



EDP Tuition Schedule 2018-2019 School Year

Please make checks or money orders to "Union Public Schools."

Please indicate your child's name and school on your payment.

All fees must be paid at the ESC or Online. School sites may not accept payments.

Payment questions? Contact the EDP Finance Office at 918-357-6086.

<u>Month of Service</u>	<u>Payment Due Date By 5:00 P.M.</u>	<u>Late Fee Added At 5:00 P.M.</u>	<u>Suspension Effective Date At 7:00 A.M.</u>
August 2018	Upon Enrollment	NA	NA
September 2018	Upon Enrollment	NA	NA
October 2018	9/15/18	9/15/18 At 5:00 P.M.	10/2/18
November 2018	10/15/18	10/15/18 At 5:00 P.M.	11/2/17
December 2018	11/15/18	11/15/18 At 5:00 P.M.	12/3/18
January 2019	12/15/18	12/15/18 At 5:00 P.M.	1/3/19 ESC IS OPEN
February 2019	1/15/19	1/15/19 At 5:00 P.M.	2/4/19
March 2019	2/15/19	2/15/19 At 5:00 P.M.	3/4/19
April 2019	3/15/19	3/15/19 At 5:00 P.M.	4/2/19
May 2019	4/15/19	4/15/19 At 5:00 P.M.	5/2/19

Please Note: if the 15th falls on a weekend, payment can be made online <https://ok-union.intouchreceipting.com/> or our night drop on the eastside of the ESC or Online

1. Tuition fees are always due, in full, on or before the 15th of the preceding month of service. (i.e., Jan. tuition is due Dec. 15th)
2. **\$10.00 late fees per child** will be charged for all payments received after 5:00 P.M. on the 15th of the preceding month of service.
3. All accounts not paid in full by the last day of the month (including late payment fees and late pick up charges, suspension fees and finders fees) will result in **immediate suspension from EDP** and suspension fee will be added to account. (i.e., Jan tuition & any fees incurred in Dec. not paid by Dec 31st)
4. Payments made by mail and bank bill pay must be received at the ESC on or before the 15th of the preceding month of service.
5. Payments made through the **NIGHT DROP** box on the east side of the ESC must be made **by 5:00 p.m.** to insure proper credit by deadline dates. **Please do not place cash in the night drop box.**



Union Public Schools

Extended Day Program Enrollment Form

New: Returning:

EDP School Name: _____ Start Date _____ Registration Fee \$25 x _____ = \$ _____
of Children Maximum \$50

PROGRAM SELECTION

PLEASE CIRCLE (Monthly Fee) Pre-K: Before - 5 Day A.M. - \$170.00 After - 5 Day P.M. - \$220.00 Both - 5 Day Full Time - \$305.00

DHS: Yes No K-7th: Before - 5 Day A.M. - \$155.00 After - 5 Day P.M. - \$200.00 Both - 5 Day Full Time - \$270.00

Copay Amt: _____ Union Public Schools Employee: Yes No EDP Employee: Yes No

Total amount enclosed: \$ _____ Check # _____ CC Auth # _____ Cash _____ Receipt # _____ Other: _____

Student(s) reside with: Mother Father Both Other (Define): _____

Parents are: Married Divorced Separated Widowed Single If there is a restraining order and/or custody order preventing one parent from having access to the child(ren), a copy must be on file with Union Public Schools Extended Day Program for compliance.

STUDENT'S NAME

First _____	Last _____	Birthdate _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade _____
First _____	Last _____	Birthdate _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade _____
First _____	Last _____	Birthdate _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Grade _____

PARENT OR GUARDIAN - Parent or guardian name that child lives with: _____

Mother's Name:	Father's Name:	Guardian - Other(s) Name:
Last _____	Last _____	Last _____
First _____	First _____	First _____
Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____	Home Phone _____
Employer _____	Employer _____	Employer _____
Work Phone _____	Work Phone _____	Work Phone _____
Email Address _____	Email Address _____	Email Address _____
Email Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Statement <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible for Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you want financial information released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you want financial information released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible for Billing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you want financial information released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL AGREEMENT

