



School Age Care 2019 -2020 Registration

To be completed by parent or guardian and updated as changes occur.

Please return this form to the office.



Emergency and Identification Information

One form per child, please.

Family Information

Male Female

Child's Name (last, first, middle) Gender DOB Grade Entering Fall 2019

Address City State / Zip

Yes No

Mother's Name Mother's Phone Mother's Email Authorized to pick up?

Yes No

Father's Name Father's Phone Father's Email Authorized to pick up?

Yes No

Guardian's Name Guardian's Phone Guardian's Email Authorized to pick up?

Child is living with Both parents Mother only Father only Other (Please explain) _____

If divorced, who has legal custody Joint Mother only Father only (Please provide current court documentation regarding custody to the school office and SAC)

Names of Authorized Persons to Take Child from the Facility

Child will NOT be allowed to leave with anyone without written authorization from parent or guardian. Siblings MUST be able to show valid driver's license to pick up child.

Name Phone Relationship

Medical Authorization

Physician to be called in an emergency

Name Phone

Medical Insurance

Company Name Policy Number

Allergies or Medical Limitations

Yes No

Please note: you may be required to provide your own snacks due to allergies.

EpiPen?

Permission for Medical Treatment

Signature Date

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or emergency, I authorize a staff member of St. John's Lutheran School / SAC to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.



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Registration Fee

\$50 Fee Per Child due once per school year for all enrolled. Billed on first day of attendance.

One program change allowed per year at no cost, \$25 administrative fee per revision after that. New registration form required.

One form per child, please.

All payments are processed through FATCS Tuition Management Company. Fees for School Age Care will be assessed to family FACTS accounts on a weekly basis. Parents will pay based on the method of payment for incidental fees that they chose.

Male Female

Child's Name	Gender	DOB	Grade Entering Fall 2019
Parent / Guardian #1	Phone	Email	
Parent / Guardian #2	Phone	Email	

Please note: SAC opens at 6:30am and closes at 6:00pm

Weekly Plans

Weekly Flat Rates will be billed every week regardless of attendance.

Weekly Flat Rates	1st Child	Ea. Add. Child
Before School (early dismissal & non-school days not included)	<input type="checkbox"/> \$32.00 per child	
After School until 5:00pm*	<input type="checkbox"/> \$44.00	<input type="checkbox"/> \$40.00
After School until 6:00pm	<input type="checkbox"/> \$62.00	<input type="checkbox"/> \$56.00
Before and After School until 5:00pm*	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$62.00
Before and After School until 6:00pm	<input type="checkbox"/> \$77.00	<input type="checkbox"/> \$70.00

* Plan includes all early dismissal and non-school days, except for Thanksgiving, Christmas, and Easter Breaks.

I understand that by signing below, I am the person legally responsible for making payments according to the terms of this agreement.

Parent / Guardian Signature _____ Date _____

Drop-In Plans

Drop-In Plans are charged one hour minimum, then rounded up to the nearest half hour.

Drop-In Rates	
Drop-In with Registration	<input type="checkbox"/> \$8.00 / hour
Drop-In without Registration	<input type="checkbox"/> \$11.00 / hour

Holiday Care Full Day Rate

When Holiday Care is offered, the full day rate for care will be \$45.00.

Office Use Only

Registration Fee Paid _____

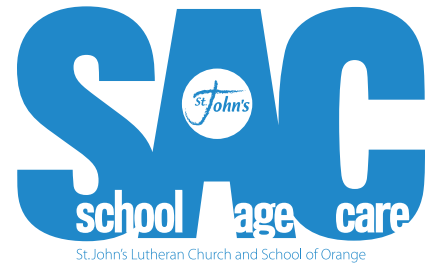
First Time Revision _____

Revision Charge _____

No charge for first revision. \$25 admin fee *per revision* after that.



School Age Care
 2019 -2020 Parent Agreement
 Please return this form to the office.



Registration Fees _____ (Initials)

I understand that I will be charged a one-time registration fee of \$50 per child. This fee will be billed on first day of attendance.

Weekly Flat Rates _____ (Initials)

I understand that weekly flat rate plans WILL BE BILLED *each week* at specified rate REGARDLESS OF ATTENDANCE. *Plans will not be charged for school-sponsored absences or during holiday breaks.* I also understand that flat rate plans include all early dismissal days and non-school staff development days *at no extra cost.* HOLIDAY CARE WILL BE BILLED SEPERATELY AT \$45 PER DAY (IE: Thanksgiving, Christmas, and Easter, etc.) **SIGN UP IS REQUIRED AND REQUIRES A MINIMUM OF 12 CHILDREN REGISTERED TO BE OPEN.** If care is needed parents are required to return forms no later than the due date (TBA) Late registrations will not be accepted. Should SAC close due to lack of interest, notice will be posted on the SAC door and on line after the deadline

Weekly Billing _____ (Initials)

I understand that fees will be charged on a weekly basis through my FACTs account and that payment is due within 10 days of billing date. This fee will be noted as an incidental expense for School Age Care. If I have not assigned a method of payment for incidental expenses, then I understand I will be responsible to make payments online on my FACTs account.

