

# Saints Overtime 2021-2022

Please allow a minimum of one week for processing. You will be notified regarding availability and a start date.  
**One Application per child - please return along with a \$32.00 non-refundable registration fee per child.**

## Student Information:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade (Fall 2021): \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Gender:  M  F

## Enrollment Schedule:

Check ALL of the option(s) that best fit your childcare needs. See the Saints Overtime Parent Handbook for detailed information on plan fees and unscheduled attendance fees. All contracts must be **PREPAID** for services scheduled for the next month.

Participation requires a minimum of 2 (two) contracted days of childcare per child per week in weeks offering 3 (three) or more days of childcare. Families are charged for these contracted days or hours regardless of the child's absence or late drop off.

In Person Model of Learning:

I choose After School Care With Early Pick Up (4:00 @ South, 4:15 @ North) @\$8.00 /Day

I choose After School Care With Late Pick Up (5:45 @ South, 6:00 @ North) @\$12.50 /Day

I choose After School Drop in @ \$19.00 /Day

In the event schools go to full distance or hybrid model of learning:

I am a Tier 1 Worker and Choose the Emergency Care Option \$0/Day  
(During The School day) \*Tier 1 Workers must attached a letter from their employer in order to qualify for \$0 care \*

I am a Tier 1 Worker and Choose the After School Care With Early Pick Up  
( After School - 4:00 pm ) @\$8.00 /Day

I am a Tier 1 Worker and Choose the After School Care With Late Pick Up  
(After School - 5:45 pm ) @ \$12.50 /Day

\*\*\*\*Please note that these rates are subject to change based on the length of the school day\*\*\*\*

Saints Overtime follows the K-8 school calendar. **Saints Overtime is not held on non school days.** Visit the Saint Peter School District website ([www.stpetersschools.org](http://www.stpetersschools.org)) to view the school calendar.

**Primary Household**

Billing Address (identify one household only)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary/Additional Household**

Billing Address (identify one household only)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts & Authorized Pick Up List: Not Parents and MUST be from Different Households**

\*\*\*Authorized to pick up my child or be contacted in an emergency (no more than 30 miles away)\*\*\*

All adults that pick up students from Saints Overtime must have a photo ID and Saints Overtime security ID Card

Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any additional adults authorized to pick up your child from Saints Overtime: \_\_\_\_\_

List any person absolutely NOT ALLOWED to pick up your child from Saints Overtime: (if a parent, we require a court order on file) \_\_\_\_\_

**Payment Options:**

\*Financial Aid Applications Available by Request

**Charge Card on File**

Charge to the card on file when complete calendar is handed in

**Cash/Check**

Attach payment to completed calendar

**Credit Card Information:** (please complete if "Charge Card on File" is your chosen payment option)

Full Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CSC: \_\_\_\_\_

I authorized Saint Peter Public Schools to apply my Saints Overtime charges to the credit card listed above.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Health/Medical History and Information:**

Please check all that apply and fill in any necessary information:

Seasonal Allergies     Diabetes     Food Allergy: \_\_\_\_\_     Other Allergy: \_\_\_\_\_  
 Asthma     Seizures     Medication Allergy: \_\_\_\_\_

Is medication required for any of the above allergies, health/medical needs?  Yes     No

If yes, a "Consent Form for Administration of Medication" must be completed and returned prior to care.

Does your child have any dietary restrictions?  Yes     No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### **Does your child have special considerations, such as a disability, diagnosis, or health condition?**

Yes     No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

It is important to disclose your child's special considerations so that Saints Overtime may ask for additional information from you and the child's school in order to determine what accommodations should be provided. If Saints Overtime is unaware of your child's needs, and those needs significantly impact the child's success in the program, care may be suspended. Saints Overtime reserves the right to deny or discontinue participation of any child, if such participation causes an "undue burden" or modification to the nature of the program. Please note that Saints Overtime is not designed or staffed to provide long term 1:1 assistance for students.

### **Photo/Video Release Agreement:** (If you do not wish to have your child's picture or video taken, do not check the box)

I release Saint Peter Public Schools Saints Overtime program, for good and valuable consideration, the right to publish my child's likeness, photograph, words, and/or artistic works; and/or my likeness, photograph, and the same to be published in any form or medium.

### **Parent/Guardian Authorization:**

By registering my child for the Saints Overtime program and signing this application, I agree to all of the following:

- ★ It is my responsibility to do a health screening of my child before being dropped off at the program. If my child is displaying any symptoms related to COVID-19, I will follow the Health Department guidelines and quarantine them.
- ★ I understand that I will be responsible for handing in a completed monthly calendar with prepayment by the due date listed on the calendar, and that a \$20 late fee will be assessed to any incomplete or absent calendars. I understand my child will not be able to attend Saints Overtime until the completed calendar is received.
- ★ I am responsible for all fees incurred during the 2021-22 Saints Overtime program. Late or non-payments may result in my child's dismissal from the program.
- ★ I will provide Saints Overtime with the most current/accurate contact and health information and update the information as needed.
- ★ I give permission for my child to watch age appropriate G and PG rated movies at Saints Overtime
- ★ I understand that it is the responsibility of the parent, or other authorized adult, dropping off my child to sign them in at the Parent Center each day they attend Saints Overtime.
- ★ I understand that Saints Overtime staff will not dispense any medication (over-the-counter or prescription) without a signed and dated Medication Consent Form. All medications must be in the original packaging. Medication Consent Forms are available from the business office or at the Saints Overtime site.
- ★ I understand that the Saints Overtime program and staff are not responsible for lost, stolen or damage to any items brought from home. Any personal items brought to Saints Overtime, including clothing items, should be labeled with the child's name. Any items found at Saints Overtime that can not be identified will be placed in the lost and found by the Parent Center.

