



**EDP Registration  
2009-2010 School Year**

Please return to the Main Office by **Thursday, August 13.**

*Our mission is to provide safe, stimulating, and enjoyable experiences outside of the classroom. All activities support Villa Academy's mission of fostering self-esteem, an inquiring mind, a joy for learning, and a compassionate and ethical spirit.*

Throughout the afternoon, we provide a balance between individual and group activities, quiet study time, and recreational opportunities. Our afternoon schedule is as follows:

3:00 to 3:15	Check In / Snack
3:15 to 4:00	Outdoor Play
4:00 to 4:30	Quiet time for homework* or rest
4:30 to 5:00	Group Activity
5:00 to 6:00	Free Time / Check Out

\* EDP will provide a quiet environment for students to work on homework. We will remind students at 4:00pm that the quiet period is an ideal time to study, but cannot be responsible for requiring students to complete homework.

**STANDARD REGISTRATION**

Mark the days your child will be regularly attending below and complete the reverse of this sheet. For the safety of your child, e-mail [edp@thevilla.org](mailto:edp@thevilla.org) or call 206-524-7009 if he/she will be absent for any reason.

**Regularly Scheduled After School EDP**

**Weekly Fees**

<input type="checkbox"/> Monday	<b>5 days/week \$ 68.50/week</b>
<input type="checkbox"/> Tuesday	<b>4 days/week \$ 59.50/week</b>
<input type="checkbox"/> Wednesday	<b>3 days/week \$ 45.80/week</b>
<input type="checkbox"/> Thursday	<b>2 days/week \$ 31.05/week</b>
<input type="checkbox"/> Friday	<b>1 day/week \$ 18.10/week</b>

**Drop In Basis**

<input type="checkbox"/> AM Care	no schedule needed	<b>\$ 6.75/morning</b>
<input type="checkbox"/> PM Drop-In	see procedure below	<b>\$ 19.65/afternoon</b>

**After school EDP is available until 6:00pm. If you will be late, please notify EDP by phone (206-524-7009). You will be charged \$3.00/minute for each minute of care after 6:01pm.**

**AFTERNOON DROP-IN PROCEDURE**

If you would like to register your child to participate on a drop-in basis, you must complete the registration form on the reverse of this sheet. Then, you must also notify the EDP Director by email ([edp@thevilla.org](mailto:edp@thevilla.org)) or phone ( 206-524-7009) by noon on the day of the drop in, in order for your child to participate. If he/she will also be attending an after-school activity please describe the time and location of the activity and whether or not he/she will return to EDP after the activity. EDP charges will appear on your tuition statement at the end of each month.

**Kindergarten Note:** If your Kindergarten student will attend EDP on a drop-in basis, please email by noon each day he or she will attend, and copy his/her teacher.

You must complete this page; this information is vital in case of emergency.

Participant's Last Name	First Name	Gender M F	Home Phone ( )	Birth Date	Grade
Mailing Address					

**PRIMARY HOUSEHOLD INFORMATION**

Living with (*circle one*)

Both Parents      Father Only      Father & Stepmother      Mother Only      Mother & Stepfather

Other (specify) \_\_\_\_\_

\*\* Who is responsible for payment for EDP services? \_\_\_\_\_

If child has a shared living arrangement how should the bill be split? \_\_\_\_\_

\_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Name	Work Telephone Number	Cell Phone Number
Father/ Stepfather/ Guardian		
Mother/ Stepmother/ Guardian		

**EMERGENCY CONTACT/MEDICAL RELEASE**

List two local persons (*other than yourselves*) usually available during the day, to care for and provide transportation for your child if she/he becomes ill and you cannot be reached.

Name	Relationship to child	Telephone Number

Does your child have an allergy or medical condition of which we need to be aware? Please describe \_\_\_\_\_

\_\_\_\_\_

**If your child has an allergy or special medical condition, proper paperwork must be complete and on file in the Villa Main Office.**

**MEDICAL RELEASE:**

I, the parent/guardian of \_\_\_\_\_, authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and/or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold Villa Academy harmless for any liability resulting from such emergency treatment and/or transportation.

**PARENT/GUARDIAN**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FIELD TRIPS AND WALKS**

Staff and children may take walks within the neighborhood. On Teacher Professional Planning days, Field Trips may occur. Field Trips usually require some type of transportation. We will post notices of upcoming trips in advance. Public transportation is used for most Field Trips.

My child \_\_\_\_\_ may go on Field Trips.

**PARENT/GUARDIAN**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_