



EXTENDED LEARNING PROGRAMS ENROLLMENT AGREEMENT

SCHOOL: _____

Year: 2026-2027

A Child Information	Student First Name _____ Last Name _____ Middle Initial _____ Home Address _____ City _____ State _____ Zip Code _____ Grade in Fall - 2026 _____ Date of Birth _____ Race / Ethnicity _____ Male ☐ Female ☐
B Family Information Photo ID Needs to be shown everyday at Pick up	Parent/Guardian's First Name _____ Last Name _____ Home Address _____ City _____ State _____ Zip Code _____ Home Phone Number _____ Cell Number _____ Parent/Guardian's Email Address: _____ Employer _____ Address _____ Work Phone Number _____ Parent/Guardian's First Name _____ Last Name _____ Home Address _____ City _____ State _____ Zip Code _____ Home Phone Number _____ Cell Number _____ Parent/Guardian's Email Address: _____ Employer _____ Address _____ Work Phone Number _____ CHILD LIVES WITH: Mom and Dad; ☐ Mom only; ☐ Dad only; ☐ Other _____ Person(s) having custody of child/ren _____ Custody Restraints? ☐ Yes ☐ No Paperwork Given? ☐ Yes ☐ No
C Emergency Contacts Family Or Friends Medical And Emergency Information	EMERGENCY CONTACT – (other than parent or doctor) – The child will be released only to the person(s) listed below. Contact 1- First Name _____ Last Name _____ Contact 2- First Name _____ Last Name _____ Contact 1- Address _____ Contact 2- Address _____ Contact 1- Relationship _____ Phone # _____ Contact 2- Relationship _____ Phone # _____ Health History – Please describe all health issues. Indicate whether your child takes any daily medications. Does your child have any special learning needs? Please provide ELP with your child's most recent Health Physical. Parent Initials: _____ Does your child take medication for the above? ☐ Yes ☐ No Form Given to Parent? ☐ Yes ☐ No IMPORTANT: CHILD / CHILDREN WILL ONLY BE ALLOWED TO START ELP WHEN MEDICAL FORM, CARE PLAN FORM AND MEDICATIONS ARE RECEIVED BY THE EXTENDED LEARNING PROGRAM OFFICE.
D General Permission	I hereby give permission for my child to be rendered first aid by the ELP staff and to be transported by ambulance to Danbury Hospital (or the nearest hospital/field trip) and treated in case of an emergency. I will incur all costs of treatment and transportation. Signature _____ Printed Name _____ Date: _____
E Enrollment Information & Cost	Morning Enrollment - \$9.00 / Per Morning Hours: 7:05 am. – 8:00/8:30 am. <u>ELP AM Program - will not be open on 2- or 3-Hour school delays</u> Check the days enrolling, Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Afternoon Enrollment - \$20.00 / Per Afternoon Hours: <u>Elementary Schools</u> – 3:00/3:30 – 6:00pm <u>Middle Schools</u>: 2:30 pm – 6:00 pm <u>ELP PM Program - will not open on any Early Dismissal days</u> Check the days enrolling, Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ *A \$30.00 Non-Refundable fee is due at the time of registration. Weekly Tuition: \$ <u>0</u>
F Parent Signature	Parent Certification: I certify that I have read and understand this Registration Form and the Parent/Guardian Contract printed on the reverse side of this form. I agree with the financial terms and conditions as stated. _____ Date: _____
G Office Use Only	START DATE: _____ Registration Fee: \$30.00 ☐ Yes ☐ No Rec _____ Employee Taking in Registration: _____ (Print Name) Date: _____ The Extended Learning Program 49 Osborne Street Danbury, CT 06810 ELP@danbury.k12.ct.us 203 -797-4733

The Extended Learning Program Parents/Guardians Contract

Please read these program policies and sign below.

