DANVILLE COMMUNITY SCHOOL CORPORATION

P.A.C.E.

BEFORE AND AFTER SCHOOL REGISTRATION

2025-2026

A PROGRAM FOR POSITIVE AND CREATIVE EXPERIENCES

BEFORE AND AFTER SCHOOL CARE

THE PACE PROGRAM SERVES K - 6TH GRADE STUDENTS BY PROVIDING A SAFE AND CARING ENVIROMENT WHERE STUDENTS WILL HAVE THE OPPORTUNITY TO COMPLETE HOMEWORK, PRACTICE STUDY SKILLS, AND PARTICIPATE IN RECREATIONAL GAMES AND ACTIVITIES.

DANVILLE
COMMUNITY SCHOOL CORPORATION

Table of Contents

P.A.C.E.

2025 - 2026 Before and After School Program

A Program for Positive and Creative Experiences

Please fill out one registration for each student attending.

First name _____ Last name _____ Grade (in fall) _____

Date of birth: Month _____ Day _____ Year _____

Gender: M F

Names of additional children attending (if any) _____
*Please fill out a separate registration form for any additional students.

Start date (if after August 6) _____

If you are employed by DCSC, please fill out the section below.

Danville Community School Corporation staff only:

Parent/ guardian #1

Name _____

School name _____

Department _____

Parent/ guardian #2 (if applicable)

Name _____

School name _____

Department _____

PACE offers a plan discount for DCSC employees. Please email the Program Director at mdennison@danville.k12.in.us for pricing.

Weekly Student Schedule

The days attending options have changed.

Your student may ONLY be signed up to attend PACE before and/ or after school on the offered options below. Attendance options can NOT change week to week.

Your student may NOT attend PACE on a day they are not signed up for reflected in your selection below.

Please see the Student Schedule Section on page 3 in the parent packet for further information.

Directions:

Before school PACE ONLY

1. Select the program option under ONLY the highlighted field below Before School PACE.
2. Circle the days under days attending weekly your student will be attending PACE each week.

After school PACE ONLY

1. Select the program option under ONLY the highlighted field below After School PACE. The program option selected reflects the days each week your student will be attending PACE.

Before AND after school PACE

To select before school attendance:

1. Select the program option under ONLY the highlighted field below Before School PACE.
2. Circle the days under days attending weekly (highlighted) your student will be attending PACE each week.

To select after school attendance:

1. Select the program option under ONLY the highlighted field below After School PACE. The program option selected reflects the days each week your student will be attending PACE.

Before School PACE

Program Options (Select ONE)	Description	Number of days per week	Days Attending Weekly (Circle)	Monthly Rate	Monthly Rate for Additional Students (5% discount)
	Before School	1-2 Days	M T W TH F	$115	$109.25
	Before School	3-5 Days	M T W TH F	$165	$156.75

After School PACE

Program Options (Select ONE)	Description	Number of days per week	Days Attending Weekly (Do NOT circle)	Monthly Rates	Monthly Rate for Additional Students (5% discount)
	After School	2 Days	T TH	$160	$152
	After School	3 Days	M W F	$225	$213.75
	After School	5 Days	M T W TH F	$235	$223.25

PACE Student Contact Information

Please fill out each field legibly. Any contact missing a phone number will not receive access for pick up. Any contact missing an email will not receive access to a Procare account.

Parent/ Guardian (first contact)

Name _____

Primary phone number _____ home cell work

Secondary phone number _____ home cell work

Email (required)_____

Parent/ Guardian (second contact)

Name _____

Primary phone number _____ home cell work

Secondary phone number _____ home cell work

Email (preferred) _____

Student's address

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip/ postal code _____

Emergency contact if parent/ guardian cannot be reached

Name _____

Phone number _____ home cell work

Relationship to student_____

Is your student's emergency contact listed above authorized for pick-up?

Please check ONE option

_____ Yes

_____ No

Student Pick-Up Information

Only the people listed below are authorized to pick up your child. For your child's safety, he/she will not be released to anyone else. All authorized people must be 18 years of age or older. Each authorized person listed below will have an individualized PIN for pick up. No changes will be made to this list unless the parent or legal guardian (whose signature appears below) requests such changes to the Program Director.

