

2019-2020 NRHEG School Age Care

4/5 Year Old Preschool Daycare

Registration Packet



NRHEG School Age Care

ELLENDALE site: (507)416-2137 (room B116)

NEW RICHLAND site: (507)417-2626 (room C113)

COMMUNITY EDUCATION: (507) 417-2667 (office located in Secondary School, D105B)

How do I get registered for NRHEG School Age Care?

All pages of this packet must be COMPLETELY filled out.

A Parent Handbook is included.

1. MUST BE AT LEAST 4 YEARS OLD BY SEPTEMBER 1, 2019, TOILET TRAINED, AND ENROLLED IN PANTHER PRESCHOOL TO ENROLL IN SAC.
2. Fill out all pages (including Free and Reduced Meal Application)
 - a. If medication is needed, ask for a form from the school office. Please have a doctor fill it out if your child will need any medication in the course of the school year and return to the school office when/if medication is ever needed.
3. Write a check for the registration fee plus prepayment of the first two weeks of the school year.
4. Turn in the packet and check to the Community Education Office (in the Secondary Building), either school office, or the SAC classroom in either school building.
5. A cold Breakfast and an afternoon snack are included in the cost per week. If you would like your child to have a school lunch, the cost of lunch per day that it is eaten will be billed to your account, otherwise a sack lunch from home can be brought (lunches must also be brought from home on non-school days because there is no food service).

Your child will not be registered for NRHEG School Age Care Preschool Daycare until this packet and the fees have been turned in.

2019-2020 NRHEG School Age Care (4/5 year preschool)

REGISTRATION FORM/CONTRACT

Child's Name: _____ 1st choice phone contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Grade in Fall 2019: _____ Teacher: _____

1. Parent/Guardian name: _____ Place of employment: _____

Phone (cell): _____ (work): _____ email: _____

2. Parent/Guardian name: _____ Place of employment: _____

Phone (cell): _____ (work): _____ email: _____

Child resides with: mother father both other: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

List the names and phone numbers of two nearby friends or relatives who will assume temporary care of your child, if you cannot be reached and who have your permission to pick up your child.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

HEALTH & SAFETY

Please list any health conditions and allergies that we need to be made aware of (please include behavioral, health, serious injuries, chronic or recurring illnesses, allergies, asthma, dietary restrictions, or special needs/IEP):

Yes No Is the child taking any medications? If yes, are there any symptoms/side effects that we should be aware of or watch for?

Other significant information about your child's behavior that would be helpful for SAC staff to know? _____

List names of those who have permission to pick up your child from NRHEG SAC : _____

List the names of those who do NOT have permission to pick up your child from NRHEG SAC: _____

GENERAL PERMISSIONS:

Please "X" the spaces below if you agree

Permission for First Aid & Safety, transportation, various activities, and videos.

Some activities may include, but are not limited to, jumping, climbing, running, swimming, or other activities that involve inherent risk.

As the parent/guardian of this minor child, I recognize the inherent risk in these and other activities.

___ In the event that my child needs immediate medical attention for injuries received while participating in NRHEG SAC activities, I authorize SAC staff to give my child reasonable first aid. ___ I understand that there is NO NURSE staffed by NRHEG SAC, therefore, all medical/first aid needs will be handled by our trained staff. ___ I hereby acknowledge that NRHEG SAC will assume any parent of the child may pick up the child during the program unless there is pertinent court documentation ON FILE with NRHEG SAC that indicates otherwise. ___ I give permission for my child to participate in walking excursions in New Richland and/or Ellendale under proper supervision (parents would be informed before activity takes place away from school building). ___ I give permission for my child to ride the bus on field trips when in attendance and if I sign them up for the activity. ___ I give permission for my child to view "G" or "PG" movies I give permission for my child to participate in activities including: ___ face painting ___ nail painting ___ hair styling ___ temporary tattoos.

Permission for Photography/Video in ads & social media

___ Yes, I give permission for my child to be photographed or in video representing NRHEG School Age Care / Community Education Programs. (or) ___ No, I do not give permission for my child to be filmed or their image used.

Parent Signature: _____

Date: _____

SAC 2019-2020 Payment Contract

Please place an "X" in front of the package you want. Rates are for one child. You may select up to 3 packages if you have a rotating schedule at work or for care. If you are utilizing drop in care you will not be billed for the weeks your child does not attend.

<p>If there are weeks or days your child will not attend NRHEG SAC, please note this on your attendance contract before the school year starts otherwise you will be billed for those days/weeks.</p> <p>** if you fail to select a payment package the coordinator will assign one based on the average hours of attendance</p>	
Drop in Care only	
0-4 hours per week. \$14.00	4-8 hours per week. \$27.00
8-12 hours per week. \$40.00	12-16 hours per week. \$52.00
16-20 hours per week. \$65.00	20-24 hours per week: \$76.00
24-28 hours per week: \$88.00	28-32 hours per week: \$100.00
32-36 hours per week: \$110.00	36-57.5 hours per week: \$122.00

* If you go over your contracted hours per week, you will be automatically billed at the next highest package for that week (e.g. if you normally have your child at SAC 3 hours a week and you need 5.5 hours one week, you will be automatically billed 27.00 for that week).

