



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

☐ Regwerks ☐ Mealsheet ☐ PowerSchool

☐ Class List

School: _____

Fall 2025 School Age Childcare Coversheet

Every Child, Everyday Whatever It Takes

◇ To Fees _____

Date	Steps Completed
	Received (in person/email/fax)
	Reviewed
	To Fees

Grade: _____

Last: _____

First: _____

Middle: _____

District 65 ID: _____

Start Date: _____

◇ new to SACC

sibling _____

◇ returning to SACC

sibling _____

Registered in District 65 Schools (Y/N)?

☐ Yes @ D65 Student Registration Date: _____

☐ No, D65 school registration must be completed in order to begin child care

Fee Status

****Note: \$50 non-refundable reg. fee added for 1st child & \$25 for each additional child****

Full Fee Certificate Other

* Transaction #: _____ Amt. paid: _____ date processed: _____

Session Status

Fees subject to change revised 4/11/25

Regular Session (Circle one)	Subsidy Add-on	3 (consistent) Days only	Circle the 3 consistent Days	(5 Days) Full Fee
AM	\$0.00	\$118.00	M T W Th F	\$168.00
PM	\$0.00	\$235.00	M T W Th F	\$336.00
BOTH	\$168.00 (add-on)	\$353.00	M T W Th F	\$504.00

Optional Care Program (revised 2025)

Paid ☐ Yes ☐ (check each that applies)
\$300 for 6 (HALF days)

Monthly fees

Monthly fees

☐

No Thanks

Initial here to sign-up for emergency care (\$21 per child/session):

All childcare fees are based on enrollment not attendance

Fees are due in advance of care according to our center's current payment schedule.

All SACC fees will be processed according to the current payment schedule.

Parents and caregivers will be responsible for a 4.38% processing fee which will be added to each credit card transaction.

No payments are accepted at each school!

• To start the first day of school, all SACC registration documents & payment #1 needs to be received in our SACC JEH office (1500 McDaniel Ave) by the Friday beforehand.

• Limited online registration at <https://district65.revtrak.net> will be available prior to the start of the school year

(An annual packet of registration documents is required to create/update annual SACC files per DCFS requirements)

• Mail to Evanston School District 65 SACC Fees, Attn: Jennifer Roland, Business Office, 1500 McDaniel Ave, Evanston IL 60201

(Reference your child(ren)'s first and last name or D 65 ID# on the memo line).

• Checks, money orders, credit Card (visa/master card) payments are accepted in person at 1500 McDaniel Ave.

I understand Opt Care fees are non-refundable and are initially due prior to participation in the service (Initials) _____

—The Optional Care fee is waived for approved D65 certificate families during approval period only.

Subsidy Status: D65 must be listed as a provider on the current approval otherwise regular fees must be paid until updated approval is received

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

I agree to make payments via check, credit card, or money order according to the District 65 Child Care Payment Schedule.

I understand if my payments are not received in the Child Care office by the due dates

I'm responsible for the applicable late payment fee and my child care services may be cancelled.

Parent Signature _____

Print Name: _____

Date: _____

Preferred email for communications (Please print clearly): _____

* A new USDA/CACFP enrollment form is required each year as part of the registration packet.

This form is normally available after July 1st of the school year and can be downloaded and completed from our website each year.



District 65 School Age Childcare Application 2025-2026

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

Scheduled Start Date	Birthdate	Age	Identify as:	Current School Name	Child in Special Ed?	Entering Grade	3 Days Only (Select days)	Select Session
			M Non - Binary F	School Attended Last Yr.	Yes or No	K 1	M T W Th F	AM
Returned date:					Phis or Beh	2 3	M T W Th F	PM
					Rice Park MS	4 5	M T W Th F	BOTH
					1-1 IEP? Y or N	No En Grade		OPT: FULL/HALF/FALL
			M Non - Binary F	School Attended Last Yr.	Yes or No	K 1	M T W Th F	AM
Returned date:					Phis or Beh	2 3	M T W Th F	PM
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					Rice Park MS	4 5	M T W Th F	BOTH
					1-1 IEP? Y or N	No En Grade		OPT: FULL/HALF/FALL

By signing below you are also agreeing that: In case of 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: _____ Date: _____

rev. 4/11/25



SACC PAYMENT AGREEMENT 2025-26

Please ***initial*** applicable section below, fill out information as needed, and sign agreement below:

I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of \$50 and initial payment 1 with the credit card listed below.

I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of \$50, initial payment 1, and set my childcare payments for auto pay with the credit card listed below for all remaining childcare payments (1-9) for the 2025 - 26 school year according to the payment schedule. If your enrollment was completed through the online portal your auto payment will begin with payment 2 (October 1st). EMERGENCY CARE STUDENTS ACCOUNT WILL BE AUTO PROCESSED AT EACH REQUEST.

I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of \$50 plus the optional care fee selected on my registration form if only enrolling in optional care. If you are enrolling in both childcare and optional care the \$50 reg fee will be processed once.

Credit Card

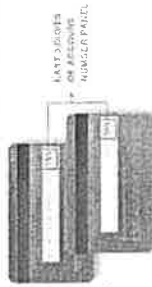
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV Code: _____



Agreement:

1. I understand that I am responsible to notify the Evanston/Skokie School District 65 immediately if credit card information changes.
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. The Evanston/Skokie School District 65 or my financial institution sends me a notice of termination of this agreement.
 - d. Auto payment will be applied in accordance with the school age childcare payment schedule and will continue accordingly beginning with payment 1 through payment 9 for the entirety of the school year. Payments will be applied on a monthly basis unless cancelled or childcare has been temporarily suspended by parent for a consecutive period of time according to the school age childcare monthly schedule.
3. I have read and agree to comply with the 2025-26 school age childcare payment information shared on this form and the school age childcare registration form.
4. I understand that a 4.38% processing fee will be charged for each credit card transaction.
5. Childcare Care cancellation must be made in writing with notice at least 5 business days prior to the start of school. All other cancellations must be made according to the 2025-2026 SACC payment schedule, which will be provided during registration with the exception of kindergarten registration.
6. Once the program has started, no prorated fees will be given for partial month's attendance or early withdrawals.

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

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

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EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day, Whatever it Takes

School Age Child Care Program

Parent Pick-up Release Form

Child's name

Site

Note: Children will not be released to minors. The pick-up person must be at least 18 years old with a valid I.D. Please complete all the information requested in the space below.

I GIVE PERMISSION FOR THE FOLLOWING ADULTS TO PICK UP MY CHILD(REN):

- | | | | |
|----|-------------|----------------|--------------------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Cell/Work# |
| 2. | _____ | _____ | _____ |
| | Name | Address | Cell/Work# |
| 3. | _____ | _____ | _____ |
| | Name | Address | Cell/Work # |

Is your child under a court order of protection? _____ **Yes** _____ **No**
If yes, a copy of the court document must be provided/attached.

Parent Signature

Date

Charlotte Carter

School Age Child Care Coordinator

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

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

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

Prescribers Office Stamp

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.



100 North First Street
Springfield, Illinois 62777-0001

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"><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"><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
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																																				
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"><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"><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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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																																				
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"><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"><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.	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
	B. Racial data of child(ren) — Mark one or more that apply.	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

6 SIGNATURE	I certify the information above is correct.	Digital or Original Signature of Parent or Guardian	Date	Telephone Number of Parent or Guardian
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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