

**Indian River County School District**  
**SDIRC Extended Day Program**

**Registration for Eligibility of SDIRC Employee Child Care Fees**

Child: A child is defined as the natural child, stepchild or legally adopted child of the covered employee or has been placed under the legal guardianship of the covered employee. Proof of guardianship needs to be attached to this form. Ex. Insurance coverage, tax dependent, court documents, etc.

**SDIRC Employee Fees will not apply until this form is submitted, if the child(ren) is enrolled prior to submission of this form the Non-SDIRC Employee Fees will be applied. SDIRC Employee Fees will not apply retroactively.**

Child(ren) Name(s) : \_\_\_\_\_

I certify that I am an active IRCSD employee the child(ren) named above meet(s) the criteria as defined above.

**I understand that:**

- I am responsible for notifying the coordinator of any change to my SDIRC employment status and I am responsible for all payment of services provided at the regular rates after my employment end date with the school board.
- The SDIRC Employee Fee applies only to contracted student's calendar school year.
- This form must be completed and submitted annually with your school year registration information, payment for all registration fees, and the first week's tuition.
- A Late Payment Fee of \$10.00 is assessed weekly to all accounts that are not paid accordingly or that have any outstanding balance due.
- All account holders must pay the non-refundable school year registration fees. Payment for non-refundable school year registration fees and any outstanding balance must be made before/at the time of registration.
- I have read all responsibility information on the enrollment form.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Employee Signature/Date \_\_\_\_\_

School Site \_\_\_\_\_

Position Employed:  
\_\_\_\_\_

**Supervising Principal/ Administrator Signature / Date**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date