Split Billing _____ (Initials)

I understand that if split billing is requested it will be done on a 50/50 basis. I also understand that each party must have a signed registration form and parent agreement form. **Please initial only ONE of the following:**

_____ (Initials) I DO request split billing with _____ (Name)

_____ (Initials) I DO NOT request split billing

Late Fees _____ (Initials)

I understand that I will incur a **LATE FEE OF \$35** if I do not make payment by the billing due date. Late fees will continue to be assessed through FACTs until the overdue payment is made.

Schedule Changes _____ (Initials)

I understand that I may amend my School Age Care form **ONE TIME ONLY AT NO CHARGE.** An additional \$25 administrative fee will be charged per change after that. Each change will require a new registration form to be completed and signed.

Late Pick Up Fees _____ (Initials)

I understand a late pick-up fee of \$1.00 PER MINUTE, PER CHILD PAST 6:00pm with no cap will be billed with weekly tuition expenses.

Parent / Guardian Signature

Date



School Age Care 2019 -2020 Homework Agreement

Please return this form to the office.



Homework Responsibilities

We have developed this tool in an effort to remind students of their responsibility to do their homework and complete assignments as required. It also serves as an understanding between parents, students and staff that we are all working together in the best interest of the students and want to see them be successful.

Please ask your child to take this pledge and sign below:

- I understand that homework is an essential part of being a student at St. John's Lutheran School.
- I understand that it is my responsibility to bring any materials from my classroom that are necessary for completing assignments and that I may not be able to go back to my classroom to get them.
- I understand that it is my responsibility to keep track of my assignments and complete my homework as required by my teacher.
- I will be truthful about how much homework I have and whether or not I am finished.
- I understand that the time provided by St. John's School Age CARE for the purpose of working on my homework, should be used wisely.
- I understand the Homework Room is designed for a 1:14 ratio, and at times, I may need to wait for help from a teacher.
- I understand the Homework Room is for all students needing to work on assignments and will be a "library" type setting.
- I will do my part to maintain a quiet and non-disruptive environment for all students in the Homework Room.
- I understand that computers will be used only in homework room unless special approval given.



Student Signature	Date
Parent / Guardian Signature	Date
Teacher's Name	Grade



St. John's Lutheran School

School Age Care 2019-2020

August 2019

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

20 First Day of School
Noon Dismissal - SAC Open

30 Street Fair
Noon Dismissal - SAC Closed

February 2020

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

3 Faculty Meetings
2:00pm Dismissal - SAC Open

14 Staff Development

No School - SAC Open

17 President's Day

No School - SAC Closed

28 Parent / Teacher Conferences
No School - SAC Open

September 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

2 Labor Day
No School - SAC Closed

9 Faculty Meetings
2:00pm Dismissal - SAC Open

March 2020

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

13 Staff Development
No School - SAC Open

20 End of Quarter 3
Noon Dismissal - SAC Open

October 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

11 Staff Development
No School - SAC Open

18 End of Quarter 1
Noon Dismissal - SAC Open

31 Parent / Teacher Conferences
Noon Dismissal - SAC Open

April 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

3 VIP Day
Noon Dismissal - SAC Closed

10 Good Friday
No School - SAC Closed

13 Easter Monday
No School - SAC Closed

14-17 Easter Break
No School - SAC Open

November 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

1 Parent / Teacher Conferences
No School - SAC Open

11 Veteran's Day
No School - SAC Closed

25-29 Thanksgiving Break
No School - SAC Open
November 25-27

May 2020

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

4 Faculty Meetings
2:00pm Dismissal - SAC Open

25 Memorial Day
No School - SAC Closed

29 Last Day of School
Noon Dismissal - SAC Closed

December 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

2 Faculty Meetings
2:00pm Dismissal - SAC Open

20 Christmas Break
Noon Dismissal - SAC Open

23-31 Christmas Break
No School - SAC Closed

June 2020

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May God bless your summer!

January 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1-3 Christmas Break
No School - SAC Closed

16 End of Quarter 2
Noon Dismissal - SAC Open

17 Staff Development
No School - SAC Open

20 MLK Jr. Day - **No School - SAC Closed**

July 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

May God bless your summer!