

Nevis School Age Childcare Program

SUMMER 2019 REGISTRATION SHEET

Dear Parent/Guardian:

Summer care will be available for Kindergarten graduates to Grade 6 students. The program will operate in the Nevis Community Education Building located on the north end of the parking lot on the west side of the school. Summer SAC will enable your children to participate in many of the Community Education programs scheduled this summer. Parents will be required to complete the registration forms with Community Education for all programs including weekly registration sheets for summer SAC that are due every Tuesday for the following week.

Summer Hours will be available in week long programs for 9 weeks as follows:

Week	Date	Program
Week 1	June 3-7	ART CAMP
Week 2	June 10-14	Nature Week
Week 3	June 17-21	Game Week
Week 4	June 24-28	Science Lab
NO SAC	July 1-5	NO SAC
Week 5	July 8-12	Sports Week
Week 6	July 15-19	Puppet Theater
Week 7	July 22-26	Beach Week
Week 8	July 29 – August 2	Build It Week
Week 9	August 5-9	SAC Olympics

SAC will have drop-in care on Fridays this summer.

Our first day of summer care will be Monday, June 4th, and our last day will be Thursday, August 9th.

Rates & Discount

Monday - Thursday:	\$90
Drop in Friday:	\$25
Family discount:	Available for families with 3 or more children

Hours of Operation

Monday – Thursday	7am – 5:30 pm
Friday	8am-5:30pm

BREAKFASTS LUNCHES & SNACKS: Nevis School has a FREE breakfast & lunch program all summer. Each family is encouraged to bring snacks for the group to share. SAC will have some basic snack items on hand, and children will make their own homemade treats on occasion. We have a microwave, oven and refrigerator in the building for use.

IDENTIFICATION DATA:

Child's Name	Nickname	Birth date	Grade 2017-2018
1. _____			
2. _____			
3. _____			
4. _____			

Parent Information:

Mother or Guardian's Name _____ Phone _____

Father or Guardian's Name _____ Phone _____

Billing Address _____

Employed by _____ Work Phone _____

Telephone _____ Cell Phone _____

Email _____

Additional Emergency Contact (Name & Number) _____

HEALTH AND EMERGENCY INFORMATION

In order to insure prompt medical attention in case of an emergency we need:

Insurance Company _____ Policy Number _____

Medical Assistance Number _____

HOURS AND PICK-UP INFORMATION

Please do not pick up your child without reporting to a staff person! It is required that the staff supervisor be notified in advance if anyone other than authorized persons are to pick up your child. All children must be signed in and out each day.

List persons always authorized to take your child from the program:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

List any persons specifically NOT allowed to take your child from the program:

Each family is asked to give a special word code that non-parent adults who may be picking up this child will be able to give. Children will not be released without the care providers knowing the ID of the person picking the child up or the ID word being given.

Our family Code Word is: _____

Parent Permissions

I, as a parent or guardian, of the above named pupil grant the Nevis SAC program and its authorized representatives, the right to videotape, photograph or film my student for SAC related purposes.

Parent Signature (my signature shows that I have read and understand the release and I agree to accept its provisions)

_____ Date

I give permission for the administration of the following non-ingestible over the counter medications (mark all that apply)

- Insect Repellent
- Sunscreen
- Cortisone
- Aloe/ burn creams or sprays
- OTC Antibiotic Creams
- Other (please specify below)
- _____
- _____

I, as a parent or guardian, of the above named pupil grant the Nevis SAC program and its authorized representatives, the right to give my student the above OTC medications if needed.

_____ Date: _____

Parent Signature (my signature shows that I have read and understand the release and I agree to accept its provisions)

Any additional information:

QUESTIONS? Call in Community Education @ 218-255-0035.

Name: _____ Grade: _____
School Age Care: Week _____

Guardian: _____
Address: _____
City: _____ Zip: _____
Phone: (Day) _____ (Evening) _____
E-mail Address: _____

COMPLETE & RETURN WITH PAYMENT TO REGISTER

The following MUST be signed by all class participants age 18 and older, or by a parent /guardian of any participant under the age of 18.

I CERTIFY THAT MY DEPENDENT LISTED ABOVE (Check one)

____ IS ADEQUATELY INSURED or ____ DOES NOT HAVE INSURANCE, BUT I ASSUME ALL LEGAL RESPONSIBILITY FOR INJURIES/ACCIDENTS ARISING THERE FROM.

SIGNATURE: _____ DATE: _____