**2024 NRHEG School Age Care**

3 Years - 5th Grade

**Summer Registration Packet**

**Register before May 24th**

**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, B121)

SAC attendance line: sac@nrheg.k12.mn.us

mwhiteside@nrheg.k12.mn.us – School Age Care Coordinator

**How do I get registered for NRHEG School Age Care?**

**All pages of this packet must be COMPLETELY filled out**.

**Make sure you have read the Parent Handbook**

**MUST BE AT LEAST 3 or 4 YEARS OLD BY SEPTEMBER 1, 2024, TOILET TRAINED, AND PLANNING TO ENROLL INTO THE NRHEG PANTHER PRESCHOOL PROGRAM TO ENROLL IN THE SAC SUMMER PROGRAM.**

1. Fill out all pages
   1. If medication is needed on a non-school day, a form will need to be filled out and medication given to staff in the original container with instructions.
2. Write a check for the registration fee plus prepayment of the first two weeks of the school year.
3. Turn in the packet and check to the Community Education Office (located in the Secondary Building), either school office in New Richland or Ellendale, or the SAC classroom in either school building. The Coordinator will contact you after reviewing your registration packet for an orientation.
4. A cold breakfast and an afternoon snack are included in the cost per week (Summer Food Service Program may be available for children, which serves a school breakfast & lunch).

**Your child will not be registered for NRHEG School Age Care until this packet**

**and the fees have been turned in.**

**NRHEG School Age Care**

Summer 2024 Registration Form/Contract

Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: Ellendale or New Richland

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st choice phone contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2024:\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mother/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address is different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address is different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAC 2024 Summer Payment Contract**

**Please place an "X" in front of the package you want. Rates are for one child. If you have a rotating schedule at work please contact the Coordinator.If you are utilizing drop in care you will only be billed for the amount of time your child attends.**

|  |  |
| --- | --- |
| **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.**  **\*\* if you fail to select a payment package the coordinator will assign one based on the average hours of attendance** | |
| **0-4 hours per week. $21.00** | **4-8 hours per week. $36.00** |
| **8-12 hours per week. $51.00** | **12-16 hours per week. $66.00** |
| **16-20 hours per week. $77.00** | **20-24 hours per week: $95.00** |
| **24-28 hours per week: $110.00** | **28-32 hours per week: $125.00** |
| **32-36 hours per week: $137.00** | **36-40 hours per week: $147.00** |
| **40 + hours per week; $155.00** | **Drop in Care $5.00** |

NRHEG School Age Care 2024 Summer Attendance Contract

CARE AVAILABLE IN NEW RICHLAND ONLY

Registration Deadline: May 1st (email or call Rachel if registering after May 1)

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grade: \_\_\_\_\_\_

**Please “X” the days your child** WILL ATTEND**.**

**You will only be billed for the days you indicate care is needed below. Please notify us at least a week in advance if your child’s schedule**

**has changed so we can make that adjustment to your contract so you are billed accordingly. If you just need drop in care, please indicate that next to your child’s name at the top (you will only be billed for the time your child is here).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **May 27 CLOSED** | May 28 | May 29 | **May 30**  **Closes at 1:45 pm** | **May 31 CLOSED** for summer prep of classrooms |
| **June 3 - CLOSED** for staff meetings/training | June 4 | June 5 | June 6 | June 7 |
| June 10 | June 11 | June 12 | June 13 | June 14 |
| June 17 | June 18 | **June 19 CLOSED** | June 20 | June 21 |
| June 24 | June 25 | June 26 | June 27 | June 28 |
| July 1 | July 2 | July 3 | **July 4 – CLOSED**  **Independence Day** | **July 5 - CLOSED** |
| July 8 | July 9 | July 10 | July 11 | July 12 |
| July 15 | July 16 | July 17 | July 18 | July 19 |
| July 22 | July 23 | July 24 | July 25 | July 26 |
| July 29 Register for school yr | July 30 | July 31 | Aug 1 | Aug 2 |
| Aug 5 | Aug 6 | Aug 7 | Aug 8 | Aug 9 |
| Aug 12 Deadline to register | Aug 13 | Aug 14 | Aug 15 | Aug 16 |
| Aug 19 | Aug 20 | Aug 21 | Aug 22 | Aug 23 |
| **Aug 26 – CLOSED**  ***District staff meeting*** | **Aug 27** | Aug 28 | Aug 29 | Aug 30 |
| **Sept 2 CLOSED**  **Labor Day** | **Sept 3 CLOSED** | **Sept 4 CLOSED** | Sept 5  **Potential for all day closure** | Sept 6  **Potential for all day closure** |

SAC Summer Hours = 6:45 am to 5:45 pm

My child will be dropped off around:\_\_\_\_\_\_\_\_\_\_\_ a.m. and picked up around:\_\_\_\_\_\_\_\_\_\_ p.m.

**2024 Summer NRHEG School Age Care**

\* 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 $36 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).

**Registration Fee** Please check one of the following

\_\_\_\_\_ $50.00 non-refundable registration fee per child

\_\_\_\_\_ $75.00 non-refundable registration fee per family

Registration fees are due upon registration for all school year and all summer attendees along with prepayment for the first two weeks.

Make checks/money orders payable to: NRHEG Community Ed-SAC

**Payment Policy**

You will be billed at the beginning of every other week. If no payment is received by the Friday of the same week your account will be charged a $15.00 late payment fee. Community Ed and SAC reserves the right to cancel this contract at any time due to delinquent or non paid invoices.

**Drop off/Late pick up policy**

A fee of $1.00 per minute will be charged per child if dropped off before 6:45 am and if picked up after 5:45 pm - 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 due to continued early drop in’s and late pickups. SAC hours are from 6:45 am to 5:45pm.

**Parent Handbook**

\_\_\_\_ I received a copy of NRHEG School Age Care Handbook and agreed to all terms .

**Bring From Home**

Sack Lunch, Water bottle, sunscreen, Backpack with a change of clothing (shirt, shorts/pants, socks, underwear)

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 \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**2024 Summer NRHEG School Age Care**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Grade in Fall 2024:\_\_\_\_\_\_\_\_\_\_

HEALTH & SAFETY

Does the child have any of the following, and if so, please explain: (do we want to say ‘diagnosed’ by a physician?)

\_\_Operations or serious injuries(date/s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Chronic or recurring illnesses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Allergies/Asthma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Dietary restriction/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Special needs / IEP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Yes \_\_No Is the child taking any medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others? \_\_ Yes \_\_No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Significant information about your child’s behavior that would be helpful 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 the 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 / Com. Ed Programs.

\_\_\_\_ No, I do not give permission for my child to be filmed or their image used.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_