

# DICKSON COUNTY'S

Extended Child Care Program  
 Dickson County Board of Education  
 817 North Charlotte Street  
 Dickson, Tennessee 37055  
 (615) 446-7571



The School Age Child Care Program provides educationally quality care for students during the hours when there may be no adult supervision in the home. Children have the opportunity to engage in activities which benefit them emotionally, physically, and educationally. A special time is allotted for homework.

There is a registration form to complete and return with a \$25 registration fee to your child's school. Make the check payable to Dickson County Board of Education (DCBE). You may call the school or Board of Education if you have questions.

Summer Registration fee for new applicants is \$20.00. (Effective Summer 2020)

**\*Summer Camp 2021 - No Registration fee Cost: \$2.00 per hour**

		<b>First Child</b>	<b>Second Child &amp; Additional Siblings</b>
<b>PRICES:</b>	<b>Before Only</b>	\$20.00 per week	\$3.00 a day
	<b>After Only</b>	\$45.00 per week	\$25.00
	<b>Both</b>	\$55.00 per week	\$20.00
	<b>All Day</b>	\$100.00 per week (summer) or \$30.00 a day(holidays, snow days, summer)	50% Discount
	<b>Drop In Rate</b>	\$8.00 morning  \$15.00 afternoon	50% Discount up until 3 <sup>rd</sup> occurrence  50% Discount up until 3 <sup>rd</sup> occurrence
<b>TIMES:</b>	<b>Before Only</b>	6:00 – 7:30 AM	
	<b>After School</b>	3:00 – 6:00 PM	

*After 3<sup>rd</sup> Occurrence must register or rate will be \$35 for all day and drop-in rate for morning/afternoon continues.*

**FYI:** When Dickson County Schools close early due to safety or security reasons the Extended Childcare Program may close earlier than 6 P.M. Whenever this occurs you can expect an In Touch call from the Site Director. COVID 19 may affect operational hours.

Dickson County Extended Child Care Program

# ENROLLMENT FORM

Name \_\_\_\_\_ Gender M  F  Grade \_\_\_\_\_  
Last First Middle

Teacher \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

**TWO OTHER NAMES WITH PHONE NUMBERS TO BE CALLED IN CASE OF ACCIDENT AND MAY PICK UP STUDENT:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Permission to take to emergency room: Yes  No

Physician's Name/Phone# \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List Any Medical Problems/Allergies \_\_\_\_\_

List Any Custody Restrictions/Special Needs \_\_\_\_\_  
(Day Care Needs Copy)

May we use a first aid ointment or spray on minor scrapes and scratches on your child, if necessary? Yes  No   
Comments:

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

**LIST ANY OTHER PERSON AUTHORIZED TO PICK UP YOUR CHILD FROM DAY CARE:**

Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Dickson County Board of Education provides liability insurance for the program; however, **I understand that I must provide my own accident insurance.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

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**TO BE FILLED OUT BY CHILD CARE EMPLOYEE:**

Date \_\_\_\_\_ Registration Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

Received Copy of Handbook: yes  no  Received Copy of Child Care State Requirements: yes  no