



# School Age Care (SAC) Contract

School Year: 2021-2022

For children entering grades PreK-6

Dear Parents/Guardians,

Please fill out the following information. This form must be on file before your child may attend SAC. One form per family is adequate as long as all information for each child is listed.

Family Name:	
Home Address:	
City:	Zip:
Birthdate:	Email Address:
Person responsible for payments:	
Mother's Name and Phone:	Father's Name and Phone:
Mother - Alternate Phone:	Father - Alternate Phone:

### Enrollment Schedule - Charged by the hour – no fractions of hours will be calculated.

Early Pick Up Plan:	2:45-3:45 PM	\$5.00 per child/per day
Regular Plan:	2:45-4:45 PM	\$8.00 per child/per day
Full Plan:	2:45-5:45 PM	\$10.00 per child/per day

### Long Term Enrollment

Please check the days you will need care for your child/ren:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

### Drop In Basis

\_\_\_\_\_ Drop-in basis (as space allows). Call by noon to check availability.

### OTHER

\_\_\_\_\_ Early dismissal days (Check school calendar - 12:45 -5:45 PM)

Please indicate your child/ren's approximate pickup time from the SAC program: \_\_\_\_\_

### Family Information:

SAC student is living with: Both Parents\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_  
Other (please state relationship) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

List the names and ages of children:

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_

4. Name \_\_\_\_\_ Age \_\_\_\_\_

5. Name \_\_\_\_\_ Age \_\_\_\_\_

Any special needs of the child (allergies, special diet, etc.)?

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Is there any information you wish to share with the SAC staff in order that we might meet your child's needs more effectively?

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**Authorization:**

Persons authorized to pick up your child from the program:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Persons **NOT** authorized to pick up your child from the program:

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_

**Permission Signatures:**

I hereby grant permission for my child/ren to use all the play equipment in the SAC program.

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Parent/Guardian Signature

Date

I hereby grant permission for my child/ren to be included in pictures and publicity connected with the SAC program.

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Parent/Guardian Signature

Date

I give permission to the SAC program to take whatever emergency measures are judged necessary for the care and protection of my child/ren while under their supervision. In case of a medical emergency I understand that my child will be transported to any appropriate facility by the emergency unit for treatment, if the local emergency resources team deems it necessary. It is understood that in some medical situations the SAC staff will need to contact the local emergency resources before the parent, the child's physician, and/or other adults acting on the parents behalf are notified. I understand that any expenses will be borne by the child's family.

**Please sign and return to John Ireland School before your child begins the JI SAC Program.**

1. I understand I must notify SAC if my child will be absent from the SAC program if the child is expected.
2. I understand I must enter the building and sign my child/ren out on the attendance sheet each day my child attends SAC.
3. I understand I must notify the SAC program if someone other than an authorized person will be picking up my child/ren.
4. I understand I must make child care payments through my TADS account by the 20<sup>th</sup> of each month.
5. I understand the school will take the necessary precautions to create a safe and healthy environment for my child/ren during this pandemic, but there are increased risks this school year.

I have read and understand the information stated above.

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Parent/Guardian Signature

Date