



# EXTEND Registration

## Academic Year

### 2020-2021

Please print in block letters.  
Blue or black ink only.

For Office Use Only:	
Grade:	_____
—	_____
Date of Reg.:	_____
Extend Plan:	A B C Drop-in

Days:

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current Grade: \_\_\_\_\_

## STUDENT INFORMATION

_____	_____	_____
Last Name	First Name	Gender
_____	_____ / _____ / _____	_____
Preferred Name	Birthdate (Month/Day/ Year)	Age (as of 09/01/2020)
_____	_____	_____
Street Address	City, State	Zip

## PARENT INFORMATION

_____	_____
Mother's Name	Father's Name
_____	_____
Mother's Address	Father's Address
_____	_____
Mother's Employer	Father's Employer
_____	_____
Mother's Cell	Father's Cell
_____	_____
Mother's Business Phone	Father's Business Phone
_____	_____
Mother's Email Address	Father's Email Address
_____	_____
Mother's Home Phone	Father's Home Phone
_____	_____
Primary Contact (list mother or father)	Married _____ Separated _____ Divorced _____ Please Circle One

## EMERGENCY CONTACT

\_\_\_\_\_

Full Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address

## HEALTH AND MEDICAL

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Group Policy #

\_\_\_\_\_

Covered or Responsible Party

\_\_\_\_\_

Doctor Name

\_\_\_\_\_

Doctor Phone

\_\_\_\_\_

Doctor's Address

\_\_\_\_\_

Preferred Hospital

### **IMPORTANT HEALTH INFORMATION- ALLERGIES**

Please list health conditions, allergies (food, drug, and reactions, etc.) and hospitalizations in the last 12 months. List any medications prescribed for long-term use. A written note signed and dated by a healthcare professional is required confirmation for food and/or drug allergies. If there are **none, please write N/A.**

\_\_\_\_\_  
\_\_\_\_\_

## Medical Waiver

I certify that my child is in good physical health. I understand that I am responsible to pay for all emergency treatment expenses. I further understand that The Guthrie School has no provisions for expenses incurred carrying out emergency procedures and/or emergency transportation on behalf of participants. By signing this document, the parent and/or legal guardian releases The Guthrie School and all affiliated from any and all claims resulting from the injury of the above student(s) or the loss of property of the above named while participating in any activity connected with The Guthrie School.

I hereby release, discharge, indemnify, agree to hold harmless, and covenant not to sue The Guthrie School, its administrators, directors, volunteers, advertisers, owners, and lessees of premises on which activities are conducted, from any and all liability, claims, or demands arising from my child's participation in The Guthrie School programs. In case of emergency, I understand that The Guthrie School will make every reasonable effort to contact parents or emergency contacts. I hereby give The Guthrie School permission to secure a licensed healthcare practitioner to ensure proper treatment, including but not limited to: hospitalization, anesthetics, surgery, or injections of medication for my child.

I have read, understood, and agreed to the above statements.

\_\_\_\_\_

Printed Name of Parent of Guardian

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

## Persons Approved for Pick Up

---

Full Name	Phone Number	Relationship to Student
-----------	--------------	-------------------------

---

Full Name	Phone Number	Relationship to Student
-----------	--------------	-------------------------

---

Full Name	Phone Number	Relationship to Student
-----------	--------------	-------------------------

---

Full Name	Phone Number	Relationship to Student
-----------	--------------	-------------------------

---

Full Name	Phone Number	Relationship to Student
-----------	--------------	-------------------------

# Health Admission Information

Dear Parent,

The state of Texas requires each student attending The Guthrie School or a Guthrie program to have 3 pieces of information on file at our main location, and these are needed for the child to be considered enrolled. This includes students in The Guthrie School, Guthrie EXTEND, Guthrie Enrichment, or Summer at Guthrie.

1. **Current Immunization Record**
2. **Hearing and Vision Screening**
  - a. **Public School Students:** see **Part 1** b. **Private School Students:** See **Part 2**
  - c. **The Guthrie School Students:** If this document is not on file by the date of admission, parents are required to pay for hearing and vision screening provided by The Guthrie School unless a student's age prohibits it. The screening will be done at The Guthrie School.
3. **Document of a Physical:** A written statement, from a licensed Healthcare Professional who has examined the child within the past year, indicating the child is able to take part in the program which he/she is enrolled.

## REQUIRED INFORMATION FOR ALL STUDENTS

My child \_\_\_\_\_ attends the following school in the state of Texas.

Name of School: \_\_\_\_\_

School's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

---

### Part 1

CHECK ALL THREE DOCUMENTS IF THE CHILD ATTENDS A PUBLIC SCHOOL.

