



# SFCS Summer Care Registration Form 2019

For students ages 6 and up, if not 6 by Sept 1, 2019 please use other form

CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade (please circle): PK5 KG 1 2 3 4 5 6

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 8<sup>th</sup>, 2019**. 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 \$145.00/wk (per child)
- Half Day – Morning schedule/lunch (7:00-12:30) / 5 days week 110.00/wk (per child)
- Half Day – Afternoon schedule/no lunch (12:30-6:00) / 5 days week 95.00/wk (per child)
- Partial Week – 7:00 am-6:00 pm / 2.5 to 3 days week 105.00/wk (per child)
- Partial Week – 7:00 am-6:00 pm / 1 to 2 days week 80.00/wk (per child)

ENROLLING: Check attendance weeks, circle the applicable rate for each week checked, and circle the days attending for the week. The field trip column notes when field trips are planned. A separate field trip permission form will need to be completed prior to participating.

| X | Week No. and Dates | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date         | Days Attending | Field Trips |
|---|--------------------|----------|----------------|------------|----------|------------|----------------------|----------------|-------------|
|   | 1 (May 20–May 24)  | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | May 20 <sup>th</sup> | M T W R F      |             |
|   | 2 (May 28–May 31)* | \$116    | \$88 / \$76    | \$105      | \$80     | \$         | May 20 <sup>th</sup> | M T W R F      | Tues        |

| X | Week No. and Dates   | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date         | Days Attending | Field Trips   |
|---|----------------------|----------|----------------|------------|----------|------------|----------------------|----------------|---------------|
|   | 3 (June 3 –June 7)   | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | June 1 <sup>st</sup> | M T W R F      | Tues or Thurs |
|   | 4 (June 10 –June 14) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | June 1 <sup>st</sup> | M T W R F      | Tues          |

| X | Week No. and Dates   | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date          | Days Attending | Field Trips |
|---|----------------------|----------|----------------|------------|----------|------------|-----------------------|----------------|-------------|
|   | 5 (June 17 –June 21) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | June 15 <sup>th</sup> | M T W R F      | Tues        |
|   | 6 (June 24 –June 28) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | June 15 <sup>th</sup> | M T W R F      | Tues        |

| X | Week No. and Dates  | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date         | Days Attending | Field Trips |
|---|---------------------|----------|----------------|------------|----------|------------|----------------------|----------------|-------------|
|   | 7 (July 1 –July 5)* | \$116    | \$88 / \$76    | \$105      | \$80     | \$         | July 1 <sup>st</sup> | M T W R F      |             |
|   | 8 (July 8 –July 12) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | July 1 <sup>st</sup> | M T W R F      | Tues        |

| X | Week No. and Dates    | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date          | Days Attending | Field Trips  |
|---|-----------------------|----------|----------------|------------|----------|------------|-----------------------|----------------|--------------|
|   | 9 (July 15 –July 19)  | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | July 15 <sup>th</sup> | M T W R F      | Tues and Wed |
|   | 10 (July 22 –July 26) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | July 15 <sup>th</sup> | M T W R F      | Tues         |

| X | Week No. and Dates  | Full Day | Half Day AM/PM | 2.5-3 days | 1-2 days | Total/Week | Pmt Due date          | Days Attending | Field Trips   |
|---|---------------------|----------|----------------|------------|----------|------------|-----------------------|----------------|---------------|
|   | 11 (July 29 –Aug 2) | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | July 25 <sup>th</sup> | M T W R F      | Tues          |
|   | 12 (Aug 5 –Aug 9)   | \$145    | \$110 / \$95   | \$105      | \$80     | \$         | July 25 <sup>th</sup> | M T W R F      | Tues or Thurs |

◆Please note there is NO SUMMER CARE scheduled for the week of August 12<sup>th</sup> – 16<sup>th</sup>  
 \*Summer Care is closed Monday, May 27<sup>th</sup> for Memorial Day and Thursday, July 4<sup>th</sup> for Independence Day.

**BILLING NOTES:**

- All 2018-2019 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 [jgaspar@sfcss.org](mailto:jgaspar@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 Medical Information

**\*\*This form must be completed and turned in with registration form by March 8, 2019\*\*  
\*\* Please complete one Student Emergency Medical Information form per family \*\***

Please print all information. In case of summer care-related accidents, illness or summer care dismissal communication, please complete.

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

**Child #1:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Child #2:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Child #3:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Child #4:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Hospital Preference:** Avera McKennan / Sanford

**Physician First and Last Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Conditions (please state clearly which child):**

\_\_\_\_\_

**Allergies (please state clearly which child):**

\_\_\_\_\_

**Medications (please state clearly which child):**

\_\_\_\_\_

**If my child needs the following, I authorize summer care personnel to administer (check all that apply):**

- Acetaminophen (Tylenol)  Ibuprofen (Advil/Motrin)

Administration of “over the counter” medication will be at the discretion of the appointed personnel, consistent with the recommended dose for age as defined on package guidelines.

**Medical Release:**

*I hereby consent to any medical services that may be required while my child is under the supervision of an employee of the Sioux Falls Catholic Schools Summer Care program and hereby appoint a SFCS Summer Care 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 is that of the parent or guardian.*

- Yes, I agree to the above medical release.

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

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



# SFCS Summer Care Program Student Emergency Information

**\*\*This form must be completed and turned in with registration form by March 8, 2019\*\***  
**\*\*Please complete one Student Emergency Information form per family\*\***

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) **Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- 2) **Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- 3) **Physician's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunization Records:**

- 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:** \_\_\_\_\_