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Name (first and last) _____

Primary phone number _____

Relationship to student _____

Parent/ guardian signature _____ Date _____

Student Allergies/ Medical Conditions

Allergies

Allergies _____

Symptoms _____

Treatment (if any) _____

Medical Conditions

Medical conditions _____

Medications/ inhalers and instructions _____

_____

_____

Will your student have any medications (prescription or O.T.C.) that need to be administered while they are at PACE?

Please check ONE option

_____ Yes

_____ No

In the event your student needs a prescription or O.T.C. medication administered at PACE:

An O.T.C Medication Permission Form or a Prescription Medication Hold Harmless Release Form must be filled out and turned in BEFORE we can accept any medication.

Do NOT drop off medication (O.T.C. or prescription) for a student unless you have filled out a permission form with a PACE Lead.

Other

*This is to help PACE staff understand each student individually and to provide the best care. PACE will work with students and parents to gain knowledge about individual needs, but cannot guarantee accommodations.

IEP or Section 504 (please specify if your child has one)

_____

Any other diagnosis, disorders, symptoms, etc that your child experiences

_____

Parent/ guardian signature _____ Date _____

Student Allergies/ Medical Conditions Acknowledgement

Please initial

Medical Permission Acknowledgement

_____ I give permission for Danville Community PACE Program/ authorized personnel to administer any prescription(s) to my child if provided by the student's parent or guardian.

_____ I understand that PACE cannot receive any O.T.C. or prescription medication until I fill out an O.T.C Medication Permission Form or a Prescription Medication Hold Harmless Release Form with the PACE Lead.

_____ I give permission for PACE staff to call for permission to give my child O.T.C. medication (provided by PACE) as needed.

_____ I understand that PACE will call to have my student picked up if they have a fever, have vomited, or show other signs of illness.

_____ I understand that if my student has a fever or vomited, they may not return to PACE until they have been fever free for at least 24 hours.

_____ I give permission for the Danville Community PACE Program/ authorized personnel to obtain the services of a physician/ hospital in case of a medical emergency and take any action they consider to be in the best interest of my child.

Parent/ guardian signature _____ Date _____

PACE Program Acknowledgement

Please read each through option carefully before initialing.

Please initial

Fees Acknowledgement

_____ I understand that there is a $45 registration fee due along with this registration.

_____ I understand that this registration is due NO LATER than June 30, 2025 or I will be put on a waiting list and contacted after August 11, 2025 AND charged an additional $35 fee (seperate from the registration fee) if accepted.

_____ I understand that if payment is not received within 15 business days of the established due date, it will be considered late and a $35 late fee will be charged.

_____ I understand if payment falls more than one month behind, the PACE Program services for my student may be terminated at the discretion of the Director.

_____ I understand that in the event I change my student's days attending option from what was originally selected at the time of registration, I must notify the Program Lead at pace@danville.k12.in.us AND will be charged a $15 fee each time there is a change.

_____ I understand a late fee will be charged if my student is not picked up by 6:00 PM. $1 / minute (first instance), $2 / minute (second instance), $3 / minute (third instance), etc. If you are late more than 3 times in a school year, the Program Director will reach out to review expectations. Dismissal from the PACE Program may result after multiple late pick ups.

_____ I understand in the event that my child(ren) will not attend PACE on a day they are signed up for, I must notify the Program Lead at pace@danville.k12.in.us or I will be charged a $5 finder's fee each time.

Late Registration Acknowledgement

_____ I understand that if this registration is not submitted by June 30, 2025, it will automatically be put on a waiting list to be contacted AFTER August 11, 2025.

_____ I understand that if this registration is not submitted by June 30, 2025 and it is accepted after the holding period, I will be charged a $35 late registration fee that must be paid before my student can attend.

Student Schedule Acknowledgement

_____ I understand that my student may not attend PACE on a day that is not included in the program option I selected.

_____ I understand that if I need to change my student's PACE schedule, I must choose an alternative schedule within the offered selections.

Procare Acknowledgement

_____ I understand each individual listed for access to pick up including myself will have

separate PIN numbers to use at pick up.

_____ I understand that I must email pace@danville.k12.in.us to add or remove authorized pick ups.

_____ I understand that anyone not listed for access to pick up does not have a PIN number and cannot pick up my student.