## Saints Overtime Program Fee Agreement/Parent/Guardian Authorization-cont.

- ★ **Finder's Fee** - If my child is sick or will be absent for any reason, notice must be provided to the Saints Overtime cell phone (507-340-0623) no later than 8:00 p.m. the night prior to avoid a \$10 no call finder's fee (per family per occurrence). Classroom teachers and/or office staff are not responsible for reporting your child's absences.
- ★ Saints Overtime is a non-profit, self-supporting program. Tuition refunds are **NOT** issued for absences from contracted days (snow days and weather closures are refunded/credited).
- ★ **Unscheduled Attendance** - If your child shows up on a day they are not scheduled to attend, you will be charged a \$10 unscheduled attendance fee plus the current program drop-in rate.
- ★ All calendars not turned in by the printed due date on the calendar, or if the calendar and/or payment is turned in incomplete, families will be charged a \$20 late calendar fee (charged per family per month). Calendars must be signed by a parent/guardian and submitted to the Saints Overtime business office or Saints Overtime site by the due date written on the calendar. If your calendar **AND** payment are not received **AND** paid in full by the end of the month prior to care, your child **WILL NOT** be allowed to attend Saints Overtime until the business office receives both full payment **AND** signed, completed calendar and has time to process it. There may be up to a 48 hour processing time and delay in care.
- ★ **NSF** - When a check is returned due to non-sufficient funds, it is the responsibility of the parent to submit the NSF amount to the Saints Overtime business office by cash, money order, certified check, or credit/debit card within 7 days of notice. Failure to comply may result in termination of childcare services. There is a \$25 NSF fee for each returned check.
- ★ Parents are responsible to notify the Saints Overtime coordinator and/or senior Saints Overtime staff of any changes in your child's schedule (absences, drop-ins, etc.) Please call the Saints Overtime cell phone at 507-340-0623 to report these changes. **CLASSROOM TEACHERS, SOUTH & NORTH OFFICE PERSONNEL, AND THE COMMUNITY AND FAMILY EDUCATION OFFICE PERSONNEL ARE NOT RESPONSIBLE FOR RELAYING INFORMATION TO THE SAINTS OVERTIME SITE.**
- ★ In the case of a serious medical emergency, parents/guardians are notified as soon as possible. If deemed necessary by local resources (police, rescue squad), the child will be transported by ambulance to the Saint Peter River's Edge Hospital or other local hospital. I understand and consent that my child may be treated and give permission for any medical procedures deemed necessary by the physician while efforts are being made to contact me. Parents are responsible for all costs related to such medical emergencies.

I have read and understood the above terms and policies governing the enrollment of my child in the Saints Overtime program. I understand in order for my child to continue to attend the Saints Overtime program, my account must be current each month, including all additional fees accrued. Program policies are detailed in the Saints Overtime Parent Handbook which is available to view online at [www.stpetersschools.org](http://www.stpetersschools.org) under the Community and Family Education tab or in print at the business office. I am responsible for following these policies. My signature below signifies that the information provided is true and correct and that I agree to abide by the terms and conditions of the ISD 508 Community & Family Education Saints Overtime policies as stated in the 2021-2022 Saints Overtime Handbook governing the enrollment of the child named in this application

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# 2021/2022 Saint's Overtime Emergency Card

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Parent/Guardian Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Address \_\_\_\_\_

Other Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Up to date on Immunizations? Yes No List any Chronic Illnesses \_\_\_\_\_

Health/ Medical History and Info (Please check all that apply):  Seasonal Allergies  Asthma  Diabetes  Seizures

Food Allergy \_\_\_\_\_  Medication Allergy \_\_\_\_\_  Other Allergy \_\_\_\_\_

Does your child regularly take medication? Y  N  If yes, name of medication(s) \_\_\_\_\_

If yes, Saint's Overtime Program must have a St. Peter School District **RELEASE FOR ADMINISTRATION OF MEDICATION** form filled out by a parent/guardian, as well as a Physician's signature before Saint's Overtime staff can administer any medication to a child.

Administered for \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_

If I cannot be reached in an emergency, the following adults have consented to and are authorized to pick up and assume responsibility for my child (**Security ID cards and a Photo ID are required**):

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell/Alt # \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Alt # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Please list any person who **does not** have permission to pick up your child. (A court order is required if the person is a parent/legal guardian of this child and the Saint's Overtime program must have a copy on file.)

If my child needs medical treatment while at the Saint's Overtime Program, I consent to treatment and medical procedures deemed necessary by the physician while efforts are being made to contact me. I accept responsibility for all costs related to such emergency treatment.

In case of a serious medical emergency, I understand that my child will be transported to River's Edge Hospital or the nearest hospital by local emergency unit for treatment if local resources (police, rescue squad) deem necessary. Transportation to a facility other River's Edge Hospital will be considered only when a child's condition permits.

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Emergency card must be entirely completed, including a current photo of your child, before child can attend the Saint's Overtime program. Parent/Guardian is responsible for updating information on this card and keeping staff current as to any changes.**

