# Mayfair Laboratory School

## Extended Day Program



# **Registration Packet**

Phone: (225) 761-7849

## Important Extended Day Information

Morning care and aftercare will start on Monday, August 16, 2021.

The last day of morning care and aftercare will be Friday, May 13, 2022.

All extended day balances must be paid in full by Friday, May 13, 2022.

All students must be picked up by 5:30.

All morning care will be \$5 a day and all aftercare will be \$10 a day. Drop in rates and weekly pricing will be the same.

Late pick-up fee of \$1.00 per minute per student after 5:30.

All payments due at the beginning of the week for that week.

All payments must be cash, money order, or paid online at: https://osp.osmsinc.com/eastbatonrouge/

We will not have after care if inclement weather is in the area that causes after school programs to be shut down. If this occurs you will be notified promptly.

If you have any questions please contact Shari Tullier at <u>sluker@ebrschools.org</u>.

Please keep this page at home for your reference.

### Mayfair Lab Extended Day Financial Agreement (Terms and Conditions)

Child's Name:	Grade:
Child's Name:	Grade:
Child's Name:	Grade:
I agree to drop my child off no earlier that	an <u>7:00 a.m.</u> and to pick up my child <b>no later</b> than <u>5:30 p.m.</u> .
	ftercare cost is \$10.00 per day. I agree to pay fees on the id by Thursday of that week, <b>the student may be dropped</b>
I agree to pay the late pick up fee (for pic mandatory that all students are picked	ck up after 5:30) of \$1.00 per minute per student. It is d up by 5:30.
All payments must be cash, money order	r, or paid online at: https://osp.osmsinc.com/eastbatonrouge/
In case of withdrawal of my child from the	e program, all balances must be paid in full.
This agreement may be terminated by Ma	ayfair at any time due to nonpayment of funds.
•	esponsible party on the account. <b>Unresolved accounts will</b> on the program regardless of who is responsible for the
Mother's Name:	Work Number:
Cell Number:	
Father's Name:	Work Number:
Cell Number:	
Emergency Contact if parents can't be	e reached:
Emergency Contact if parents can't be Name:	
Name:	

#### Extended Day Permission to Pick-Up

Please list the names and telephone numbers below of people (in addition to parents) that have your permission to pick-up your child/children from the program. May add additional names to the back if needed.

Name	Telephone Number	
1.		
2.		
3.		
4.		
5.		

Please know that these individuals will need to show **a driver's license** in order to pick-up your child from the program and they must come in and sign the student out in the front office.

#### I have read and agree with the terms and conditions in the Registration Packet

Print Name\_\_\_\_\_

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\_\_\_\_\_ Date: \_\_\_\_\_