

# Upper Darby School District Extended Day Program Department of Recreation and Community Services

4820 Drexelbrook Drive  
Drexel Hill, Pa 19026-9502  
610-284-5860 / Fax 610-394-9502

## What is the Extended Day Program?

A before & after school supervised program for children (kindergarten through fifth grade), residing in the Upper Darby School District.

## Where will the Program be held?

The Program has seven sites with AM and PM Day Care: Aronimink, Bywood, Garrettford, Highland Park, Hillcrest, Stonehurst Hills, and Westbrook Park elementary schools. Participants from **Primos** will attend the after school program at Westbrook Park; transportation will be provided. **NO AM CARE FOR PRIMOS CHILDREN.**

## What is the cost?

### AM ATTENDANCE ONLY - 7:30 - 8:30 AM

\$225.00 due at the time of registration (\$25.00 nonrefundable annual enrollment fee, \$200.00 deposit per family.) The Charge will be per the rate schedule. Signature required when dropping off. Deposit only applied to bill, when child leaves the program or is dismissed from the program.

### PM ATTENDANCE AND/OR AM ATTENDANCE WITH EARLY DISMISSAL OR HOLIDAY USAGE.

\$225.00 due at the time of registration. (\$25.00 nonrefundable annual enrollment fee, \$200.00 deposit per family. Deposit only applied to bill, when child leaves the program or is dismissed from the program.)

The Charge will be per the rate schedule. Signatures are required for pick up. Daily attendance will be taken. Bills will be issued monthly. Payment is due fourteen days after issue date. Failure to make payment on due date will result in suspension from the program. No grace period.

The fee for late pickup is \$15.00 per 15 minute interval. (The first 15 minutes start at 6:01 PM.) Excessive lateness will be reviewed.

## What are the Program days and hours?

The Program will be in operation on the first day of school. (12:15 PM dismissal). Pack a lunch for your child.

The Program will be in operation from 7:30 until 8:30 AM, and school dismissal until 6:00 PM when school is in full session.

The Program WILL NOT be in operation during summer vacation, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, OR THE FINAL TWO DAYS OF SCHOOL IN JUNE.

The MORNING PROGRAM will not be held on snow days, or when schools open late due to inclement weather.

The AFTERNOON PROGRAM will not be held on snow days, or when schools are closed early, due to inclement weather.

The Program will be held at Garrettford Elementary School from 7:30 AM - 6:00 PM (quota of 35 children necessary) during Winter recess, Spring recess, the day after Thanksgiving, Martin L. King holiday, Presidents' Day holiday, In-service days. **SPACE IS LIMITED, PREPAID RESERVATIONS ARE REQUIRED.**

## What forms are necessary to register?

1. Registration Form, Financial Agreement and Civil Rights Agreement-Parent Awareness.
2. Child Health Assessment ( An enrolled child shall have an age appropriate health assessment on record at the Department of Recreation. This health assessment shall be conducted and a report shall be written and signed by a physician.) **CHILD MUST BE TOILET TRAINED. NO PULL UPS OR DEPENDS PERMITTED.**

**\*\*A PREVIOUS DENTAL EXAM DATE IS REQUIRED TO ATTEND DAY CARE\*\***

## The Afternoon program will consist of:

Snack time, homework supervision, physical activity, passive recreation, crafts & games.

All registration forms and fees (payable to Upper Darby School District or UDSD) must be received by the Department of Recreation & Community Services.

**A waiting period\* of five (5) school days is required before a child can attend the Program.**

(\*The waiting period may be extended during peak enrollment times).

**Your child's registration must be received by the second friday in August if you wish to use the services of the Extended Day Program for the first 2 weeks of school.**

**ENROLLMENT CLOSES APRIL 1ST FOR THE CURRENT SCHOOL YEAR.**

**ENROLLMENT OPENS MAY 1ST FOR THE NEXT SCHOOL YEAR**

**SPACE IS LIMITED - ENROLL EARLY**

UPPER DARBY SCHOOL DISTRICT EXTENDED DAY PROGRAM  
 DEPARTMENT OF RECREATION AND COMMUNITY SERVICES  
 4820 DREXELBROOK DRIVE  
 DREXEL HILL, PENNSYLVANIA 19026-5305  
 (610) 284-5860 / FAX (610) 394-9502

**EXTENDED DAY RATE SCHEDULE**  
**SPACE IS LIMITED - ENROLL EARLY**

Usage	Morning Program	Afternoon Program	Half Day Program	Full Day Program
School Days	7:30 AM – 8:30 AM	1:25 PM – 6:00 PM 3:15 PM – 6:00 PM	12:15 - 6:00 PM (Pack a lunch)	7:30 AM – 6:00 PM Non school days at Garrettford only
Less than 1/3 of the days available each month	\$3.50 per day	\$10.00 per day	\$15.00 per day Pack a lunch	\$20.00 per day Pack a lunch
1/3 to 2/3 of the days available each month	\$3.50 per day	\$8.50 per day	\$13.00 per day Pack a lunch	\$20.00 per day Pack a lunch
2/3 or more of the days available each month	\$3.50 per day	\$6.50 per day	\$10.00 per day Pack a lunch	\$20.00 per day Pack a lunch

When two or more children from the same family are enrolled, one child is assessed the full time rate.