\_\_\_\_\_ My child's **IMMUNIZATION RECORD** is on file at the school and all required immunizations and/or tuberculosis tests are current.

\_\_\_\_\_ **Vision and hearing screening** are also on file.

\_\_\_\_\_ **Documentation of a physical** is on file.

---

### Part 2

CHECK ALL THREE DOCUMENTS IF THE CHILD ATTENDS THE GUTHRIE SCHOOL OR ANOTHER PRIVATE SCHOOL.

\_\_\_\_\_ My child's **IMMUNIZATION RECORD** is on file at the school and all required immunizations and/or tuberculosis tests are current and documentation has been provided to THE GUTHRIE SCHOOL.

\_\_\_\_\_ **Vision and hearing screening** are also on file AT THE GUTHRIE SCHOOL.

\_\_\_\_\_ **Documentation of a physical** is on file at THE GUTHRIE SCHOOL.

---

Signature of Parent or Legal Guardian

Date

# Policy Contract

For participation in our private school, it is required that parents registering their children review the following school policies. Parents must sign this agreement acknowledging understanding and acceptance of these terms.

**BEHAVIOR POLICY:** The Guthrie school reserves the right to discontinue services for behaviors that are disruptive, violent, or otherwise unsafe. Behaviors that disturb the operation of the school or pose a safety risk will result in dismissal. This policy covers the behavior of children as well as the behavior of parents and any related adults. All members of the Guthrie School community are expected to support a good learning environment, treat others with respect, treat all personal property with respect, and take personal responsibility for their actions.

**HEALTH FORMS:** Health forms must be current and on file before children are permitted to attend the Extend Program. The Guthrie School requires a signed immunization form as well as a school physical. Should any changes in a student's health occur, parents are responsible for providing an updated physical (completed by a Licensed Health Professional) to the school.

**ILLNESS:** Students must be fever and vomit free for **24-hours** before they will be permitted to attend the Extend Program. For illnesses resulting in absences in excess of two days, a doctor's note is required to return.

**FOOD & SNACKS:** Students may not bring candy, chewing gum, or junk foods. **The Guthrie School is nut and shell-fish free.**

## **DRESS CODE-**

**Students:** Proper dress and decorum is expected of students at all times. Students are also required to wear appropriate under and outer-garments at all times.

**Enrichment and EXTEND:** Students attending Enrichment and EXTEND programs must be appropriately clothed for the activities in which they are participating. Clothes must be clean, well-fitting, and school appropriate. Students are responsible for bringing any changes of clothes that might be necessary as well as wearing any appropriate under/outer garments.

**PERSONAL POSSESSIONS:** Children are not permitted to bring toys, cell phones, iPods, iPads, or other items that may provide distraction during school. The Guthrie School is not responsible for lost or stolen goods.

**MEDICATIONS:** The Guthrie School is not responsible for administering any daily medications. Students with non-emergency medication needs will be considered on an individual basis. All medicines (inhalers, Epi pens, etc.) should be given to the office in the original container labeled with the child's first and last name. All medications must be current. In the event they expire, they will need to be replaced. **Parents must complete a form for the office. A parent or guardian must "check-in" the medicine with an office administrator and may not send medicine to school in a child's backpack.**

**SERVICE UNDERSTANDING:** I understand that I must adhere to the above guidelines for my child to participate in services offered by The Guthrie School. I also do not expect The Guthrie School to perform any duties not in accordance with these guidelines, or outside the scope of a school. The Guthrie School is not liable for failure to perform (or delay in delivery or performance) resulting from a cause beyond its reasonable control, including, but not limited to: acts of God; strikes or other labor disturbances; equipment failure; delays in transportation; the unavailability of any facilities used to provide services; war (declared or undeclared); acts of terrorism; riot; government sanctions; epidemics; floods; fires; earthquakes; unusually severe weather conditions; pandemics; disease; accidents; or other contingencies the non-occurrence of which was a basic assumption on which the agreement was made.

NO student records will be released from the school until all payments are paid in full. All tuition and fee payments are non-refundable and non-transferable. If a child is dismissed or withdraws from school, there will be no refund of tuition or fees, and the remainder of all unpaid tuition for the school year will be immediately due and invoiced.

The Guthrie School does not discriminate in the administration of its admission and education policies on the basis of race, color, religion, sexual orientation, or national or ethnic origin.

Upon enrollment or matriculation, tuition fees are due for the entire academic school year. Tuition is not prorated for any reason, including absences, illnesses, vacations, holidays, or withdrawal. Tuition payments may not be made with credit cards. Fees are due according to the payment plan selected at the time of enrollment. All tuition payments are non-refundable. I grant The Guthrie School permission to request all academic records for the student named in this contract.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE GUTHRIE SCHOOL \* 598 OLD CUSTER ROAD ALLEN, TX 75013 \* 972-596-6929  
WWW.GUTHRIESCHOOL.COM

# nDiscipline and Guidance Policy

Student Name: \_\_\_\_\_

A. Discipline must be:

1. Individualized and consistent for each child;
2. Appropriate to the child's level of understanding, and;
3. Directed toward teaching the child acceptable behavior and self-control.

