

2021-2022 NRHEG School Age Care

4/5 Year Old Preschool Wrap-Around Daycare Program

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)

SAC email = mwhiteside@nrheg.k12.mn.us

Community Education Director: mwhiteside@nrheg.k12.mn.us

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, 2021, TOILET TRAINED, AND ENROLLED IN PANTHER PRESCHOOL TO ENROLL IN THE SAC WRAP-AROUND PROGRAM.
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, your child will need a school lunch, 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.

2021-2022 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 2021-2022 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 \$20.00 non-refundable registration fee is charged per child or \$35.00 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 preferred SAC location..... ELLENDALE or NEW RICHLAND
circle one location

Please X the days that your child WILL ATTEND.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Sept 6 – closed Labor Day	Sept 7 No SAC wrap-around daycare	Sept 8 No SAC wrap-around daycare	Sept 9 No SAC wrap-around daycare	Sept 10 No SAC wrap-around daycare
Sept 13 <i>1st day of prek & SAC wrap-around daycare</i>	Sept 14	Sept 15	Sept 16	Sept 17
Sept 20	Sept 21	Sept 22	Sept 23	Sept 24
Sept 27	Sept 28	Sept 29	Sept 30	Oct 1
Oct 4	Oct 5	Oct 6	Oct 7	Oct 8
Oct 11	Oct 12	Oct 13	Oct 14	Oct 15
Oct 18 <i>No preschool</i> Sign up sheet posted	Oct 19 <i>No preschool</i> Sign up sheet posted	Oct 20 <i>No preschool</i> Sign up sheet posted	Oct 21 <i>No preschool</i> Sign up sheet posted	Oct 22 <i>No preschool</i> Sign up sheet posted
Oct 25	Oct 26	Oct 27	Oct 28	Oct. 29
Nov 1	Nov 2	Nov 3 EO	Nov 4	Nov 5
Nov 8 NS	Nov 9 NS	Nov 10	Nov 11	Nov 12
Nov 15	Nov 16	Nov 17	Nov 18	Nov 19
Nov 22	Nov 23	Nov 24	Nov 25 closed	Nov 26 closed
Nov. 29	Nov. 30	Dec 1	Dec 2	Dec 3
Dec 6	Dec 7	Dec 8	Dec 9	Dec 10
Dec 13	Dec 14	Dec 15	Dec 16	Dec 17
Dec 20	Dec 21	Dec 22	Dec 23 closed	Dec 24 closed
Dec 27 NS	Dec 28 NS	Dec 29 NS	Dec 30 closed	Dec 31 closed
Jan 3	Jan 4	Jan 5	Jan 6	Jan 7
Jan 10	Jan 11	Jan 12 LS	Jan 13	Jan 14

Jan 17	Jan 18	Jan 19	Jan 20	Jan 21
Jan 24 NS	Jan 25	Jan 26	Jan 27	Jan 28
Jan 31	Feb 1	Feb 2	Feb 3	Feb 4
Feb 7	Feb 8	Feb 9	Feb 10	Feb 11
Feb 14	Feb 15	Feb 16	Feb 17	Feb 18 NS
Feb 21 NS	Feb 22	Feb 23	Feb 24	Feb 25
Feb 28 NS	March 1	March 2 EO	March 3	March 4
March 7	March 8	March 9	March 10	March 11
March 14	March 15	March 16	March 17	March 18
March 21	March 22	March 23	March 24	March 25
March 28 NS	March 29	March 30	March 31	April 1
April 4	April 5	April 6	April 7	April 8 NS
April 11	April 12	April 13	April 14	April 15 NS
April 18 NS	April 19	April 20	April 21	April 22
April 25	April 26	April 27	April 28	April 29
May 2	May 3	May 4	May 5	May 6
May 9	May 10	May 11	May 12	May 13 EO
May 16	May 17	May 18	May 19	May 20
May 23	May 24	May 25	May 26	May 27
May 30 closed	May 31	June 1	June 2	June 3 closed for summer SAC prep

NS = No School (a sign up sheet will be posted)

EO = Early out (2 hours)-no morning prek

LS = Late Start (2 hours) – no afternoon prek

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