



## SFCS Summer Care Registration Form 2018

For students ages 3 – 6, if 6 by Sept 1, 2018 please use other form

**CHILD'S NAME:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Current School:** \_\_\_\_\_ **Current Grade (please circle):** PK3 PK4 PK5 KG

**DIRECTIONS:** To register, complete this form, include/attach a \$60.00 non-refundable registration/activity fee per child and return to your after school coordinator by **March 9, 2018**. A separate registration form (filled out completely) is required for each student in a family. Summer Care location is at Holy Spirit School.

**Schedule Options:**

- Full Day** – Schedule/lunch (7:00 a.m. to 6:00 p.m.) / 5 days week **\$155.00/wk** (per child)
- Half Day** – Morning schedule/lunch (7:00-12:30) / 5 days week **120.00/wk** (per child)
- Half Day** – Afternoon schedule/no lunch (12:30-6:00) / 5 days week **105.00/wk** (per child)
- Partial Week** – 7:00 am-6:00 pm / 2.5 to 3 days week **115.00/wk** (per child)
- Partial Week** – 7:00 am-6:00 pm / 1 to 2 days week **90.00/wk** (per child)

**ENROLLING:** Check attendance weeks, circle the applicable rate for each week checked, and circle the days attending for the week.

<b>X</b>	Week No. and Dates	Full Day	Half Day AM/PM	2.5-3 days	1-2 days	Total/Week	Pmt Due date	Days Attending
	<b>1</b> (May 21 –May 25)	\$155	\$120 / \$105	\$115	\$90	\$	May 20 <sup>th</sup>	M T W R F
	<b>2</b> (May 29 –June 1)*	\$124	\$96 / \$84	\$115	\$90	\$	May 20 <sup>th</sup>	M T W R F

<b>X</b>	<b>3</b> (June 4 –June 8)	\$155	\$120 / \$105	\$115	\$90	\$	June 1 <sup>st</sup>	M T W R F
	<b>4</b> (June 11 –June 15)	\$155	\$120 / \$105	\$115	\$90	\$	June 1 <sup>st</sup>	M T W R F

<b>X</b>	<b>5</b> (June 18 –June 22)	\$155	\$120 / \$105	\$115	\$90	\$	June 15 <sup>th</sup>	M T W R F
	<b>6</b> (June 25 –June 29)	\$155	\$120 / \$105	\$115	\$90	\$	June 15 <sup>th</sup>	M T W R F

<b>X</b>	<b>7</b> (July 2 –July 6)*	\$124	\$96 / \$84	\$115	\$90	\$	July 1 <sup>st</sup>	M T W R F
	<b>8</b> (July 9 –July 13)	\$155	\$120 / \$105	\$115	\$90	\$	July 1 <sup>st</sup>	M T W R F

<b>X</b>	<b>9</b> (July 16 –July 20)	\$155	\$120 / \$105	\$115	\$90	\$	July 15 <sup>th</sup>	M T W R F
	<b>10</b> (July 23 –July 27)	\$155	\$120 / \$105	\$115	\$90	\$	July 15 <sup>th</sup>	M T W R F

<b>X</b>	<b>11</b> (July 30 –Aug 3)	\$155	\$120 / \$105	\$115	\$90	\$	July 25 <sup>th</sup>	M T W R F
	<b>12</b> (Aug 6 –Aug 10)	\$155	\$120 / \$105	\$115	\$90	\$	July 25 <sup>th</sup>	M T W R F

√ - Please note there is NO SUMMER CARE scheduled for the week of August 13<sup>th</sup> – 17<sup>th</sup>

\*Summer Care is closed Monday, May 28<sup>th</sup> for Memorial Day and Wednesday, July 4<sup>th</sup> for Independence Day.

