



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Regwerks Mealsheet PowerSchool (course) Class List

Summer 2025 School Age Childcare Coversheet

◇ To Fees _____

Date Steps Completed

Received (in person/email/fax)
Reviewed
To Fees

Grade: _____

Start Date: _____

Last: _____
First: _____

Middle: _____

Registered in District 65 Schools (Y/N)?

*Every Child, Everyday
Whatever it takes*



District 65 ID: _____

◇ new sibling _____

returning siblings _____

Yes @D65 Student Registration Date: _____



Session Status *Fees subject to change* revised 2/25/25

Select Full Day or Half Day	6 Week SACC Summer Care Fees	Subsidy (Select Y or N)	Subsidy calculation based on provided D65 SACC DHS approval letter	Summer Camp Youth Size T-Shirt (S,M,L,XL) Select one
Full Day 7 AM - 6 PM	\$2,500	Y / N	Current subsidy monthly rate applies	Small ___
Half Day AM 7 AM - 12:30 PM	\$1,250	Y / N	Current subsidy monthly rate applies	Medium ___
Half Day PM 12:30 PM - 6 PM	\$1,250	Y / N	Current subsidy monthly rate applies	Large ___
				Xlarge ___

There is a non-refundable registration fee for children not previously enrolled in the SACC program in the 2024-25 school year.

Half the total cost is due at the time of registration. And you have the option to pay the full balance at the time of registration using the credit card you provided.

There will be no refunds after April 30, 2025!

6 Week Full Day Session: Initial payment at registration \$1250 remaining balance paid (Installment #1) April 30th = \$625 and (Installment #2) May 15th = \$625

6 Week Half-Day Session: Initial payment at registration: \$625 remaining balance (Installment #1) April 30th = \$313 and (Installment #2) May 15th = \$312.

Space is limited and enrollment is on a first come, first served basis. Also families are responsible for transportation to and from the program.

Subsidy families must apply/qualify through AFC/DHS and have their approval list D65 as a provider prior to enrollment in the summer camp program.

Who is responsible for payment of fees? Print Name: _____ Day Phone: _____

PEFERRED EMAIL:

Parent Signature _____ Date: _____

Preferred email for communications (Please print clearly) : _____



Handbook Provided Parent Pkt Recd

District 65 School Age Childcare Summer Application 2025

Parent A	Parent B
Parent Name:	
Best Contact Number (cell, home, work):	
Organization/Occupation:	
Mailing Address :	
Working Hours :	
Preferred Email:	
Child's Name as listed on birth certificate	
Last:	
First:	
Middle:	
District 65 ID #:	
Child's Name as listed on birth certificate	
Last:	
First:	
Middle:	
District 65 ID #:	
Child's Name as listed on birth certificate	
Last:	
First:	
Middle:	
District 65 ID #:	

Scheduled Start Date	Birthdate	Age	Sex	Current School Name	Child in Special Ed?		Entering Grade	Session
					Yes or No	Phs or Beh		
			M		Yes or No		K 1	Full
			Non-Binary	School Attended Last Yr	Phs or Beh		2 3	
			F		Rice Park MS		4 5	AM Half
					1-1 IEP? Y or N		No 6th Grade	PM Half
			Sex	Current School Name	Child in Special Ed?		Entering Grade	Session
			M		Yes or No		K 1	Full
			Non-Binary	School Attended Last Yr	Phs or Beh		2 3	
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			Non-Binary	School Attended Last Yr	Phs or Beh		2 3	
			F		Rice Park MS		4 5	AM Half
					1-1 IEP? Y or N		No 6th Grade	PM Half

By signing below you are also agreeing that:
 In case of an emergency, when parent or family physician cannot be contacted, I give District 65 Child Care personnel permission to take whatever action is deemed necessary to ensure my child's health and safety. I will accept responsibility for any expenses incurred.
 Parent Signature: _____ Print Name: _____ Date: _____



SACC SUMMER CAMP PAYMENT AGREEMENT 2025

Please check mark applicable section, fill out information as needed, and sign agreement below:

1. I am registering by FAX/MAIL and am **paying in full** with: Check (enclosed) or Credit Card (Information filled out below)
2. I am registering by FAX/MAIL and am **only paying the \$1250.00 initial registration payment plus non-refundable registration fee** if applicable (i.e. new registering SACC family for the school year): Check (enclosed) or Credit Card (Information filled out below). I want the remaining camp balance to be auto debited on payment dates as set forth below.