Drop Off Acknowledgement (Before School PACE)

_____ I understand that there are cut off times for drop off each morning to ensure student's do not miss the bus.

Pick Up Acknowledgement (After School PACE)

_____ I understand that only the people listed under contact information and pick up will be able to pick up my child from PACE using their personalized PIN number.

_____ I understand if I am late for pick up (after 6:00 pm) more than 3 times in a school year, the Program Director will reach out to review expectations and the next steps should late pick ups continue.

PACE Contact and Communication Acknowledgement

_____ I understand that PACE is a separate program not run by my student's school and it is my responsibility to update PACE at pace@danville.k12.in.us with changes that affect my student's schedule

_____ I understand that the PACE phone number is for drop off and pick up ONLY and need to email pace@danville.k12.in.us or mdennison@danville.k12.in.us to speak with the Program Lead or Director for any questions or concerns.

_____ I understand that I must notify pace@danville.k12.in.us for general student updates, attendance updates, or any questions.

School Out Days Acknowledgement

_____ I understand that I must sign my student up to attend PACE on school out days and a $35 late sign up fee will be charged if I sign them up after the deadline or bring them when they are not signed up.

_____ I understand that if I sign my student up to attend PACE on school out days and then decide my student will not need to attend after the sign up deadline, a $20 cancellation fee will be charged in addition to the daily rate due to PACE relying on the already finalized numbers.

_____ I understand that PACE is subject to be open on school breaks based on the number of students that sign up by the deadline.

After School Clubs/ Activities

_____ I understand that in the event my student is signed up to attend an after school club, will be in tutoring, or will stay after school for any other reason at South Elementary or the

Middle School, they cannot attend PACE and must find alternate transportation.

_____ I understand it is my responsibility to inform PACE at pace@danville.k12.in.us if my student has any after school obligations and will not be at PACE on a day they are signed up for.

PACE Student Conduct Acknowledgement

_____ I have read and understand the PACE student conduct section in the PACE Parent Packet.

_____ I understand that PACE reserves the right to send my student home at any time at their discretion.

_____ I understand that PACE is an optional program for my student.

_____ I understand that PACE reserves the right to remove my student from the PACE Program at any time at their discretion.
Please see the Student Conduct section for more information.

General Acknowledgement

_____ I have read and understand the PACE Parent Packet in its entirety.

_____ I verify the PACE 2025-2026 School Year Registration Packet is filled out to the best of my knowledge.

_____ I understand that if any changes need to be made to the information provided in this registration, I must speak to the PACE Program Lead or email pace@danville.k12.in.us

Parent/ guardian signature _____ Date _____

Program Costs

Description	Days	Billing Cycle	Monthly Rate	Monthly Rate for Additional Students (5% discount)
Before School	1-2 days	Monthly	$115.00	$109.25
Before School	3-5 days	Monthly	$165.00	$156.75
After School	2 days (Tu, Th)	Monthly	$160.00	$152.00
After School	3 days (M, W, F)	Monthly	$225.00	$213.75
After School	5 days (M, Tu, W, Th, F)	Monthly	$235.00	$223.25
Staff Discount			Contact the Director for pricing	Contact the Director for pricing
School Out Days	Breaks, E-Learning, & Waiver days	Daily	$40.00	$40.00
Staff Discount	Breaks, E-Learning, & Waiver days	Daily	Contact the Director for pricing	Contact the Director for pricing
Snow Days	TBD	Daily	$15.00	$15.00
2 hour delay	TBD		N/A	N/A

Fees

Description	Days	Billing Cycle	1st Student	Additional Students
Late Pick up		Per instance	1st - $1/ min. 2nd - $2/min. 3rd - $3/min. etc	1st - $1/ min. 2nd - $2/min. 3rd - $3/min. etc
Registration Fee	Time of registration or re-enrollment		$45.00	$45.00
Late Reg. Fee	After due date		$35.00	$35.00
Late Sign Up Fee (School out days)	After sign ups have closed		$35.00	$35.00
School Out Cancellation Fee	After sign ups have closed		$20.00	$20.00
Finder's Fee		Per instance	$5.00	$5.00
Sch. Change Fee		Per instance	$15.00	$15.00
Late Payment Fee	5 business days after due date	Per billing cycle	$35.00	$35.00