Sibling Discount    \$1.00 off each                      .50¢ off each                      \$1.00 off each                      \$2.00 off each

**ENROLLMENT & REGISTRATION FEES:**

\$225.00 due at the time of registration. (\$25.00 non-refundable annual enrollment fee, \$200.00 deposit per family).

\*Bills will be issued monthly.

\*Charges are for days ENROLLED, whether your child attends or not.

\*Payment is due fourteen days after issue date.

**\*Failure to make payment on or before the due date will result in suspension from the program. No grace period.**

**\*Payments not received by the due date will result in a late fee of \$10.00 charged to your account.** Implemented 07/08 school year.

\*The fee for late pickup is \$15.00 per fifteen-minute interval. (The first fifteen-minutes starts at 6:01 PM.)

**Excessive lateness will be reviewed.**

\*Returned checks will result in a service charge applied to your bill and replacement funds must be cash or money order only.

The registration deposit will be held while the child is enrolled in the Extended Day Program. When requested in writing, the registration deposit will be returned within thirty days of the child's last day of the Program. (All bills need to be paid prior to the registration deposit being refunded.)

**\*POST-DATED CHECKS WILL NOT BE ACCEPTED.**

**\*ALL RATES SUBJECT TO CHANGE**

**ENROLLMENT CLOSING APRIL 1<sup>ST</sup> FOR THE CURRENT SCHOOL YEAR.**  
**ENROLLMENT OPENS MAY 1<sup>ST</sup> FOR THE NEXT SCHOOL YEAR.**  
**SPACE IS LIMITED AT ALL SITES – ENROLL EARLY**

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Department of Recreation and Community Services**

4820 Drexelbrook Drive, Drexel Hill PA 19026-5305  
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**Please PRINT all information carefully**

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX  M  F  
CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SIBLING \_\_\_\_\_  
SCHOOL \_\_\_\_\_ EXTENDED DAY LOCATION \_\_\_\_\_

**\* \* Please circle your options for usage below. You will be charged \* \***  
**for the days you enroll your child/children for. (See rate schedule)**

MORNING USAGE M T W Th F / AFTERNOON USAGE M T W Th F /  Wed. Early Dismissal only  
 Conf. Days 12:15 Dismissal  
CHILD'S FIRST DAY OF ATTENDANCE \_\_\_\_\_ (ACTUAL DATE YOUR CHILD WILL ATTEND)

**MOTHER'S INFORMATION**

MOTHER'S NAME/LEGAL GUARDIAN \_\_\_\_\_  
MOTHER'S HOME TELEPHONE NUMBER \_\_\_\_\_  
MOTHER'S CELL PHONE \_\_\_\_\_ BEEPER/PAGER \_\_\_\_\_  
MOTHER'S ADDRESS \_\_\_\_\_  
MOTHER'S EMPLOYER \_\_\_\_\_  
MOTHER'S BUSINESS PHONE \_\_\_\_\_  
MOTHER'S BUSINESS ADDRESS \_\_\_\_\_

**FATHER'S INFORMATION**

FATHER'S NAME/LEGAL GUARDIAN \_\_\_\_\_  
FATHER'S HOME TELEPHONE NUMBER \_\_\_\_\_  
FATHER'S CELL PHONE \_\_\_\_\_ BEEPER/PAGER \_\_\_\_\_  
FATHER'S ADDRESS \_\_\_\_\_  
FATHER'S EMPLOYER \_\_\_\_\_  
FATHER'S BUSINESS PHONE \_\_\_\_\_  
FATHER'S BUSINESS ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT PERSON(S) (MAXIMUM 5 ENTRIES)**

**IN EMERGENCY - CALL FIRST:** Mother or Father (circle one)

NAME 16 YRS OR OLDER /RELATIONSHIP TO CHILD	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Office Use Only  
OPT 1 \_\_\_\_\_ OPT 2 \_\_\_\_\_ OPT 3 \_\_\_\_\_ OPT 4 \_\_\_\_\_ Rec# \_\_\_\_\_ CWN \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED**

Mother

Father

**OTHERS: MAXIMUM OF 5 ENTRIES**  
**NAME                      RELATIONSHIP TO CHILD**

**ADDRESS**

**TELEPHONE NUMBER**  
**WHEN CHILD IS IN CARE**

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**PLEASE ENTER CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER INFORMATION**

- **PHYSICIAN** .....
- **PHYSICIAN ADDRESS** .....
- **PHYSICIAN PHONE** .....
- **HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS**  
.....
- **POLICY NUMBER (REQUIRED)** .....
- **SPECIAL DISABILITIES (IF ANY)**  
.....  
.....
- **ALLERGIES (INCLUDING MEDICATION REACTION)**  
.....  
.....
- **MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION**  
.....  
.....
- **MEDICATION, SPECIAL CONDITIONS**  
.....
- **ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD**  
.....  
.....