Tuition: Tuition and fees will be billed according to the program selection indicated on the top of the enrollment form. One-half of August and all of September along with a \$25.00 per child (\$50.00 maximum per family) non-refundable registration fee is required at the time of enrollment. Monthly tuition covers the first through the last day of every month except for the enrollment session of the first day of school through August 31st, which will be charged at 1/2 the monthly tuition fee and required in advance. No other pro-rate or exceptions apply. **Any break in continued service will require a re-enrollment and payment of the non-refundable registration fee. Statements:** Statements can be viewed at <https://ok-union.intouchrecepting.com>; no statements will be mailed. Tuition is charged to your account on the 1st of the preceding month; i.e., online statements for October can be viewed on Sept. 1 and due in full on Sept. 15. **Tuition fees are always due in full on the 15th of the preceding month.** Please make checks payable to UNION PUBLIC SCHOOLS and indicate your child's name on your check. Payments may be mailed in, deposited in the night drop on the east side of the Education Service Center (before 7:30 a.m. for same day credit), made in person at the Accounting Department, or paid online at <https://ok-union.intouchrecepting.com/>. **A LATE PAYMENT PENALTY OF \$10.00 PER CHILD WILL BE ASSESSED TO ANY ACCOUNT NOT PAID BY THE 15TH OF THE MONTH. NO EXCEPTIONS.** _____ (initial) **School sites cannot accept payments. Suspensions:** Payments must be made by the 15th of the month. Please be prompt with your payment. All accounts not paid in full (i.e. \$0 balance) by the last day of the month will result in immediate suspension from the Extended Day Program. If an account is suspended twice with any break in service, parents will be placed on a "CASH-ONLY" status, be required to re-enroll in the EDP program, and pay the non-refundable \$25 registration fee per child. **Please note: Billing does not stop and credits are not given for any suspensions. A \$10 suspension fee will be applied for each suspension** _____ (initial). **Insufficient Check:** Insufficient check charges will be assessed up to a \$15.00 charge per offense. After two insufficient check offenses, the account will be placed on a "CASH-ONLY" status. **Late Pick Up Fees:** A late fee of \$5.00 will be charged for pickups after 6:00 P.M. Beginning at 6:05 P.M., an additional \$1.00 per minute will be charged if a parent/guardian is delayed in picking up his/her child. Multiple late pickup charges may result in suspension from the program. **NO EXCEPTIONS. Withdrawals/Changes:** Charges do not stop until the completed withdrawal form is received in the Accounting Department. If parents/guardians wish to withdraw from the program, they must submit the proper withdrawal form 15 days in advance. Changes to the program session must be made at least 24 hours prior to effective date of the change. Proper forms can be obtained from the Extended Day Supervisor, the Accounting Department, or online at www.unionps.org. **STUDENTS WITHDRAWN FROM THE PROGRAM MUST PAY THE NON-REFUNDABLE \$25 REGISTRATION FEE EACH TIME THEY RE-ENROLL. NO EXCEPTIONS.** _____ (initial) **Finders Fee:** Parents are required to notify EDP staff if their child will be absent. A \$10 finder's fee will be applied each time EDP staff has to locate a student. _____ (initial)

For questions regarding this enrollment or financial agreement, please call 918-357-6086 or email accts.rec@unionps.org

I have read and agree to the above stated financial policies. I have also received and/or read the EDP Handbook and yearly payment schedule posted at unionps.org/extended-day-program/. I understand that DHS selecting Quality Child Care - A Parent Guide (DHS Pub 87-91) and Licensing Requirements for Child Care Programs(DHS Pub 14-05) are available in the Parent Resource area at each site.

PARENT/GUARDIAN SIGNATURE

DATE



Union Public Schools Extended Day Program Emergency & Contact Information

MUST BE COMPLETED IN FULL

If there is a restraining order and/or custody order preventing one parent from having access to the child(ren), a copy will need to be on file with Union Public Schools Extended Day Program for compliance.

Sign In Sheets: Parents/guardians must sign their child(ren) in each morning and out at the end of each day at the EDP site. There will be no exceptions to this rule.

EDP School Site: _____

Student's Name:

First	Last	Birthdate	Gender	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Persons Authorized to Pick Up Student (Other than parent or guardian listed on enrollment form):

First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Persons to Contact for Pick Up in Emergency Should Parent or Guardian be Unavailable (In order of preference):

First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Physician/Clinic: _____

Name	Address	City	State	Zip	Phone #
_____	_____	_____	_____	_____	_____

Dentist: _____

Name	Address	City	State	Zip	Phone #
_____	_____	_____	_____	_____	_____

Hospital Preference: _____

Health: Does the student have any chronic medical condition necessitating medication or avoidance of allergies?
 Yes No

If yes, please specify: _____ Special attention required: _____

Medication release form needed? Yes No *A medication form must be signed and on file with the EDP site office for medicines to be given to your child(ren).*

Permission to use my child's name/image in district publications? Yes No

Does your child have any specific needs involving routine care, behavior modification, communication, activity, eating or diet?
 Yes No *If yes please describe:* _____

Does your child have any other special considerations that would assist this program? Yes No *If yes please describe:* _____

Authorizations: I hereby authorize any licensed physician or medical center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature: _____ Date: _____

Extended Day Personnel: _____ Date: _____



Compliance File Notification: Child Care Programs and Family Child Care Homes



Program Information: Please check site

- Andersen EDP K830021206
 Boevers EDP K830021271
 Cedar Ridge EDP K830021464
 Clark EDP K830020447
 Darnaby EDP K830021463
 Grove EDP K830021188
 Jarman EDP K830021189
 Jefferson EDP K830024436
 McAuliffe EDP K830021207
 Moore EDP K830021206
 Ochoa EDP K830021029
 Peters EDP K830021186
 Rosa Parks EDP K830024010
 6/7 Grade EDP K830025002

Street address _____ City _____ State _____ ZIP code _____

8506 E. 61st St. Tulsa, OK 74133

Mailing address _____

918-357-8854

Phone

Union Public Schools

Owner

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

+	Name	Date of birth
-		
-		
-		

Agreement and Signature

- I understand and am aware:
- This program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - Of the Compliance File location (In EDP Parent Resource Area)** and its contents.
 - This form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.
 - A copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
 Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name _____ Parent or legal guardian signature _____ Date _____

Parent keeps this page! First page goes to the program site director!

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

Posted: **The program is required to post:**

This Notice to Parents; and

 Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

Compliance file: The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms**; including the most recent visit; **case status information**; such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

Online

Child care locator and case summary: Access at the below Web address.

Licensing requirements for child care programs: Access at the below Web address or contact the local DHS office below for a mailed copy.

At the DHS local office

Public licensing file: Contact the local office below to schedule an appointment.

Case summary: Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office

Child Care Services

Address: PO Box 35900, Tulsa, OK 74153 **Phone:** 918-933-4631

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>