



School Age Care (SAC) Contract

School Year: 2015-2016

For children entering grades PreK-6

Child's Name:	
Home Address:	
City:	Zip:
Birthdate:	
Grade:	
Person responsible for payments:	
Mother - Home Phone:	Father – Home Phone:
Mother - Work Phone:	Father – Work Phone:
Mother – Cell Phone:	Father – Cell Phone:

Enrollment Schedule

Charged by the hour – no fractions of hours will be calculated.

2:45-4:00 - \$3.75

2:45-5:00 - \$7.50

2:45-5:45 - \$11.25

_____ Long Term Enrollment

Scheduling for Long Term Enrollment

Please check the days you will need care for your child/ren:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Drop-in basis (as space allows). Call by noon to check availability.

_____ Early dismissal days

Please indicate your child/ren's approximate arrival time and/or pickup time from the SAC program: _____

First day your child will attend SAC: _____

I understand that SAC Tuition will be applied monthly to my TADS account. **Payments are due each month by the 25th. Past due tuition must be paid by the 30th of the same month or your child/ren will not be able to attend the SAC program.**

Parent/Guardian Signature

Date

School Age Care (SAC) Contract – Registration Form

Dear Parents,

Please fill out the following information. This form must be on file before your child may attend SAC. One form per family is adequate as long as all information for each child is listed. If you require more than one form, please see the school office.

Child's Name	Home Phone:
Grade:	Teacher:

Families are Important

SAC student is living with: Both Parents _____ Mother _____ Father _____
Other (please state relationship) _____

Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____

List the names and ages of siblings:

1. Name _____ Age _____ 2. Name _____ Age _____
3. Name _____ Age _____ 4. Name _____ Age _____

Any special needs of the child (allergies, special diet, etc.)?

Is there any information you wish to share with the SAC staff in order that we might meet your child's needs more effectively?

Authorization:

Persons authorized to take your child from the program:

1. Name: _____ Phone #: _____
Address: _____

2. Name: _____ Phone #: _____
Address: _____

3. Name: _____ Phone #: _____
Address: _____

Persons **NOT** authorized to take your child from the program:

1. Name: _____
2. Name: _____

Permission Signatures:

I hereby grant permission for my child/ren to use all the play equipment in the SAC program.

Parent/Guardian Signature

Date

I hereby grant permission for my child/ren to be included in pictures and publicity connected with the SAC program.

Parent/Guardian Signature

Date

I give permission to the SAC program to take whatever emergency measures are judged necessary for the care and protection of my child/ren while under their supervision. In case of a medical emergency I understand that my child will be transported to any appropriate facility by the emergency unit for treatment, if the local emergency resources team deem it necessary. It is understood that in some medical situations the SAC staff will need to contact the local emergency resources before the parent, the child's physician, and/or other adults acting on the parents behalf are notified. I understand that any expenses will be borne by the child's family.

Please sign and return to John Ireland School before your child begins the JI SAC Program.

1. I understand I must notify SAC if my child will be absent from the SAC program if the child is expected.
2. I understand I must enter the building and sign my child/ren out on the attendance sheet each day my child attends SAC.
3. I understand I must notify the SAC program if someone other than an authorized person will be picking up my child/ren.
4. I understand I must make child care payments through my TADS account by the 25th of each month.

I have read and understand the information stated above.

Parent/Guardian Signature

Date