**(3) PARENT'S SIGNATURES ARE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

- OBTAINING EMERGENCY MEDICAL CARE                        X    
(1) SIGNATURE OF PARENT/GUARDIAN
- ADMIN. OF MINOR FIRST - AID PROCEDURES                        X    
(2) SIGNATURE OF PARENT/GUARDIAN
- There are no changes to the original Financial Agreement, and that Agreement remains in effect.                        X    
(3) SIGNATURE OF PARENT/GUARDIAN

**X**  
\_\_\_\_\_  
SIGNATURE OF PARENT /GUARDIAN

**X**  
\_\_\_\_\_  
DATE OF APPLICATION

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**FINANCIAL AGREEMENT**

The Extended Day Program services will be provided by Upper Darby School District on days and hours listed on the Extended Day Calendar.\* Charges for these services are provided on the Extended Day Rate Schedule. Charges are for days ENROLLED, whether your child attends or not. I have read these forms and agree to pay the rate outlined on the Extended Day Rate Schedule, and understand the days and hours of service.

I have designated person(s) to whom my child may be released. I agree to update the information on the registration form whenever changes occur, or every six months at a minimum.

I have received complete written program information (the facility's general daily schedule, hours for which care is provided, fees, health policies, supervision policies, dismissal policies, transportation and pick up arrangements.)

ANY ADDITIONAL CONDITIONS AND / OR SERVICES AS AGREED UPON BY BOTH PARTIES.

ALL CHILDREN MUST BE TOILET TRAINED.  
PULL UPS OR DEPENDS ARE NOT PERMITTED.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\* Advance notice will be given if there is any change that affects the Extended Day Care Program.

FOR DEPARTMENT USE ONLY:

\_\_\_\_\_  
Date of Child's Admission

\_\_\_\_\_  
Date of Child's Withdrawal

COMPLETE OTHER SIDE

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**CIVIL RIGHTS COMPLIANCE  
PARENT AWARENESS**

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

- To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex. The Extended Day Care Program is an Equal Opportunity Care Provider (EOCP).

- To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age, or sex.

Complaints of discrimination may be filed with any of the following:

Joseph R. Manfre  
Director of Recreation & Community Services  
4820 Drexelbrook Drive  
Drexel Hill, Pa 19026-5305 27

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, Pa 17105-2675

U.S. Department of Health & Human Services  
Office for Civil Rights - Suite 372  
Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, Pa 19106-3499

PA Human Relations Commission  
Philadelphia Regional Office  
Room 711, Philadelphia SOB  
1400 Spring Garden Street  
Philadelphia, Pa 19130

Bureau of Equal Opportunity  
Southeast Field Office  
1105-B Phila. State Office Building  
1400 Spring Garden Street  
Philadelphia, Pa 19130

\_\_\_\_\_  
Parent/Guardian Signature (Date)

\_\_\_\_\_  
Staff Signature (Date)

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TO: PARENT/GUARDIAN & PHYSICIAN

FROM: PATRICIA J. PLEASANTS  
OPERATIONS SUPERVISOR

REF: CHILD HEALTH ASSESSMENT FOR THE EXTENDED DAY  
CARE PROGRAM

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THE ATTACHED HEALTH ASSESSMENT **MUST HAVE** THE FOLLOWING  
INFORMATION FILLED IN OR IT IS INCOMPLETE:

1. Health history and medical information pertinent to routine childcare and emergencies.
2. Date of the most recent well-child exam.
3. Allergies to food or medicine.
4. Length/Height, Weight, Blood Pressure
5. Physical Examination - Normal or Abnormal/Comments
6. Immunizations - Dates entered or immunization records attached
7. \*\*\*\***SCREENING TEST** \*\*\*\*\* **THIS AREA CANNOT BE LEFT BLANK!**  
Date & Results are required to be filled in or the Doctors comments on why the test were not completed.
  - \* Lead & Anemia (HGB/HCT)- Results of test done between 9 & 24 months old. This is the test results that we need or the doctor's comments.
  - \* Urinalysis (UA) - Results of test performed at age 5.
  - \* Hearing
  - \* Vision
  - \* Professional dental exam date - Parents fill this in. Dental exam date is required for enrollment in day care.
8. Health problems or special needs.
9. Physician's signature.

