



School Age Care (SAC) Contract

School Year: 2022-2023

For children entering grades PreK-6

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 Plan (select one)

- Early Pick Up Plan: 2:45-4:00 PM \$6.00 per child/per day**
- Full Plan: 2:45-5:45 PM \$11.00 per child/per day**
- Drop in Basis: 24 hours notice must be given and will depend on availability.**

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

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please note:

Calendars will be sent home each month so you can select the days in which your child/ren will be attending SAC. These calendars must be returned to school by the 1st of the month. If your child attends SAC without a returned calendar an extra \$10 will be added for each day your child attends.

\$5 is added for every 5 minutes after pick up time.

\$20 late fee is added for late payment.

Any changes to your plan should be communicated before 10:00 AM on the day you wish to change your enrollment plan. \$10 per day will be added if no communication is received.

Billing will be completed through TADS.

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.)?

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.

Parent/Guardian Signature

Date

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

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 20th 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.

Parent/Guardian Signature

Date