* SAC hours are determined in 15 minute increments per day (e.g. if you pick your child up at 4:04 pm your time is rounded up to 4:15pm for billing purposes).

A \$35.00 non-refundable registration fee is charged per child or \$50.00 per family and due upon registration for all school year attendees. You will be billed every other Tuesday/Wednesday. If no payment is received by the Friday of the same week your account will be charged a \$15.00 late payment fee. A late fee of \$1.00 per minute will be charged for picking up a child after 6:00pm - after the 3rd incident - it is \$5.00/minute per child and services may be discontinued. Community Ed and SAC reserves the right to cancel this contract at any time.

Currently NRHEG SAC does NOT accept CCAP (daycare assistance). Please let us know (with an 'X': ___) if you receive childcare assistance through the county; if there are enough families that currently qualify for assistance SAC will pursue becoming certified in order to accept childcare assistance for families in the future.

___ I have been approved for the sliding fee scale discount through NRHEG SAC, my weekly payment amount is \$ _____.

I have read, understand, and agree to the statements above and the NRHEG billing fees and policies. For further information, you can go online to <https://www.nrheg.k12.mn.us/domain/680>

Parent/Guardian Signature: _____ . Date ___/___/_____

NRHEG School Age Care Attendance Contract

Child's Name: _____ grade: _____

Please select your SAC location..... ELLENDALE or NEW RICHLAND
circle one location

Please X the days that your child WILL ATTEND.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Sept 9 - SAC begins	Sept 10	Sept 11	Sept 12	Sept 13
Sept 16	Sept 17	Sept 18	Sept 18	Sept 19
Sept 23	Sept 24	Sept 25	Sept 26	Sept 27
Sept 30	Oct 1	Oct 2	Oct 3	Oct 4
Oct 7	Oct 8	Oct 9	Oct 10	Oct 11
Oct 14	Oct 15	Oct 16	Oct 17 NS	Oct 18 NS
Oct 21	Oct 22	Oct 23	Oct 24	Oct 25
Oct 28	Oct 29	Oct 30 EO	Oct 31	Nov 1
Nov 4	Nov 5	Nov 6	Nov 7 NS	Nov 8 NS
Nov 11	Nov 12	Nov 13	Nov 14	Nov 15
Nov 18	Nov 19	Nov 20	Nov 21	Nov 22
Nov 25	Nov 26	Nov 27	Nov 28 CLOSED	Nov 29 CLOSED
Dec 2	Dec 3	Dec 4	Dec 5	Dec 6
Dec 9	Dec 10	Dec 11	Dec 12	Dec 13
Dec 16	Dec 17	Dec 18	Dec 19	Dec 20
Dec 23 NS	Dec 24 CLOSED	Dec 25 CLOSED	Dec 26 NS	Dec 27 NS
Dec 30 NS	Dec 31 CLOSED	Jan 1 CLOSED	Jan 2	Jan 3
Jan 6	Jan 7	Jan 8	Jan 9	Jan 10
Jan 13	Jan 14	Jan 15 LS	Jan 16	Jan 17
Jan 20	Jan 21	Jan 22	Jan 23	Jan 24 NS
Jan 27	Jan 28	Jan 29	Jan 30	Jan 31
Feb 3	Feb 4	Feb 5	Feb 6	Feb 7
Feb 10	Feb 11	Feb 12	Feb 13	Feb 14
Feb 17 NS	Feb 18	Feb 19	Feb 20	Feb 21
Feb 24	Feb 25	Feb 26	Feb 27	Feb 28
March 2	March 3	March 4 EO	March 5	March 6
March 9	March 10	March 11	March 12	March 13
March 16	March 17	March 18	March 19	March 20
March 23	March 24	March 25	March 26	March 27 NS
March 30	March 31	April 1	April 2	April 3
April 6	April 7	April 8	April 9	April 10 NS
April 13 NS	April 14	April 15	April 16	April 17
April 20	April 21	April 22	April 23	April 24
April 27	April 28	April 29	April 30	May 1 EO
May 4	May 5	May 6	May 7	May 8
May 11	May 12	May 13	May 14	May 15
May 18	May 19	May 20	May 21	May 22
May 25 CLOSED	May 26 NS	May 27 NS	May 28 NS	May 29 NS

NS = No School

EO = Early out (2 hours)

LS = Late Start (2 hours)

My Child will be dropped off around: _____ a.m. and picked up around: _____ p.m.