

DANVILLE COMMUNITY SCHOOL CORPORATION

P.A.C.E.

SUMMER REGISTRATION

2026

A PROGRAM FOR POSITIVE AND
CREATIVE EXPERIENCES

SUMMER PROGRAM

THE PACE PROGRAM SERVES K - 6TH GRADE STUDENTS BY PROVIDING A SAFE AND CARING ENVIROMENT WHERE STUDENTS WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN RECREATIONAL GAMES AND ACTIVITIES, CLUBS, EVENTS, AND FIELD TRIPS.



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P.A.C.E. Summer Program 2026

A Program for Positive and Creative Experiences

Please fill out one registration for each student attending.

First name _____ Last name _____ Grade (in fall 2026) _____

Date of birth: Month _____ Day _____ Year _____

Gender: M F

Names of additional children attending (if any) _____

*A separate registration form must be filled out for each additional student.

Circle the days your student will be attending our program.

*Field trip/ events dates are listed on page 11 in the parent handbook.

2026 Summer Day Camp	Days attending (circle)	Dates	Total for week (Daily rate \$40.00 per student)	Payment for week due by
Week 1	M T W TH F	6/1 - 6/5		5/29
Week 2	M T W TH F	6/8 - 6/12		6/5
Week 3	M T W TH F	6/15 - 6/19		6/12
Week 4	M T W TH F	6/22 - 6/26		6/19
Week 5	M T W TH	6/29 - 7/3		6/26
Week 6	M T W TH F	7/6 - 7/10		7/2
Week 7	M T W TH F	7/13 - 7/17		7/10
Week 8	M T W TH F	7/20 - 7/24		7/17
Week 9	M T W TH F	7/27 - 7/31		7/24

+ \$45 nonrefundable registration fee per registration.

PACE Bag

Please select one option

_____ My student will need a PACE bag

_____ My student has a PACE bag that is in good condition and will reuse it

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 _____

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. 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 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 _____

Student Allergies/ Medical Conditions

Allergies

Allergies _____

Symptoms _____

Treatment (if any) _____

Dietary Restrictions

Dietary restrictions _____

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

Swimming Guidelines

Please read through all of the options carefully before making a selection as the options have changed.

Please circle one option in each section

Shallow End

- A. My child can swim in up to 3 feet of water **without** floaties or a life jacket
- B. My child can swim in up to 3 feet of water **with** floaties or a life jacket
- C. My child may **not** swim while at PACE (move to next page)

Deep End

- A. My child can swim in up to 12 feet of water **without** floaties or a life jacket
- B. My child can swim in up to 12 feet of water **with** floaties of a life jacket
- C. My child can **not** swim in up to 12 feet of water and must stay in the shallow end

If your student can swim in up to 12 feet of water:

- A. My child **can** use the diving board
- B. My child **cannot** use the diving board
*Students that require floaties in up to 12 feet of water are not permitted to use the diving board)

Floaties and life jackets must be provided by the student's parent or guardian.

On pool days, please have your child arrive at PACE with their swimsuits on if possible.

Please make sure each student brings the following on pool days:

- Towel
- Goggles (if needed)
- Floaties or a life jacket (if needed)
- Change of clothes

Pool toys, inflatables, water guns, etc are not permitted at the pool. Students may bring only the items listed above.

Each student's swim level chosen above will not change unless a parent/ guardian notifies a PACE Lead or the Director.

PACE Program Acknowledgement

Please read each through option carefully and initial after each section.

Student Schedule Acknowledgement

- I understand that my student may not attend PACE on a day they are not signed up for.

_____ Parent/ guardian initial

Late Registration Acknowledgement

- I understand that if this registration is not submitted by **April 27th, 2026**, it will be put on a waiting list to be contacted AFTER week one has started.

- I understand that if this registration is not submitted by **April 27th, 2026** 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.

_____ Parent/ guardian initial

Fees Acknowledgement

- I understand that there is a \$45 nonrefundable registration fee due with each registration.

- I understand that this registration is due NO LATER than April 27th, 2026 or my registration may be put on hold until after the first week has started AND charged an additional \$35 fee (seperate from the registration fee) when accepted.

- I understand that if my account falls 2 weeks behind, my student may not attend the PACE program until payment is caught up.

- I understand that a \$35 late payment fee will be charged for any payments not made by the following Monday after the due date (every Friday).

- I understand that in the event I change my student's days attending 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 for each change.

- I understand that I must purchase a PACE bag for my student if they do not have one for their belongings for \$3.00 and a replacement PACE bag will cost \$3.00.

- 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 and more than 3 late pick ups may result in dismissal from the program.

- I understand that a \$20 cancellation fee will be charged for any registrations cancelled after the sign up deadline until the end of summer.

