTHLY TUITION
3:45 PM – 4:45 PM (1 hour of PM care)						
3 Days	M	T	W	R	F	\$66
4 Days	M	T	W	R	F	\$88
5 Days	M	T	W	R	F	\$110

7:00 AM – 9:00 AM (2 hours of AM care)						
3 Days	M	T	W	R	F	\$132
4 Days	M	T	W	R	F	\$176
5 Days	M	T	W	R	F	\$220

3:45 PM – 6:00 PM (2 hours of PM care)						
3 Days	M	T	W	R	F	\$132
4 Days	M	T	W	R	F	\$176
5 Days	M	T	W	R	F	\$220

8:00 AM – 9:00 AM (1 hour of AM care)						
3 Days	M	T	W	R	F	\$66
4 Days	M	T	W	R	F	\$88
5 Days	M	T	W	R	F	\$110

Berea-Midpark Middle School: **AM CARE** -3 day minimum both AM and PM sessions (no exceptions)
A 10% discount will be applied for siblings in the same household

						MONTHLY TUITION
6:30 AM – 8:00 AM (1.5 hours of AM care)						
3 Days	M	T	W	R	F	\$99
4 Days	M	T	W	R	F	\$132
5 Days	M	T	W	R	F	\$165

						MONTHLY TUITION
7:00 AM – 8:00 AM (1 hour of AM care)						
3 Days	M	T	W	R	F	\$66
4 Days	M	T	W	R	F	\$88
5 Days	M	T	W	R	F	\$110

Berea-Midpark Middle School: **PM CARE** (3 day minimum)

3:00 PM – 4:00 PM (1 hour of PM care)						
3 Days	M	T	W	R	F	\$66
4 Days	M	T	W	R	F	\$88
5 Days	M	T	W	R	F	\$110

3:00 PM – 6:00 PM (3 hours of PM care)						
3 Days	M	T	W	R	F	\$198
4 Days	M	T	W	R	F	\$264
5 Days	M	T	W	R	F	\$330

3:00 PM – 5:00 PM (2 hours of PM care)						
3 Days	M	T	W	R	F	\$132
4 Days	M	T	W	R	F	\$176
5 Days	M	T	W	R	F	\$220

YOUR INVOICE WILL BE EMAILED TO YOU ON A MONTHLY BASIS BASED ON THE SCHEDULE YOU REQUESTED. IF YOU CHOOSE TO PAY WITH A CREDIT CARD, A 'PAY ONLINE' LINK WILL BE ACCESSIBLE ON THE INVOICE. THE LINK WILL TAKE YOU TO THE EZ-CARE CLICK TO PAY WEBSITE WHERE YOU WILL ENTER YOUR PAYMENT/CREDIT CARD INFORMATION.

PLEASE NOTE THERE IS A 3% FEE FOR ALL CREDIT CARDS (MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS). THERE IS ALSO A 1% FEE FOR ANY DIRECT CHECKING ACCOUNT PAYMENTS. YOU MAY CONTINUE TO MAIL OR DROP OFF A CHECK TO THE ADDRESS LISTED BELOW AT NO ADDITIONAL COST.

Mail, drop off or email registration forms:

Board of Education/ExtendedED Program
390 Fair Street – Berea, OH 44017
216.433.0808 – Monday-Friday: 8 AM – 4 PM
egalbincea@bereaschools.org

IF SCHEDULES CHANGE, PLEASE CALL 216.433.0808 OR EMAIL EGALBINCEA@BEREASCHOOLS.ORG AND A REVISED INVOICE WILL BE SENT. A \$10 LATE FEE WILL BE ASSESSED IF PAYMENT IS NOT MADE BY THE END OF THE MONTH. YOU MAY FORFEIT YOUR CHILD'S PLACEMENT IN THE PROGRAM IF PAYMENT IS NOT MADE IN A TIMELY FASHION.