**BILLING NOTES:**

- All 2017-2018 school year tuition must be paid in full prior to attendance.
- Summer Care fees are payable by ACH, credit card, or check/cash. Fees must be paid prior to each week's attendance. Contact TADS (1-800-477-8237) to make changes to your existing payment arrangements or the SFCS Business Office (605-575-3355) to set up your ACH or credit card payment schedule.
- Weekly rate includes lunch (at 11:00 a.m.), and morning/afternoon snacks. (No fast food lunches or delivered meals.)
- There is a \$1 per minute/per child late fee for children who are picked up after the 6:00 p.m. closing time.
- City pool swimming passes are required for any child wishing to participate in Summer Care swimming activities.
- Special activities may require fees (calendars will reflect activities/cost/permission, etc.).

**REFUND POLICY:**

- Refunds available for full weeks only if notification is made in writing 15 days prior to the payment due date. Refund requests must be made in writing to [igaspar@sfcss.org](mailto:igaspar@sfcss.org) or mailed to Accounts Receivable at 3100 W. 41<sup>st</sup> St., Sioux Falls, SD 57105.  
No Refunds will be issued for any requests that do not follow these guidelines.

Parent/Guardian Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Please Print Name): \_\_\_\_\_

(Date Received \_\_\_\_\_ Check# \_\_\_\_\_)



# SFCS Summer Care Program Student Emergency Information

**\*\*This form must be completed and turned in with registration form by March 9th , 2018\*\***

**Please print all information.** This form will be used to contact you in case of an emergency. Please be sure all information is correct and complete. This information will be kept confidential.

**FAMILY NAME:** \_\_\_\_\_

<b>Child #1:</b> _____	Date of Birth: _____ Age: _____	Current Grade: _____
<b>Child #2:</b> _____	Date of Birth: _____ Age: _____	Current Grade: _____
<b>Child #3:</b> _____	Date of Birth: _____ Age: _____	Current Grade: _____
<b>Child #4:</b> _____	Date of Birth: _____ Age: _____	Current Grade: _____

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**Only the following persons are authorized to pick up my child:**

<b>Name:</b> _____	<b>Relationship</b> _____
<b>Name:</b> _____	<b>Relationship</b> _____
<b>Name:</b> _____	<b>Relationship</b> _____
<b>Name:</b> _____	<b>Relationship</b> _____

**If parent/guardian cannot be reached in case of emergency, I authorize the Summer Care staff and the following people to grant permission for treatment:**

1) <b>Name:</b> _____	Home Phone: _____
Relationship to Child: _____	Work Phone: _____
2) <b>Name:</b> _____	Home Phone: _____
Relationship to Child: _____	Work Phone: _____
3) <b>Physician's Name:</b> _____	Phone: _____
Hospital Preference: _____	Phone: _____

**Medical Considerations/Conditions:**

Child Name	Allergies/Medical Condition/Medication
_____	_____
_____	_____
_____	_____

- My child's immunization records are on file at SFCS. List Name of School \_\_\_\_\_
- I have attached my child's immunizations records.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EMERGENCY MEDICAL INFORMATION

**In case of school-related accidents, illness or school dismissal communication, please complete.**

Child's Name: \_\_\_\_\_

Hospital Preference:   Avera McKennan           /           Sanford

Please list any significant health information which should be known by the school or attending physician (allergies, asthma, medications, pre-existing condition, etc.):

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Parental Consent for my child to take appropriate dosage of non-aspirin pain reliever (if warranted):    **YES**        **NO**

**Parental Consent for emergency medical permission:**

*I hereby consent to any medical services that may be required while any of the above children are under the supervision of an employee of the Sioux Falls Catholic Schools while on school sponsored activities and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed physician or medical emergency provider.*

*Responsibility for payment of ambulance, physician and/or hospital expenses is that of the parent or guardian.*

\_\_\_\_\_  
Parent/Step Parent/Guardian Signature

\_\_\_\_\_  
Date

*\* You must notify the school as soon as possible if any of the above information changes. \**