

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 \$30 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 summer only applicants \$20.00**
 Summer Camp participants \$2.00 per hour Mon.-Thurs.

		First Child	Second Child & Additional Siblings
PRICES:	Before Only	\$20.00 per week	\$3.00 a day
	After Only	\$45.00 per week	\$25.00 per week
	Both	\$55.00 per week	\$30.00 per week
	All Day	\$110.00 per week (summer)	50% Discount
	Drop in Rate	or \$30.00 a day (holidays, snow days, summer)	\$15 a day
		\$8.00 morning	50% Discount up until 3 rd occurrence
		\$15.00 afternoon	50% Discount up until 3 rd occurrence
TIMES:	Before Only	6:00 – 7:30 AM	
	After School	3:00 – 6:00 PM	

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.

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

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