

2022 NRHEG School Age Care

3 Years - 5th Grade

Summer Registration Packet

NRHEG School Age Care

ELLENDALE site: (507)416-2137 (room B116)

NEW RICHLAND site: (507)417-2626 (room C113)

COMMUNITY EDUCATION: (507) 417-2667 (office located in Secondary School, B121)

rpowell@nrheg.k12.mn.us – School Age Care Coordinator

How do I get registered for NRHEG School Age Care?

All pages of this packet must be COMPLETELY filled out.

Make sure you have the Parent Handbook

1. MUST BE AT LEAST 3 YEARS OLD BY SEPT 1, 2022.
 1. Fill out all pages
 - a. If medication is needed on a non-school day, a form will need to be filled out and medication given to staff in the original container with instructions.
 2. Write a check for the registration fee plus prepayment of the first two weeks of the school year.
 3. Turn in the packet and check to the Community Education Office (located in the Secondary Building), either school office in New Richland or Ellendale, or the SAC classroom in either school building. The Coordinator will contact you after reviewing your registration packet for an orientation.
 4. A cold breakfast and an afternoon snack are included in the cost per week.

Your child will not be registered for NRHEG School Age Care until this packet and the fees have been turned in.

Summer 2022 Registration Form/Contract

Child's name _____ Home phone _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Grade in Fall 2022: ____

Parent/Guardian name _____ Place of Employment: _____

Phone (cell): _____ (work) _____ E-mail addresses: _____

Parent/Guardian name _____ Place of Employment: _____

Phone (cell): _____ (work) _____ E-mail addresses: _____

Child resides with: ___Mother ___Father ___Both ___Other _____

Authorized persons to pick up my child: _____

Persons **NOT** authorized to pick up child: _____

Emergency Contacts & Pick-Up Authorization

The Parent/Guardian is authorizing the following people to be an emergency contact and authorized pick up for the child named above:

1. Name _____ Relationship to child: _____ Phone _____

2. Name _____ Relationship to child: _____ Phone _____

3. Name _____ Relationship to child: _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Has child had any of the following, and if so, please explain:

___ Operations or serious injuries(date/s) _____

___ Chronic or recurring illnesses _____

___ Allergies/Asthma _____

___ Dietary restriction/s _____

___ Special needs / IEP _____

___ Yes ___ No Is the child taking any medications? _____

Does your child have a communicable disease or condition which may prove to be a risk to others? ___ Yes ___ No If yes, please explain: _____

Other Significant information about your child's behavior that would be helpful to know: _____

Parent/Guardian's Release of Liability and Authorization. If you agree, please initial after each statement. I understand that SAC assumes no responsibilities for injuries or illnesses which my minor child may sustain as a result of participating in childcare activities. Some of these activities may include, but are not limited to, jumping, climbing, running, swimming, social contact, or other activities that involve inherent risk. As the parent/guardian of this minor child, I recognize the inherent risk in these and other activities and hereby agree to release, discharge, indemnify and hold harmless SAC for injury and accident or illness occurring at or in the course of the hours of operation. In the event that my child needs immediate medical attention for injuries received while participating in SAC activities, I authorize SAC staff to give my child reasonable first aid, and to arrange for the transportation of my child to a health care facility for emergency services. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes _____. My child has permission to walk and or be transported by SAC to and from field trips _____. I hereby acknowledge that SAC will assume any parent or person listed above of the child may pick up the child during the program unless there is pertinent court documentation on file at SAC that indicates otherwise _____. I hereby release all pictures of my child taken by SAC for promotional purposes and programming materials including the SAC website _____. I also understand that there is NO NURSE on staff monitoring ANY medical situation that may arise _____. I have also carefully read and agree to all terms in the parent handbook _____.

Parent/Guardian Signature _____ Date ____/____/____

NRHEG SAC 2022 Payment Contract

Please select the package you want. Rates are for one child.