1. **Full weekly tuition is due.** Weekly payments are expected even if the child is absent from the program. ELP tuition is based on your child's ELP Registration Form and the days you have registered your child to attend. Payments are accepted in the forms of cash, check, credit/debit cards, or money order. I understand if I do not maintain my weekly payments this may result in termination of my family from the program.
2. I understand that all past due balances must be paid in full prior to registering for a new session, summer program or any other Danbury Public Schools' programs.
3. I understand that anyone picking up my child must be at least 18 years of age, and must be listed on the emergency contact list, and must present an original photo identification (such as a driver's license, passport, or state ID) to the staff each day at pick up.
4. I understand that I have enrolled my child into a certain schedule of days. Should the schedule need to be changed, I will submit A Program Schedule Change Form one week before I need any changes to be effective. I understand that approval of the change of schedule is at the discretion of the ELP Program Manager. If the change is approved, I will be responsible for the tuition of the current week. I understand that I can only make a change to my child's schedule three times per school year. Any changes more than three (3) will incur a fee of \$15.00 per change. Changes will only be honored for a minimum of four weeks or longer.
5. I understand that the Extended Learning Program (ELP) will be closed on **ALL Early Dismissal Days.**

Early Dismissal days

09/29, 10/20

November Conference Week – Elementary Schools: 11/04, 11/05, 11/06

November Conference Week – Middle Schools: 11/18, 11/19, 11/20

12/08, 12/23, 1/26, 2/09, 3/09, 3/30, 4/27, 6/15.

6. I understand and agree with the Extended Learning Program Late Pick Up Policy:

Late Pick-Up: For every minute late, I will be charged \$3.00, which will be included in the following week's tuition. If I am more than 30 minutes late (past 6:00 p.m.), the Danbury Police Department will be called, and my child will be turned over to them. Chronically late pick-ups will result in termination from the program.

7. I understand and agree with the Extended Learning Program Photo/Video and Social Media Policy:

The Extended Learning Programs may take pictures, video, or audio of my child to promote the program. These may be shown on public access channels. No names will be used along with the image of any children. To opt out of photo/video, notification in writing must be received by the ELP program within one week of enrollment. The ELP Program follows the Social Media Policy of the Danbury Public Schools.

8. I acknowledge the possibility that my child may be injured because of his/her participation in program activities. I will not hold the Extended Learning Programs, its instructors, administrators, personnel, the Danbury Public Schools, or their subcontractors responsible for any injury. I hereby waive all claims against them.
9. I give permission to the Extended Learning Program to ask my child to complete surveys evaluating various aspects of the program and to record my child's height and weight. I understand that all data collected regarding my child will be kept confidential and will be used for group reporting only.
10. I agree to keep the following information current- home address, email, phone number, and emergency contacts. I will immediately advise the Site Facilitator in writing about any changes to my contact information. I will also notify the school secretary of any changes to the following information in writing or via email.
11. I have indicated on the Extended Learning Program Enrollment Agreement if my child has any medical or special needs. **I understand that my child / children cannot attend ELP if completed medical forms and medication is not supplied prior to their start date.** If there are medical changes during his/her enrollment I will notify the program in writing immediately. I understand that failure to disclose any medical or special needs at the time of enrollment or at any time during my child's enrollment, is grounds for termination from the program.
12. If my child becomes ill, I agree that I, or an authorized person, will pick up the child within 30 minutes of notification.
13. I understand and agree with the Extended Learning Program Expectations:

ELP follows the discipline Code of the Danbury Public Schools. Children who exhibit behavior negative to the program may require a parent meeting and the development of a Behavior Plan. Any persistent or severe behavior problems by my child may result in suspension or termination from the program. In good faith, the ELP program makes every effort to the continued enrollment of all children. The ELP Parent Guide is accessible at: <https://www.danbury.k12.ct.us/extended-learning-program/>. The Extended Learning Programs follow all the Danbury Public Schools Board of Education policies. Parents and Guardians are expected to always show respectful behavior while in the ELP program, on field trips or at special events. Any disrespectful behavior including foul language, yelling, intimidation of children or staff, or other threatening behavior may result in termination of my family from the program.

14. I understand that the programs that my child(ren) are enrolled in and myself (if necessary) may require my child's scores on tests administered by the district and will be used in aggregated (in groups) form with no identifying characteristics to my child(ren) or family.
15. I understand that due to ongoing issues with staffing, for student safety The Extended Learning programs may be required to close due to the lack of staff on given days.
16. I understand and agree with the Extended Learning Program's contact policy:
Should I have any questions or concerns regarding my child or the ELP program, I will contact the Site Facilitator, Program Manager, or the Administrator of the ELP Program.

Parent Signature: _____ **Date:** _____

The Extended Learning Program – 49 Osborne Street – Danbury, CT 06810 - (203)797-4733 – ELP@danbury.k12.ct.us