



School Age Care 2021 -2022 Registration

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

Please return this form to the SAC office.

One form per child, please.

Emergency and Identification Information

Male Female

Child's Name (last, first, middle)	Gender	DOB	Grade Entering Fall 2021
Address	City	State / Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother / Guardian Name	Phone	Email	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father / Guardian Name	Phone	Email	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child is living with	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only
If divorced, who has legal custody	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only
		<input type="checkbox"/> Other (Please explain) _____ (Please provide current court documentation regarding custody to the school office and SAC)	

Names of Authorized Persons to Take Child from School Age Care

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
------	-------	--------------

Authorization to Consent to Treat a Minor

Being the parent or legal guardian of _____ (print minor's name) I, _____ (print parent/guardian's name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary of my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentist, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Doctor's Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Auth. to Call Doctor?	Auth. to Call Paramedics?
Allergies / Medical Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	EpiPen?	
Insurance Provider	Policy Number	Minor's DOB	
Parent / Guardian Signature	Print Name	Date	



School Age Care 2021 -2022 Registration

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

Please return this form to the SAC office.

One form per child, please.

Student ID# (Office Use Only)

Male Female

Child's Name

Gender

DOB

Grade Entering Fall 2021

Registration Fee

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

All payments are processed through FACTS 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.

Please note: SAC opens at 7:00am 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
After School until 5:00pm*	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$45.00
After School until 6:00pm	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$60.00
Before and After School until 5:00pm*	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$65.00
Before and After School until 6:00pm	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$75.00

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

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 \$10.00 / hour

Holiday / All Day Care Full Day Rate

When Holiday Care is offered, the full day rate for care will be \$50.00.

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



School Age Care 2021 -2022 Parent Agreement

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

Please return this form to the SAC office.

One form per child, please.

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 the school year.

Weekly Flat Rates _____ (Initials)

I understand that weekly flat rate plans WILL BE BILLED *each week* at specified rate REGARDLESS OF ATTENDANCE. 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 \$50 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). 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 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.

COVID-19 Acknowledgement _____ (Initials)

St. John's will be following all local, state and federal health guidelines to keep staff and students safe and healthy. St. John's may require parents to sign/acknowledge student temperature and/or COVID-19 health statements daily.

Parent / Guardian Signature

Date

St. John's Lutheran School

School Age Care 2021-2022 • Early Dismissal, Half Days, & Holidays

August 2021

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

February 2022

S	M	T	W	T	F	S	
		1	2	3	4	5	7 Faculty Meetings
6	7	8	9	10	11	12	2:00pm Dismissal - SAC Open
13	14	15	16	17	18	19	18 Staff Development
20	21	22	23	24	25	26	No School - SAC Open All Day
27	28	29					21 President's Day
							No School - SAC Closed

September 2021

S	M	T	W	T	F	S	
			1	2	3	4	3 Street Fair
5	6	7	8	9	10	11	No School - SAC Closed
12	13	14	15	16	17	18	6 Labor Day
19	20	21	22	23	24	25	No School - SAC Closed
26	27	28	29	30			13 Faculty Meetings
							2:00pm Dismissal - SAC Open

March 2022

S	M	T	W	T	F	S	
		1	2	3	4	5	4 Parent / Teacher Conferences
6	7	8	9	10	11	12	No School - SAC Open All Day
13	14	15	16	17	18	19	18 End of Quarter 3
20	21	22	23	24	25	26	Noon Dismissal - SAC Open
27	28	29	30	31			

October 2021

S	M	T	W	T	F	S	
					1	2	15 End of Quarter 1
3	4	5	6	7	8	9	Noon Dismissal - SAC Open
10	11	12	13	14	15	16	28 Parent / Teacher Conferences
17	18	19	20	21	22	23	Noon Dismissal - SAC Open
24	25	26	27	28	29	30	29 Parent / Teacher Conferences
31							No School - SAC Open All Day

April 2022

S	M	T	W	T	F	S	
					1	2	8 VIP Day
3	4	5	6	7	8	9	Noon Dismissal - SAC Closed
10	11	12	13	14	15	16	15 Good Friday
17	18	19	20	21	22	23	No School - SAC Closed
24	25	26	27	28	29	30	18-22 Easter Break - No School
							April 18 - SAC Closed
							April 19-22 - SAC Open All Day

November 2021

S	M	T	W	T	F	S	
	1	2	3	4	5	6	12 Veteran's Day (Observed)
7	8	9	10	11	12	13	No School - SAC Closed
14	15	16	17	18	19	20	22-26 Thanksgiving Break - No School
21	22	23	24	25	26	27	Nov. 22-24 - SAC Open All Day
28	29	30					Nov. 25-26 - SAC Closed

May 2022

S	M	T	W	T	F	S	
	1	2	3	4	5	6	2 Faculty Meetings
8	9	10	11	12	13	14	2:00pm Dismissal - SAC Open
15	16	17	18	19	20	21	30 Memorial Day
22	23	24	25	26	27	28	No School - SAC Closed
29	30	31					

December 2021

S	M	T	W	T	F	S	
			1	2	3	4	6 Faculty Meetings
5	6	7	8	9	10	11	2:00pm Dismissal - SAC Open
12	13	14	15	16	17	18	17 Christmas Break
19	20	21	22	23	24	25	Noon Dismissal - SAC Open
26	27	28	29	30	31		20-31 Christmas Break - No School
							Dec. 20-22 - SAC Open All Day
							Dec. 23-24 - SAC Closed
							Dec. 27-30 - SAC Open All Day
							Dec. 31 - SAC Closed

June 2022

S	M	T	W	T	F	S	
			1	2	3	4	3 Last Day of School
5	6	7	8	9	10	11	Noon Dismissal - SAC Closed
12	13	14	15	16	17	18	8 Summer Camp Begins!
19	20	21	22	23	24	25	www.stjohnsorange.org/daycamp
26	27	28	29	30			

January 2022

S	M	T	W	T	F	S	
						1	3 Christmas Break
2	3	4	5	6	7	8	No School - SAC Closed
9	10	11	12	13	14	15	13 End of Quarter 2
16	17	18	19	20	21	22	Noon Dismissal - SAC Open
23	24	25	26	27	28	29	14 Staff Development
30	31						No School - SAC Open All Day
							17 MLK Jr. Day
							No School - SAC Closed

July 2022

S	M	T	W	T	F	S	
					1	2	May God bless your summer!
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							