If there are days or weeks your child will not attend SAC, please note this on your attendance contract before the summer starts otherwise you will be billed for those days/weeks. If you fail to select a payment package the coordinator will assign one based on the average hours of attendance	
0-4 hours per week = \$16.00	4-8 hours per week = \$30.00
8-12 hours per week = \$43.00	12-16 hours per week = \$56.00
16-20 hours per week = \$68.00	20-24 hours per week = \$78.00
24-28 hours per week = \$90.00	28-34 hours per week = \$105.00
34-40 hours per week = \$110.00	40-50 hours per week = \$125.00

You will only be charged for the care that you contract for (e.g. if you need 19 hours one week – you will be billed for \$68, if you need 40 or more hours one week it's \$125, if you don't need care one week, it's \$0) unless you go over your amount of hours for that week (e.g. if you normally have your child at SAC 3 hours a week and you need 5.5 hours one week, you will be automatically billed \$30.00 for the week that you go over your normal contracted hours).

A \$20.00 non-refundable registration fee is charged per child or \$35.00 per family and due upon registration for all summer attendees. You will be billed every other Monday/Tuesday. If no payment is received by Friday of the same week your account will be charged a \$15.00 late payment fee. A late fee of \$1.00 per minute will be charged for picking up a child after 5:45 p.m. – After the 3rd incident, it is \$5.00/minute per child and services may be discontinued. Community Education and NRHEG School Age Care reserves the right to cancel this contract at any time.

**I have read, understand and agree to the statements above and the NRHEG SAC billing fees and policies. For further information, you can go online at <http://www.nrheg.k12.mn.us>.
Click on Community Education, NRHEG School Age Care.**

Parent/Guardian's Signature: _____ Date ____/____/____

Currently NRHEG SAC does NOT accept CCAP (daycare assistance). Please let us know (with an 'X')__ if you receive childcare assistance through the county; if there are enough families that currently qualify for assistance SAC will pursue becoming certified in order to accept childcare assistance for families in the future. A sliding fee is available to qualifying families, please ask for the application!

I have been approved for a Sliding Fee discount through NRHEG SAC, I have been approved for a discount of ____% per week.

Parent Signature: _____ Date: _____

NRHEG School Age Care 2022 Summer Attendance Contract

CARE AVAILABLE IN NEW RICHLAND ONLY

Registration Deadline: May 2nd (email Rachel if registering after May 2)

Child's Name: _____ grade: _____

If your child could attend either site, please circle both sites.

If only 1 site is an option for you this summer, circle only that site.

There is a minimum attendance requirement that needs to be met before a site will be opened for the summer.

Please "X" the days your child WILL ATTEND.

You will only be billed for the days you indicate care is needed below. Please notify us at least a week in advance if your child's schedule has changed so we can make that adjustment to your contract so you are billed accordingly. If you just need drop in care, please indicate that next to your child's name at the top (you will only be billed for the time your child is here).

Monday	Tuesday	Wednesday	Thursday	Friday
				June 3 – CLOSED for cleaning / planning
June 6 - CLOSED for staff meetings	June 7 – CLOSED for summer prep	June 8	June 9	June 10
June 13	June 14	June 15	June 16	June 17
June 20	June 21	June 22	June 23	June 24
June 27	June 28	June 29	June 30	July 1 - CLOSED
July 4 – CLOSED	July 5 - CLOSED	July 6	July 7	July 8
July 11	July 12	July 13	July 14	July 15
July 18	July 19	July 20	July 21	July 22
July 25	July 26	July 27	July 28	July 29
Aug 1	Aug 2	Aug 3	Aug 4	Aug 5
Aug 8	Aug 9	Aug 10	Aug 11	Aug 12
Aug 15	Aug 16	Aug 17	Aug 18	Aug 19
Aug 22	Aug 23	Aug 24	Aug 25	Aug 26
Aug 29 – CLOSED District staff meeting	Aug 30	Aug 31	Sept. 1	Sept. 2

SAC Summer Hours = 6:45 am to 5:45 pm

My child will be dropped off around: _____ a.m. and picked up around: _____ p.m.