The Star Extended-Day School Program (SEDSP) is a safe, fun, stimulating, and nurturing environment for the care of Ivy Hawn Charter School of the Arts students. It is a self-supporting program and participation is considered a privilege. Parents have the responsibility to keep the school advised of any changes in information submitted on the registration form.

SEDSP Changes - Due to COVID and the CDC guidelines we are limiting the number of students per class in SEDSP. We are taking these steps to protect the health and safety of our students and teachers. Through these necessary changes we will be limiting the number of students in our extended day program. Registration will be taken on a first come, first serve bases. For you child to be fully expected into the extended day program all paperwork along with registration payment and first week payment is required.

➢ Before Care: 6:30 -7:20 AM (please see the cafeteria for breakfast pricing if needed)
➢ After Care: end of school day – 5:45 PM (snack, homework help, outdoor activities, computer lab and opportunities for enrichment in the arts are included)
➢ Pick up will now take place in front of the school. Please do not go to the back of the building for pick up. Students will not be released from there.

Weekly Fees - ALL FEES ARE TO BE PRE-PAID through Procare
➢ SEDSP is a PRE-PAY program and therefore all payments must be made in advance no later than Friday by 5:45 PM prior to the start of the attendance period.
➢ Payments are made through the Procare app with Tuition Express. Tuition Express is a payment processing system that allows secure payments from your bank account or credit card. Parents are responsible to initiate payment before Friday at 5:45, if payment for the following week is not made by Friday at 5:45 then Procare will initiate payment.
➢ The weekly fee for the Star Extended-Day School Program is as follows:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Cost Per Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Care ONLY</td>
<td>$25/week</td>
</tr>
<tr>
<td>Aftercare ONLY</td>
<td>$55/week</td>
</tr>
<tr>
<td>Before and Aftercare</td>
<td>$75/week</td>
</tr>
</tbody>
</table>

PLEASE NOTE:
- **Aftercare** offers a sibling discount! The first child per family will be charged $50.00 per week. Each child after that will be charged $40.00 per week.
- The full fee will be charged regardless of how long the student stays each day and/or the number of days in attendance.
- A registration fee of $50.00 will be charged per child. This means your first payment will include both the registration fee and the first week of tuition.
If your child is dropped off before 7:20 AM and is not registered, your child will be escorted to Before Care. You will be contacted, and will be charged a drop-in fee of $6.00. If you are wanting this program on an everyday basis, you will need to pay an initial $25.00 registration fee. Weekly payments are $25.00 per week and are due Friday before the service. This means your first payment will include both the registration fee and the first week of tuition.

- If a student’s account becomes past due more than 7 days, the parent / guardian must make other arrangements for before/after school care. You do not receive a weekly bill reminder. Please make the scheduled payments each week on or before Friday at 5:45 PM.

- SEDSP follows the Volusia County School Calendar (no school = no SEDSP).

**Drop Off and Pick Up Procedures**

Drop off for the before care program and pick up from aftercare will take place at the cafeteria entrance on the rear-side of the school. Please ring the buzzer.

*Note: the last drop-off for before care is 7:15 AM. Drop offs after that time will go through the main car line at the front of the school as buses will begin arriving at the rear-drop off point at that time.

**Late Payments Fee**

A late payment fee of $5.00 per child is charged when tuition is not paid on or before Friday of the week prior to the service period. The late payment fee must be paid within 2 days of receiving written notification. Outstanding balances must be paid in full prior to the next service period due-date. Nonpayment will result in the removal of the child from the program.

**Late Pick Up Fees**

A late pick up fee of $5.00 per child for the first 15 minutes after 5:45PM will be charged to individuals who are late picking up their child (ren). For every additional 15-minute increment, an additional $10 late pick up fee per child will be assessed. Payments must be made before the student re-enters the program. More than three late pick-ups per month may result in the child (ren) being dismissed from the program. The Star Extended-Day School Program will make every effort to contact the parent/guardian or other authorized individual if a child is not picked up by closing time. If the parent/guardian is more than 30 minutes late without having contacted the SEDSP Facilitator, then the school Principal will be notified and law enforcement officers may be called.

**Behavior Expectations and Dismissal Procedures**

The same behavior expectations apply in SEDSP as during the regular school day. All policies in the student handbook apply to SEDSP. Inappropriate behavior may result in a student’s suspension or withdrawal from the program.
If an emergency occurs that threatens the welfare of a student, a school official will contact the Lake Helen Police Department to ensure the safety and security of all students in SEDSP. Late pick-ups from SEDSP may be considered an emergency.

If school closes for inclement weather or any reason, SEDSP will also be closed.

For the protection of your student, only people designated on the registration form will be allowed to pick up a student. **Identification will be required.**

Students will be suspended or withdrawn from SEDSP for the following reasons.

- Three late pick ups
- Nonpayment or late payment of tuition and fees
- Disciplines problems (Three Strikes You Are Out)
- Principal Discretion

**I am registering my student in the Star Extended-Day School Program. I have read, understand, and will comply with the rules outlined above.**

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Printed Name of Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

**Date**

Ivy Hawn Charter School of the Arts – STAR Extended-Day School Program

Registration Form

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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</tbody>
</table>

**Contact Information**

Address ____________________________________________

City________________________ Zip____________ Phone____________________

565 S. Lakeview Drive, Unit 110
Lake Helen, FL 32744

386.228.3900

www.ivyhawnschool.com
Only the following people are allowed to pick up the student(s).

**PLEASE LIST PARENT/GUARDIANS**  
**ID must be provided at time of pick up**

<table>
<thead>
<tr>
<th>Name</th>
<th>Cell#</th>
<th>Work#</th>
<th>Home#</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>3.</td>
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</tbody>
</table>

IN CASE OF EMERGENCY AND IF THE PARENTS/GUARDIANS LISTED ABOVE CANNOT BE REACHED, THE SCHOOL WILL CALL THE PERSONS LISTED BELOW. ALL EMERGENCY NUMBERS MUST BE LOCAL, ACCESSIBLE AND INCLUDE AREA CODE.

<table>
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<tr>
<th>Name</th>
<th>Cell#</th>
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<td>3.</td>
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</tr>
</tbody>
</table>

In custody cases, the following people MAY NOT pick up my child (ren) from SEDSP:

In case of a medical emergency, please transport my child to the nearest medical facility.

______Yes   ________No

Is your child taking any prescription or over-the-counter medications?  ___Yes   ___No

If yes, please list all prescription and over-the-counter medications the student is currently taking:

_________________________________________________________________________________
_________________________________________________________________________________

Does your child have any allergies or medical conditions?  ______Yes   ________No
If yes, please list all allergies and/or medical conditions:

________________________________________________________________________

________________________________________________________________________

I am enrolling my student(s) in the tuition paid STAR Extended-Day School Program.

[ ] Before care only  [ ] Aftercare only  [ ] Both Before and Aftercare

I understand that it is my responsibility to inform the school of any changes necessary to information on this form.

My student has permission to view PG movies (i.e. Frozen, Muana, Lilo and Stitch, etc.).

[ ] Yes  [ ] No

Parent/Guardian Signature

______________________________

Printed Name of Parent/Guardian

Email Address

Date

For SEDSP use only:  # of Children in family: _____  Registration Fee: $_____  

Weekly Tuition Rate: $__________  Total due: $________________________

Paid: $__________  Cash __________  Check Number __________

565 S. Lakeview Drive, Unit 110  386.228.3900  
Lake Helen, FL  32744  www.ivyhawnschool.com