



SFCS Summer Care Registration Form 2019

For students ages 3 – 5, if 6 by Sept 1, 2019 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 8, 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 \$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. 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)	\$155	\$120 / \$105	\$115	\$90	\$	May 20 th	M T W R F	
	2 (May 28–May 31)*	\$124	\$96 / \$84	\$115	\$90	\$	May 20 th	M T W R F	Thurs

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)	\$155	\$120 / \$105	\$115	\$90	\$	June 1 st	M T W R F	Tues or Thurs
	4 (June 10 –June 14)	\$155	\$120 / \$105	\$115	\$90	\$	June 1 st	M T W R F	Thurs

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)	\$155	\$120 / \$105	\$115	\$90	\$	June 15 th	M T W R F	Thurs
	6 (June 24 –June 28)	\$155	\$120 / \$105	\$115	\$90	\$	June 15 th	M T W R F	Thurs

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)*	\$124	\$96 / \$84	\$115	\$90	\$	July 1 st	M T W R F	
	8 (July 8 –July 12)	\$155	\$120 / \$105	\$115	\$90	\$	July 1 st	M T W R F	Thurs

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)	\$155	\$120 / \$105	\$115	\$90	\$	July 15 th	M T W R F	Thurs
	10 (July 22 –July 26)	\$155	\$120 / \$105	\$115	\$90	\$	July 15 th	M T W R F	Thurs

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)	\$155	\$120 / \$105	\$115	\$90	\$	July 25 th	M T W R F	Thurs
	12 (Aug 5 –Aug 9)	\$155	\$120 / \$105	\$115	\$90	\$	July 25 th	M T W R F	Tues or Thurs

♦Please note there is NO SUMMER CARE scheduled for the week of August 12th – 16th
 *Summer Care is closed Monday, May 27th for Memorial Day and Thursday, July 4th 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 or mailed to Accounts Receivable at 3100 W. 41st 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 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: _____

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: _____

Father's Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Home Phone: _____

E-mail Address: _____

Mother's Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Home Phone: _____

E-mail Address: _____

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

Name: _____	Relationship _____
Name: _____	Relationship _____
Name: _____	Relationship _____
Name: _____	Relationship _____

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:** _____