- I understand that if my student is signed up for a field trip, the payment for that trip (cash or check) is due by the permission slip due date or they cannot attend.

- I understand I will be charged (\$3 per shirt, \$5 per shorts or pants) for any borrowed clothing that is not returned to PACE by the end of summer.

- I understand that any PACE items lost or damaged by my student will result in a replacement fee of the items worth.

_____ Parent/ guardian initial

Drop Off Acknowledgement

- I understand that if my student is signed up for a field trip, I must drop them off at South Elementary by the time stated on each permission slip or my student **cannot** attend the trip.

_____ Parent/ guardian initial

Pick Up Acknowledgement

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

_____ Parent/ guardian initial

Procure 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.

_____ Parent/ guardian initial

PACE Contact and Communication Acknowledgement

- 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.

_____ Parent/ guardian initial

Medical Permission Acknowledgement

- I understand that PACE cannot receive and administer 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 my student may not return to PACE if they are ill until they are fever free or have not vomited or had diarrhea without the aid of medication for 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 initial

Swimming Acknowledgement

- I understand that my student may only swim in the area selected on the registration and can only change upon my request.

- I understand that my student must be dropped off by 8:30 AM to participate in swimming. Otherwise, I must drop them off at the high school (door 23) and they may not be able to swim.

- I understand that my student may not bring pool toys to the high school pool.

- I understand if my student does not want to swim, there will not be any alternative activities available and toys or alternative activities may not be brought from home.

_____ Parent/ guardian initial

Athletic Camps and Clubs Acknowledgement

- I understand that if needed, I must register with PACE for transportation in the event my student is involved in athletic camps or clubs through Danville Community School Corp.

_____ Parent/ guardian initial

Summer School Acknowledgement

- I understand if my student is enrolled in summer school, I must let PACE know.

- I understand that if my student is enrolled in summer school, PACE will anticipate taking and picking up my student each day unless I notify pace@danville.k12.in.us of an alternate destination.

Example: If you will pick up your student after summer school instead of them attending PACE after.

_____ Parent/ guardian initial

Field Trip and Activity Acknowledgement

- I understand that I will receive each permission slip TWO WEEKS prior to the field trip date.

- I understand that if my student does not attend PACE on a day that permission slips are sent home, I will receive the form electronically to the email I provided under Student Contact Information and the same requirements for payment and due date will apply. You may email the form back to pace@danville.k12.in.us but payment must be paid via invoice or dropped off in person by the due date.

- I understand that I must have my student dropped off at South Elementary by the required time stated on each permission slip or my student **cannot** attend the field trip.

- I understand that if my student is NOT signed up to attend a field trip, they cannot attend PACE that day.

- I understand that any excess payment made will not be refunded and will be applied as a credit toward the next invoice.

- I understand that in the event my student does not attend a field trip they were signed up for, I will not receive a refund for the amount paid once payment has been submitted.

- I understand that my student may not attend a field trip if the permission slip AND payment are not submitted BY the due date stated on each permission slip.

- I understand that I may not pick up my student from a field trip and must wait until PACE has returned to South Elementary and must plan accordingly.

- I understand PACE may return to South Elementary AFTER the stated return time due to traffic, student delays, or any other reason.

- I understand that if my student brings money with them to purchase food, drinks, souvenirs, or other items, they are responsible for keeping track of their money and any items bought.

- I understand that my student will not be able to attend during activities at South Elementary if payment is not submitted for my student.

_____ Parent/ guardian initial

Student Purchases Acknowledgement

- I understand that if I send money with my student to PACE for extras, field trips, etc, that they are responsible for keeping track of it.

- I understand PACE is not responsible for lost or stolen money that my student brings.

_____ Parent/ guardian initial

PACE Student Conduct Acknowledgement

- I have read and understand the PACE student conduct section.

- 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 in the parent handbook for more info.

_____ Parent/ guardian initial

General Acknowledgement

- I have read and understand the PACE Summer Program Parent Handbook in its entirety.
- I verify the PACE Summer Program 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 initial

Parent/ guardian signature _____ Date _____

Program Costs

Description	Days	Billing Cycle	Daily Rate	Daily Rate for Additional Students
Daily Rate		Weekly	\$40.00	\$40.00
Staff Discount			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 Registration Sign Up Fee	After registration due date		\$35.00	\$35.00
Registration Cancellation Fee	After sign ups have closed - until first day of Summer PACE		\$20.00	\$20.00
Schedule Change Fee	Adding or removing any days	Per instance	\$15.00	\$15.00
Late Payment Fee	5 business days after due date	Per billing cycle	\$35.00	\$35.00
PACE Bag Fee			\$3.00	\$3.00
Clothing Replacement Fee		Per instance	\$3.00 - shirt \$5.00 - pants	\$3.00 - shirt \$5.00 - pants