B. A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of only focusing on unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

C. There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child's mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
9. Requiring a child to remain silent or inactive for inappropriately long periods for the child's age.

*Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance*

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

Check one Please:

\_\_\_\_\_ Parent (Please print name here \_\_\_\_\_)

\_\_\_\_\_ Employee / Caregiver

\_\_\_\_\_ Household member of child-care home

# Transportation Release

**THIS IS A RELEASE OF LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ ("my child"), a student at The Guthrie School. I give my express permission and consent for my child to travel to and from \_\_\_\_\_ (Name of School) to participate in its after-school extension program called EXTEND. For and in consideration of my child being provided transportation to and enrollment in the EXTEND program, I hereby freely and voluntarily without duress, make the following agreements and representations:

- A. **MEDICAL INSURANCE:** I hereby represent and warrant that my child is and will be covered throughout the EXTEND program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses my child may sustain or experience during transportation to or from and/or during participation in the EXTEND program. Further, I RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, AND I AGREE TO HOLD HARMLESS The Guthrie School of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills, and/or expenses I or my child may incur while being transported to or from the EXTEND Program. I represent that my child does not have any physical or mental condition that may require special medical attention or accommodation during transport to or from the EXTEND program.
- B. **TERMINATION FROM EXTEND:** If my child's conduct violates any policy or procedure of The Guthrie School, or is incompatible with interests, harmony, comfort, and welfare of other trip participants, I understand that my child may be immediately required to leave and end participation with and in the EXTEND program.
- C. **RELEASE:** For and in consideration of being included in the EXTEND program and transportation thereto, I hereby freely and voluntarily, without duress, execute this RELEASE under the following terms:
  - a. **GENERAL WAIVER AND RELEASE:** I release and forever discharge and hold harmless The Guthrie School and its affiliated organizations, directors, officers, employees (including drivers), agents, vendors, and their successors and assigns, from any and all liability, claims, and demands of whatever kinds or nature whatsoever, either in law or in equity, for damages to loss or destruction of property, including personal effects, or injury, sickness, or death that my child may suffer or for which I or my child may be liable to another person, which may now or hereinafter arise out of, result from, or in any way be connected with my child's transportation to or from and participation in the EXTEND program and related activities, whether such liability, claims, or demands result from transportation or otherwise.  
I understand and acknowledge that this Release discharges The Guthrie School from any liability or claim against it with respect to bodily injury personal injury, illness, death, monetary loss, or property damage that may result from my child's transportation to or from the EXTEND program.
  - b. **MEDICAL TREATMENT:** I hereby release and forever discharge The Guthrie School from any claim whatsoever that arises or may hereafter arise on account of any medical, first-aid, and/or other health services rendered to my child in connection with an emergency or health problem during transportation by an employee, vendor, or contractor of The Guthrie School.
  - c. **ASSUMPTION OF RISK:** I understand that The Guthrie School's provision of transportation to or from the EXTEND program may include activities and circumstances that may be hazardous to my child, including, but not limited to the transport itself, and other inherent dangers. I understand and agree to assume all of these risks, including the risk of my child.

I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM TO MY CHILD IN THESE CIRCUMSTANCES AND RELEASE THE GUTHRIE SCHOOL FROM ALL LIABILITY FOR INJURY, ILLNESS, DEATH, MONETARY LOSS, OR PROPERTY DAMAGE RESULTING FROM SUCH CIRCUMSTANCES DURING MY CHILD'S TRANSPORTATION TO OR FROM AND PARTICIPATION IN THE EXTEND PROGRAM.

- d. **INDEMNIFICATION:** I agree to indemnify and hold harmless The Guthrie School from any and all actions, causes of action, judgements, costs, expenses, claims or demands, of every kind and character (including reasonable attorney's fees) arising from the child's transportation to or from the extend program.

**In signing this document, I hereby acknowledge that I have carefully read this entire Assumption of Risk and Release For, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I agree to comply with all provisions of this Release. I have been given the opportunity to ask questions, have asked those questions, and have been satisfied with the responses. I have had the opportunity to confer with legal counsel of my own choosing. I understand the terms herein are not a mere recital; and that I have signed this document knowingly and as my own free act.**

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

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## EXTEND Tuition and Fees

2020-2021

### IMPORTANT INFORMATION

1. A \$295 Annual Registration Fee per student is required.
2. An Annual Supply Fee is required according to the chart below.

