

NEVIS SCHOOL AGE CHILD CARE PROGRAM

Registration Form

Return completed form to the Nevis Community Education Office before the use of this program.

Dear Parent or Guardian:

Nevis Community Education will again be offering before and after school care at the Nevis School for Pre-K to Grade 6 students. The program will operate in the Nevis School, utilizing the cafeteria and computer lab as primary locations, gymnasiums and the playground area as conditions and use allow. This program is offered to your family full time, part time, or on a drop in basis as best serves your needs.

Students of all ages are not allowed in the building outside of school hours unless they are involved in a supervised school activity. SAC is a service to aide families that need to bring students earlier than the start of the day, or want supervised care after the school day. SAC provides a safe, fun environment for Nevis students.

HOURS: Monday – Friday 7:00 a.m. – 8:05 a.m. & After school – 5:30 p.m.

- ❖ **USE DOOR 9** (Back of school by playground area and new band & choir rooms)
- ❖ **HOURLY RATE: \$3.00 per hour –**
- ❖ **LATE FEE CHARGE: \$10 per child late FEE charge will be added for children picked up after 5:30**
- ❖ **MORNING DROP-OFF & EVENING PICK-UP** site is in the cafeteria. If the children are in another area a sign will be posted with alternate location.
- ❖ **You must sign your child in and out of school age care EVERYDAY they attend.**

SNACKS: Children receive an after school snack prepared by cafeteria staff each day. Options vary but include a milk or juice each night along with a snack that meets federal lunch program guidelines. There is no additional charge for the snack program. If your child(ren) have any allergies or sensitivities, make sure that this is noted on this registration form and ensure an emergency plan is in case of exposure.

IDENTIFICATION DATA

Child's Name	Nickname	Birthdate	Grade & Homeroom Teacher
Home Address			
Telephone (Home)		(Work)	(Cell)

EMERGENCY CONTACTS

List at least two Emergency Contacts other than parent's.

Name:		
Telephone (Home)	(Work)	(Cell)
Name:		
Telephone (Home)	(Work)	(Cell)

PARENTS OR GUARDIANS

Mother or Guardian's Name	Address (if different from dependents)	Work Phone
Father or Guardian's Name	Address (if different from dependents)	Work Phone

ESTIMATED HOURS AND PICK-UP INFORMATION

Please indicate the anticipated: # days each week: _____ Hour of arrival: _____ & departure _____.

PLEASE DO NOT PICK UP YOUR CHILD WITHOUT REPORTING TO A STAFF PERSON AND SIGNING IN & OUT ON THE DESIGNATED FORM.

List persons **ALWAYS** authorized to take your child(ren) from the program.

List person **NEVER** authorized to take your child(ren) from the program.

HELPFUL ADDITIONAL INFORMATION

Please list any information that you think will be helpful to our staff in better knowing and understanding your child. Our goal is to make every child feel welcome and find enjoyable activities in our program. The more we know, the better we can serve each child. (Please attach a separate sheet if needed.)

- ❖ What kinds of experiences has your child had with groups of children?
- ❖ Special interests or favorite activities.
- ❖ Special needs of the child. (Allergies, diet restrictions, etc.)
- ❖ Particular behavior difficulties or potential problems that could be experienced.

QUESTIONS?

Jackie Brakke – Nevis Community Education Assistant/SAC Supervisor
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