



Extended Care Program Enrollment

(Required form for all families with grades PK – 8 students.)

School Year Beginning: August _____

Emergency and Late Carpool Attendance: All PK4-8 students who are not picked up on time from the SMA carpool or after-school activities will be signed into the ECP. The hourly drop-in rate is assessed, with a minimum charge of one hour. No family is charged the registration fee until the program's first use. On the first use of the program, the registration fee will be charged. See the current handbook for rates, policies, and procedures.

Grades PK - 8 Students

Child 1 Full Name: _____ Grade: _____

Child 2 Full Name: _____ Grade: _____

Child 3 Full Name: _____ Grade: _____

1) Do you intend to use the ECP on a:

Drop-in, as-needed basis _____
Regularly scheduled basis _____ Check which apply: M___ T___ W___ TH___ F___

2) Does any child have a food allergy? If yes, indicate which above child.

Child 1 _____ Child 2 _____ Child 3 _____

3) Does this child have a completed Forms 5305 Food Allergy Action Plan and Guidelines on file with the school?

Yes _____ No _____

I acknowledge that I have received a copy of the Extended Care Program Policy (also accessible on-line). I agree to comply with the policies and procedures set forth in the Extended Care Program Policy document. I also acknowledge that I understand that in accordance with Georgia code O.C.G.A. Section 20-1A-2(3), the SMA's Extended Care Program is exempt from licensure because it meets the exemption requirements under Georgia law for private schools and is accredited by Cognia. I further acknowledge that I understand that the SMA ECP is not a licensed childcare facility and is not required to be licensed by the Georgia Department of Early Care and Learning.

Parent/Custodian Signature: _____

Date: _____