### PAYMENT PLANS

1. **ANNUAL PAYMENT:** EXTEND tuition is calculated annually and may be paid for in full by check or cash at the beginning of the year.
2. **SEMESTER PAYMENT-** EXTEND tuition may be paid in 2 full payments by cash or check (Fall and Spring Semesters)
3. **MONTHLY INSTALLMENTS:** EXTEND Tuition may be divided into 9 equal payments are charged by credit card.
  - a. A credit card convenience fee of 3.5% will be added if paying by credit card
  - b. This required a credit card number on file that will automatically be charged the first week of every month.
  - c. Tuition is calculated annually. Although the number of days per month may vary, the tuition charged will remain the same.
  - d. The First payment will be charged the first week of September.
  - e. ALL REMAINING PAYMENTS ARE DUE ON THE FIRST OF EACH MONTH.
  - f. Changing a contract- a contract can ONLY BE CHANGED ON THE FIRST OF THE MONTH. Two weeks written notice prior to the first of the month the change will occur is required.

**NOTE: EXTEND Tuition and Fees are due in advance and are non-refundable and non-transferrable.**

PROGRAM OPTIONS	ANNUAL COST	ANNUAL SUPPLY FEE	ANNUAL REGISTRATION
<b>Program A</b> –Monday-Friday (5 Days/week) (Includes Transportation for Non-Guthrie School students.)	\$3,772	\$398*	\$295*
<b>Program B</b> –M, W, F (3 Days/week) (Required additional Transportation fee of \$750 for Non-Guthrie School students.)	\$2,262	\$236*	\$295*
<b>Program C</b> Tuesday – Thursday (2 Days/week) (Required additional Transportation fee of \$525 for Non-Guthrie School students.)	\$1,690	\$158*	\$295*
<b>Drop-In</b> Written notification or a phone call to the Office is required. Current credit card on file to pay.	\$15.00/hr	NA	\$295*

**\*EARLY BIRD DISCOUNT: SIGN UP AND PAY IN FULL NO LATER THAN MARCH 6, 2020 TO RECEIVE 50% OFF REGISTRATION AND SUPPLY FEES. The Early Bird Discount does not apply to Drop-in students.**



## EXTEND PAYMENT CONTRACT/2020-2021

Parents: Please read the following information regarding the EXTEND program:

- Hours and Days: EXTEND runs from 2:45PM-6:30 PM Monday through Friday
- Enrollment is subject to availability
- Charges are based on the cost of the program, not actual attendance
- Student Absences: tuition will not be reimbursed for student absences
- Changing a Contract- A contract can ONLY BE CHANGED ON THE FIRST OF THE MONTH. One month's written notice is required.
- Late Carpool Pickup: Guthrie School students who have not been picked up 15 minutes past their dismissal time will be sent to EXTEND. The \$15.00/hour rate will be charged to the parent.
- Late Afternoon Pickup: EXTEND ends at 6:30PM. If a student has not been picked up by 6:35 PM, there will be a charge of \$25 and \$2.00 per minute to your account.
- The EXTEND program operates on all days that The Guthrie School is in session.
- If The Guthrie School closes due to inclement weather, the EXTEND program will not operate.
- As always, it is the aim of The Guthrie School to provide safe and responsible care for students after their school day.

### EXTEND PAYMENT CONTRACT

Circle One	Description	Annual Tuition- Due Upon Enrollment	Annual Supply Fee- Due upon enrollment	Annual Registration Fee- Due upon enrollment	Annual Transportation Fee- Due upon enrollment
A	M - F	\$3,772	\$398*	\$295*	Included
B	M, W, F	\$2,262	\$236*	\$295*	\$750
C	T, TH	\$1,690	\$158	\$295*	\$525
Drop-In	Drop-in Payment by credit card on only - Requires current credit card on file.	\$15.00/hour	NA	\$295*	NA

- **Early Bird Discount: SIGN UP AND PAY IN FULL NO LATER THAN MARCH 6, 2020 TO RECEIVE 50% OFF REGISTRATION AND SUPPLY FEES.** *The Early Bird Discount does not apply to Drop-in students.*

My child will participate in the EXTEND program as indicated above. I understand that the EXTEND program ends promptly at 6:30PM. I authorize the Guthrie school to charge my account accordingly.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment (please check one):**

- Annual Payment  
 Semester Payment (Fall and Spring)  
 9 Equal Installments \*

**\*Equal Installments: Requires a credit card number on file that will be automatically charged the first week of every month. A 3.5% convenience fee will be added if paying by credit card.**

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

CVV Code (3-4 digit code on back): \_\_\_\_\_ Initial Charge: \$ \_\_\_\_\_ Recurring Charge: \$ \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_