

# Nevis School Age Childcare Program **SUMMER 2017 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 5-8	
Week 2	June 12-15	
Week 3	June 19-22	
Week 4	June 26-29	<b>BEACH WEEK</b>
<b>NO SAC</b>	July 3-7	<b>NO SAC</b>
Week 5	July 10-14	
Week 6	July 17-21	
Week 7	July 24-28	
Week 8	July 30 – August 3	
Week 9	August 7-11	<b>BEACH WEEK</b>

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

**Our first day of summer care will be Monday, June 5th, and our last day will be Thursday, August 11<sup>th</sup>.**

**Rates & Discount**

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

**Hours of Operation**

<b>Monday – Thursday</b>	<b>7am – 5:30 pm</b>
<b>Friday</b>	<b>8am-5:30pm</b>

**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 2016-2017
1. _____			
2. _____			
3. _____			
4. _____			

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent Information:**

Mother or Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

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 Jackie in Community Education @ 218-652-3500.**

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: \_\_\_\_\_