Please initial below:

- a. I authorize Evanston/Skokie School District 65 to auto debit the remaining camp balance in 2 equal installment amounts; The first installment on **April 30, 2025**, and the second installment on **May 15, 2025** using the following:

Please check size Camp T-shirt Size: Youth Small Youth Medium Youth Large Youth X Large

Credit Card

Visa MasterCard Discover Cardholder Name _____ Account Number _____ Exp. Date _____ 3 Digit Security Code _____

Agreement:

1. I understand that I am responsible to notify the Evanston/Skokie School District 65 immediately if credit card information changes. _____ Initial Required
2. I understand that these financial arrangements will remain in effect until:
 - a. The total amount due is collected by Evanston/Skokie School District 65.
 - b. I have requested in writing a cancellation of the program and have paid all current fees, or
 - c. Evanston/Skokie School District 65 sends me a notice of termination of this agreement.
 - d. Auto payment will be applied in accordance to the summer camp payment agreement initialed above (first installment due April 30th & second installment due May 15th)
3. I understand that any declined payment will incur a \$25.00 service fee. _____ Initial Required
4. Childcare Care cancellation must be made in writing with notice at least 5 business days prior to the start of camp, June 8th. Cancellations made after start of camp will not be eligible for a refund of any kind. _____ Initials Required

SIGNATURE: _____ **DATE** _____

School Age Child Care Summer Camp Late Pick-Up Fee Disclosure

* By checking this box I understand:

The School Age Child Care Summer Camp Program closes promptly at 6:00 p.m. during summer without exception. A fee is charged for late pick-up which will be billed through the D65 Business Office and will appear on each child's financial summer camp statement. The clock time at the childcare site is considered the official time. You will be notified the day of the late pick up of the cost you will be charged. Payment will be billed and processed accordingly to the card on file if your student is picked up after 6 PM closing. DHS families receiving child care benefits will also incur the late pick up charge as the state will not cover any additional cost after closing time.

Example of Child Late Fees:

- 1-15 minutes = \$25.00
- 16-30 minutes = \$50.00
- 30-45 minutes = \$75.00
- 46-60 minutes = \$100.00

Late fees begin at 6:01 p.m.. SACC staff employees are required to report all families that are late to district office Fees Coordinator. Staff should not be asked to overlook late pick-up at any time. Any parent that does not agree with the late pick up fee should contact **Jennifer Roland (SACC Fees)** at either **847-859-8015** or fees@district65.net.

Thank you for choosing Evanston/Skokie School District 65 Child Care. We are looking forward to having an educational and fun-filled year with your child(ren).

Feel free to contact Ms. Charlotte Carter School Age Child Care Coordinator at (847) 859-8306 or Mr. Steven Frost Asst School Age Child Care Coordinator at (847) 859-8118 with Program business. Please contact Jennifer Roland School Age Child Care Fees at (847) 859-8015 with questions regarding your child care account and fees.

Sincerely,

School Age Child Care Management

School Age Child Care

Evanston/Skokie School District 65
1500 McDaniel Ave.
Evanston, IL 60201
Charlotte Carter 847-859-8078
Steven Frost 847-859-8118



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day, Whatever it Takes

GETTING TO KNOW YOU

CHILD CARE SITE:

NAME _____ AGE ____ NUMBER OF SIBLINGS: _____

Child's favorite toy/game/activity

What is the best way to get acquainted with your child?

How does your child show his/her feelings when angry or happy?

If upset, what is the best way to calm and/or comfort your child?

In general how is discipline handled at home?

Do you have any suggestions/hints for our staff that may help us be more successful with your child(ren)? _____

Has your child participated in another Child Care Program? Yes No

Medical History

Does your child(ren) have any medical conditions Yes No

If yes, please explain & give pertinent information (medications etc)

Does your child(ren) have any allergies or sensitivities? Yes No

If yes, please explain & give pertinent information (medications, Epi-Pen etc)

Parent Signature

Date

School Age Child Care

Evanston/Skokie School District 65

1500 McDaniel Ave.

Evanston, IL 60201

Charlotte Carter 847-859-8078

Steven Frost 847-859-8118



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

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CHECKLIST

I understand that due to state licensing requirements; Child Care (SACC) staff cannot accept sack lunches as a substitute for providing meals. I shall provide written confirmation from my doctor if my child requires a substitution. **Initials** _____