Berea City School District

Extended ED Program 2021-2022

Child's LAST NAME: Male Female

Child's FIRST NAME: Child's Birthdate:

GRADE ENTERING: K 1 2 3 4 5 6 7 8

Child will attend at: Big Creek Elementary Brook Park Elementary
Grindstone Elementary Berea-Midpark Middle School

#1 **PARENT GUARDIAN 1	PARENT NAME (FIRST, LAST) <input type="text"/>	RELATIONSHIP TO STUDENT <input type="text"/>
	HOME ADDRESS WITH ZIP CODE <input type="text"/>	EMPLOYER <input type="text"/>
	HOME PHONE (<input type="text"/>) <input type="text"/>	WORK PHONE (<input type="text"/>) <input type="text"/>
	CELL PHONE (<input type="text"/>) <input type="text"/>	E-MAIL ADDRESS <input type="text"/>
#2**PARENT GUARDIAN 2	PARENT NAME (FIRST, LAST) <input type="text"/>	RELATIONSHIP TO STUDENT <input type="text"/>
	HOME ADDRESS WITH ZIP CODE <input type="text"/>	EMPLOYER <input type="text"/>
	HOME PHONE (<input type="text"/>) <input type="text"/>	WORK PHONE (<input type="text"/>) <input type="text"/>
	CELL PHONE (<input type="text"/>) <input type="text"/>	E-MAIL ADDRESS <input type="text"/>

#3**Authorized Pick-up/Emergency contact – ALL THREE	Name <input type="text"/>	Relationship <input type="text"/>	Phone (<input type="text"/>) <input type="text"/>
	Name <input type="text"/>	Relationship <input type="text"/>	Phone (<input type="text"/>) <input type="text"/>
	Name <input type="text"/>	Relationship <input type="text"/>	Phone (<input type="text"/>) <input type="text"/>

In order to deny a non-custodial parent the authority to pick up your child, a copy of a court order must be on file at our site. If additional names are needed for pick-up only, please write on a separate sheet of paper and attach.

#4 **IN CASE OF EMERGENCY: I HEREBY GIVE MY CONSENT FOR First Aid, Medication, Treatment, and Transportation to an emergency care facility.
YES NO

#5 **First Aid Information	Allergies/Dietary Restrictions <input type="text"/>	Medication (List any prescription medications taken) <input type="text"/>
	Family Doctor <input type="text"/>	Phone (<input type="text"/>) <input type="text"/>
	Dentist <input type="text"/>	Phone (<input type="text"/>) <input type="text"/>

Child Lives With: (Please Circle One)

Natural Parents Foster Family Aunt/Uncle
 Mother Only Natural Mother/Step Father Other (please explain)
 Father Only Natural Father /Step Mother
 Adoptive Parents Grandparents

Siblings:

#6 My child has an I.E.P. Plan and/or a 504 Plan

If checked, I authorize the staff to review all supporting documentation: (PLEASE INITIAL)
 An initial meeting may be held between the parent, the program coordinator and the Pupil Services staff to ensure a smooth transition.

Please provide information that will help us understand your child's needs:

Does your child have any health conditions we should be aware of?

#7 FIELD TRIP PERMISSION

Field trips may be planned from time to time. The experiences may entail walking to nearby park areas, stores, municipal offices, etc. Visitations involving busing may also be planned.

Every possible precaution will be exercised to assure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur.

My child has permission to participate in field trips. YES NO

**Signature of Parent / Guardian (a signature is required for each section)

Date

#8 MEDIA RELEASE PERMISSION FORM

Occasionally we are approached by the TV and private media to provide human interest materials or to highlight some aspect of our Extended Program. We would like your permission to include your child in photos or television presentations along with personally identifiable directory information if such situations arise.

****Please mark your preference below:**

YES, my child can be included in media situations

NO, do not include my child in media situations

**Signature of Parent/Guardian (a signature is required for each section)

Date

PLEASE MAKE SURE SECTIONS 1 THROUGH 8 ARE COMPLETED. INPUT N/A FOR ANY INFORMATION NOT PROVIDED.

OFFICE USE ONLY: RECEIVED: _____ PAYMENT: _____