

VALLEYLAND SCHOOL YEAR REGISTRATION 2021/22 (Grades K-6)

FEE SCHEDULE

BEFORE SCHOOL - \$7 AFTER SCHOOL: \$3.65/hr. per child (min. of \$7/day attended)

MINIMUM WEEKLY CHARGE -- \$20/child

DROP IN: \$4/hr. -Must be a registered family and must check in advance for availability.

REGISTRATION: \$25.00 for one child \$45 for 2 or more children

Name of Child (Children) Attending:

1. _____ Birthdate _____ Gender _____

(Grade **2021-22**) _____

2. _____ Birthdate _____ Gender _____

(Grade **2021-22**) _____

3. _____ Birthdate _____ Gender _____

(Grade **2021-22**) _____

Mother's Name _____ Cell Phone _____ Home Phone _____

Address _____

Mother's Place of Employment _____ Work Phone _____

Email _____

Father's Name _____ Cell Phone _____ Home Phone _____

Address _____

Father's Place of Employment _____ Work Phone _____

Email _____

Child lives with: Mother ___ Father ___ Both ___ Other _____

What will your child(ren) typically do on non-instructional /snow days, and early outs? (Check all that apply)

___ not attend ___ attend on snow days ___ attend on non-instructional days ___ attend on early outs

Name and phone numbers to call if we cannot reach you. (Emergency Contacts)

List 3 in order of preference.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

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List any individuals, (other than a parent) authorized to take your child (children) from Valleyland.
(We will still need a call or note from a parent)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

During a typical week, my child (children) will attend Valleyland on the following days:

Mondays ___ am ___pm Tuesdays ___am ___pm Wednesday ___am ___pm

Thursday _ am ___pm Friday _ am ___pm Estimated Hours per week _____

*This is for planning purposes only-calendars must be submitted monthly.

Policy Notes: To indicate that you understand and agree to each policy, please check the following :

_____ I understand that bills are distributed every 2 weeks. Payment is due prior to the next billing cycle.
Late payments will incur a \$10.00 late fee.

_____ I understand that if my child will not be attending on a scheduled day, I must contact Valleyland a minimum of 3 work days in advance to avoid being charged for the day.

_____ I understand that calendars are due before the first day of the month. Failure to submit a calendar will incur a \$10 no calendar fee.

_____ I understand that it is my responsibility to let Valleyland know if my child is involved in other activities taking place during their Valleyland time. (ie. summer rec, swim lessons)

_____ I am aware that the Valleyland Parent handbook contains additional information and can be accessed on the school webpage. It is my responsibility to read the information. A hard copy can be requested from the Valleyland Coordinator, Sue Tangen.

* _____ I give Valleyland staff permission to administer sunscreen for my child/children.

* _____ I give Valleyland permission to publish pictures of my child/children for promotional purposes

Please share any situations or circumstances that you believe are having an impact on your child's behavior, attitude, or well-being. This information will help us to better serve your child. Be assured that all information will be kept confidential.

I have read and understand all the guidelines, fees and registration information provided and agree to abide by them.

Parent Signature

Date

Registration is not complete until we receive your registration form, fees, and Health form.

Account balances must be paid in full prior to starting a new program session.

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VALLEYLAND --Emergency Information

Student's Name _____

Emergency Contacts: (Include parents & at least 2 other contacts within the community)

1. Name _____

Relationship to child _____

Daytime Phone _____

Cell Phone _____

Address _____

2. Name _____

Relationship to child _____

Daytime Phone _____

Cell Phone _____

Address _____

3. Name _____

Relationship to child _____

Daytime Phone _____

Cell Phone _____

Address _____

4. Name _____

Relationship to child _____

Daytime Phone _____

Cell Phone _____

Address _____

Child's Doctor _____ Phone _____

Medications Currently Taking _____

Allergies _____

I understand that in the case of an emergency staff will attempt to contact the parent(s) first, followed by the individuals included above. If immediate medical attention is needed an ambulance will be called, and your child will be transported, if needed, to St. Mary's hospital in Rochester. Families will be responsible for any fees incurred.

Parent/Guardian Signature

Date