

# SAC

Is our after school  
program.

If you need it once a  
month or every day,  
this is the registration  
packet you'll need.

# St. Joseph's SAC

315 Southwest 21<sup>st</sup> St.

Grand Rapids, Minnesota

Phone: 218-326-6232 ext. 3

Welcome to another year of SAC here at St. Joseph's. SAC stands for School Aged Care. SAC is an after school program held at our school from 2:55 until 6:00 every school day. After school, the children signed-up for SAC come to the SAC room, have a snack and PLAY!

A typical day at SAC starts with a snack after school. We offer our students the choice between staying in the SAC room and playing games; working on craft projects, reading or just taking it easy after a busy day at school, or they may choose to go outside or to the gym to burn off some energy. Homework help and quiet reading is also offered in the library. At SAC we try to offer as many choices as possible. That allows us to support both those students who need a quiet environment after school and those who need to chase after a ball or jump rope. The children also have the chance to change clothes after they check-in at SAC. If you want to send play clothes with your child, please do so. This can save on uniform wear-and-tear!

**In order for your child to be enrolled in our SAC program, we need a registration form (one per family) a signed parent contract (one per family) an emergency authorization form (one per CHILD) and a calendar marked with the days your children will be attending SAC. The monthly calendar is very important. We need them for planning staff and snacks, but most importantly so we know who to expect each afternoon. We absolutely have to know if your child is coming to SAC. If your child is not signed up for SAC and you know in the morning that they need to come, please send a note to school indicating that they will be at SAC and give the SAC program a call leaving us a message. If an emergency comes up during the day, you need to call to let us know that your child will be coming to SAC. If this happens, please make two phone calls, one to leave a message on the SAC phone, which we will get about 2:30, and a second call to the school office to alert them that your child needs to stay at SAC. It is very important that we know to**

expect your child, because if they don't show up at the SAC room then we know to go looking for them. If we are expecting your child and they don't show, we always find where they are, but if we aren't expecting them, then we don't know to go looking. The safety of all our kids is our highest priority.

Our SAC program is a very special part of our school. By allowing our students the chance to relax and play together, very unique friendships are formed. It is not uncommon in our SAC room for a fifth grader to read to a first grader, or to find a kindergartener playing kickball with a sixth grader. We have incredible kids here at St. Joseph's, and our SAC program is a wonderful reflection of that:

Fees for the 2019-2020 school year will remain the same. The cost is \$6.00 for student picked-up before 4:30 and \$8.00 for students picked-up between 4:30 and 6:00.

We are really looking forward to spending time with your children again this year. Please call if you have any questions.

Thank you,  
SAC staff

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315 Southwest 21<sup>st</sup> Street  
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## Family Registration Form

Parent's name(s) \_\_\_\_\_

Child(ren)'s name(s)

1. \_\_\_\_\_ birthdate \_\_\_\_\_
2. \_\_\_\_\_ birthdate \_\_\_\_\_
3. \_\_\_\_\_ birthdate \_\_\_\_\_
4. \_\_\_\_\_ birthdate \_\_\_\_\_

Child's Primary Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Child's Alternative Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent(s) or Guardian(s) with whom the child lives:

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone(work) \_\_\_\_\_

Phone(work) \_\_\_\_\_

(cell) \_\_\_\_\_

(cell) \_\_\_\_\_

Contact other than mom or dad for health and/or emergency pick up:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please tell us anything about your child(ren) it would be helpful to know:

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## Emergency Medical Authorization

\_\_\_\_\_  
(Child's Last Name)

\_\_\_\_\_  
(Child's First Name)

In the event of illness or injury to my child, which in the judgement of the SAC staff requires emergency treatment, my permission is granted to call the following medical personnel after attempts made to contact me by telephone have been unsuccessful: **ONE Per Child.**

Doctor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby release St. Joseph School Age Care Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parent/Guardian signature \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: the staff will not administer any prescription or nonprescription drugs for any reason. Please notify staff if your child is ill with a communicable disease.**

Emergency Contacts:

Please give the name and phone number of two people who may be contacted in case of emergency or illness, when the parent or guardian is not available.

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please list any special information that is important for us to know \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Child's Last Name)

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Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

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Parent/Guardian signature \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Date \_\_\_\_\_

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Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please list any special information that is important for us to know \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dentist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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Emergency Contacts:

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Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Please list any special information that is important for us to know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Parent Contract

In consideration of my child's participation in the St. Joseph's School Age Care Program, I agree to do the following:

1. I agree to pay as my share of the SAC program an amount determined by the number of sessions my child is attending.
2. I agree that I will pick up my child by 6:00 p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event that child is not picked up by 6:05 p.m. a fee of \$1 per minute will be charged. I understand that after 6:15 p.m. my emergency contact will be called.
3. I agree to personally pick up my child from the SAC room and to sign him or her out for the day except when I have authorized in writing or verbally alternative arrangements. I agree to verbally communicate with SAC staff that my child has been signed out.
4. I agree that the St. Joseph's School Board will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the St. Joseph's School Board.
5. In the event of continued late payment of tuition, late pick up of my child, or for any other good cause, St. Joseph's School has the right to remove my child from the SAC program.
6. In the event of any emergency, I give my permission to the teacher to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
7. I understand that if the SAC program is terminated because enrollment is not sufficient or for any other reason given by the school board, all money paid by me for the period after termination will be refunded to me.
8. I agree to inform the SAC program at least one day in advance if my child will not be attending SAC. If not, charges for that day may still be incurred.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, St. Joseph School Age Care Program

\_\_\_\_\_  
Date



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# September 2019

Mon	Tues	Wed	Thur	Fri
2	3	4	5	6
NO SAC.	First Day of SAC			
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

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

Please indicate on the calendar which days your child will be attending SAC.  
Thank you!

Fees: Pick-up before 4:30 - \$6.00

Pick-up between 4:30 and 6:00 - \$8.00

Parent's Signature: \_\_\_\_\_