I have received the DCFS Summary of Licensing Standards for Day Care Centers.
Initials _____

I have reviewed online at www.district65.net Rules for Student Behavior and School Discipline and the SACC Guidance and Discipline policy. I will ensure my child(ren) fully understands how this information pertains to them while in our care. **Initials** _____

I have reviewed and understand the SACC late pick-up process and policy. **Initials** _____

I grant permission for my child(ren) to participate in SACC field trips and related activities.
Initials _____

Additionally, I grant permission for my child(ren) to be photographed/videotaped and interviewed while participating in SACC activities or on field trips. **Initials** _____

My signature confirms I have read the statements above in addition to reviewing the current SACC Parent Handbook (online and/or hard copy).

Signature of Parent/Guardian

Date

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____ Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

Dear Parent/Guardian:

If it is necessary for your child to take medication at school, you must read and complete the following form. In accordance with the Recommended Guidelines for Medication Administration in Schools through the Illinois Department of Human Services and the Illinois State Board of Education, all medications administered in school, including non-prescription drugs, shall be prescribed by a licensed prescriber. A written order for prescription and non-prescription medications must be obtained from the students' licensed prescriber along with a written request from the parents/guardian requesting that medication be given and/or self-administered during school hours.

Medicine can only be given by school personnel if ordered by a physician or qualified provider. The written order must include the licensed prescribers name, signature, stamp and date. All prescription medication must be in its original packaging with the prescription label attached. Over-the-counter medication must be in a sealed bottle with the manufacturer's original label with the ingredients listed and the student's name affixed to the container. on the packaging. Students who need to carry and use their epinephrine, insulin or asthma medication must have signed orders under a qualifying plan from both the physician and the parent/guardian.

PARENTAL MEDICATION REQUEST

I HEREBY CONFIRM MY PRIMARY RESPONSIBILITY TO ADMINISTER MEDICATION TO MY CHILD. HOWEVER, IF MY CHILD MUST RECEIVE MEDICATION WHILE IN SCHOOL, I AUTHORIZE SCHOOL DISTRICT 65 AND ITS EMPLOYEES TO ADMINISTER LAWFULLY PRESCRIBED MEDICATION TO MY CHILD. I ACKNOWLEDGE THAT IT MAY BE NECESSARY THAT THE ADMINISTRATION OF MEDICATIONS TO MY CHILD BE PERFORMED BY A HEALTH CLERK OR OTHER INDIVIDUAL WHO IS NOT A CERTIFIED SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I FURTHER ACKNOWLEDGE AND AGREE THAT, WHEN THE LAWFULLY PRESCRIBED MEDICATION IS SO ADMINISTERED OR ATTEMPTED TO BE ADMINISTERED, I WAIVE ANY CLAIMS I MIGHT HAVE AGAINST THE SCHOOL DISTRICT AND ITS EMPLOYEES AND AGENTS ARISING OUT OF THE ADMINISTRATION OF SAID MEDICATION. IN ADDITION, I AGREE TO HOLD HARMLESS AND INDEMNIFY THE SCHOOL DISTRICT AND ITS EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, CAUSES OF ACTION OR INJURIES INCURRED OR RESULTING FROM THE ADMINISTRATION OR ATTEMPTS AT ADMINISTRATION OF SAID MEDICATION.

I WILL NOTIFY THE SCHOOL OF ANY CHANGE IN MEDICATION OR DOSAGE AND WILL SEND THE SCHOOL A WRITTEN ORDER FROM THE DOCTOR WHEN A CHANGE IS NECESSARY.

I HEREBY REQUEST THAT SCHOOL PERSONNEL ADMINISTER THE FOLLOWING MEDICATION TO:

NAME OF CHILD			
MEDICATION	DOSAGE	TIME	START & STOP DATES

PARENT'S/GUARDIAN'S SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE

TELEPHONE NUMBER



ILLINOIS STATE BOARD OF EDUCATION

Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK			4 MEALS RECEIVED																																
First Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="8" style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table>			TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
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Second Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="8" style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table>			TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
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Third Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="8" style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table>			TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
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Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Mark only one.

Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren) — Mark one or more that apply.

Asian Black or African American Native Hawaiian or Other Pacific Islander

White American Indian or Alaska Native

6 SIGNATURE

I certify the information above is correct.

Signature of Parent or Guardian _____ Date _____ Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or, 3. email: program.intake@usda.gov