

**Grace School-Age Child Care Program**

**We are now accepting registrations for the**

**2022-2023 school year!**

 **Hours of care:**

6:30 AM – Start of school

End of school – 6:00 PM

**\*\*no AM care at Altoona Schools at this time\*\***

**Cost:**

**Registration fee:** $80.00 per child, $100.00 per family

**Deposit fee:** $75 per child (Deposit fee is not needed if choosing the

Automatic withdrawal/ACH payment option)

**Monthly usage fee:** $4.75

Both school districts that we are in, are charging a usage fee for us to be in the buildings. While we understand that schools are struggling to make budget we have attempted to keep our rates down for years. We are hoping that with the fee adjustments we are making we can continue on serving your families.

Grace School-Age Childcare Program provides before and after school care for children 5 through 12 years of age in a safe environment. Through a well supervised, choice-oriented program, Grace School-Age Childcare creates and utilizes teachable moments to nurture children’s developmental needs, while encouraging interpersonal relationships, positive self-expression, communication, positive self-image, intellectual growth, physical and active play, and creative expression.

This form is fillable, so please complete and email the form to: *SACCregistration@graceluthfound.com*

OR drop off @ 3410 Sky Park Blvd., Eau Claire

 OR mail to: Grace School-Age Childcare, PO Box 287, Eau Claire, WI 54702

***Be advised staff cannot accept registrations/ money at the program site!***

**If you have any questions or concerns please contact-**

 **Tyler Papierniak**

**715-832-3003 ex.1 tyler.papierniak@graceluthfound.com**

**2022-2023 Grace School-Age Child Care Program**

**Before and After School Registration Information & Form**

***NOTE: Current or previous enrollment does not guarantee enrollment for the next term of service (i.e. school year or summer camp session). Remember, space is limited, so please enroll early!***

**Deposit:**

A deposit of $75.00 for each child is required. **This must be paid at the time of registration, before the child can start care.** This will be applied to the last statement of the school year. In the event that there is a credit on the account, a refund will be sent. Those participating in Grace’s automatic withdrawal payment option (ACH) are exempt from this deposit requirement; however paperwork must be completed before care can start.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2 Days a WK** | **3 Days a WK** | **5 Days a WK** |
| **AM Only**  | **$17.00** | **$24.25** | **$36.00** |
| **PM Only**  | **$25.00** | **$35.50** | **$53.00** |
| **AM & PM**  | **$38.00** | **$54.00** | **$80.50** |

**Rates:**

**Non-school full day rate $38.00**

**Non School early release day rate $29.00**

**You will be charged any week there is school. There will be no discount for partial weeks (scheduled or otherwise).**

**Schedule Non-School Days:**

Grace School-Age Child Care will follow the district’s school calendar. On days where there is no school or an early release, Grace School-Age Child Care will attempt to offer services, provided there is enough interest- held at Altoona Elementary. After the sign-up date for these days has passed, there will be a $15.00 cancellation fee per child. (Eau Claire Schools: Due to the usage agreement with the Eau Claire School District, if this day is not also an Altoona non-school day, care will not be offered. A list of these days will be handed out at the beginning of the school year.)

**Non-Emergency, Unscheduled School Closings:**

In the event of an unscheduled, non-emergency school closing (such as a late start, early release or closing due to inclement weather) there will be no care provided for any school.

**Billing Cycle:**

Billing will occur bi-weekly for the care you have committed to or any overage. The billing statement will be sent via email, and payment is due by Friday of the week you get your statement. In the event that payment has not been made, your deposit will be used to cover your charges, and services will be suspended until the deposit is repaid. Chronic late payments may result in services being terminated.

**Acceptance Confirmation:**

Once the registration form, the **non-refundable** registration fee, and the deposit fee or ACH paperwork have been received, a billing statement detailing the paid registration fee will be sent. Only after this fee and the deposit has been processed and the statement has been sent is the child considered enrolled for the school year. We will also attempt to send confirmation emails.

***Enrollment is accepted on a first come, first accepted basis.  The earlier you enroll the better chance you have of securing a spot.*** Late registration will be accepted if space is available.

**2022-2023 School Year Registration**

Registration will close when full OR on 6/1/2022

This form is fillable, so please complete and email the form to: *SACCregistration@graceluthfound.com*

OR drop off @ 3410 Sky Park Blvd., Eau Claire

 OR mail to: Grace School-Age Childcare, PO Box 287, Eau Claire, WI 54702

**Payment is required to complete registration**

A non-refundable registration fee of $80.00 per child or $100.00 per family must accompany this form along with your deposit of $75.00 per child *OR* ACH paperwork in order to hold your spot for the

2022-2023 school year.

REMINDER- Current enrollment DOES NOT guarantee a spot for 2022-2023, so please register soon!

Due date is June 1, 2022!

*Name(s) of child/children* **Click here to enter text.**

Child/children live with **Click here to enter text.**

**Mother’s Information:** *I am an employee of Grace Communities*[ ]  **Yes** [ ]  **No Location** Choose an item.

*Name:* **Click here to enter text.** *Address:* **Click here to enter text.**

*Cell #:* **Click here to enter text.** *Home #:* **Click here to enter text.** *Work #:* **Click here to enter text.**

*Email address:* **Click here to enter text.**

**Father’s Information:** *I am an employee of Grace Communities*[ ]  **Yes** [ ]  **No Location** Choose an item.

*Name:* **Click here to enter text.** *Address:* **Click here to enter text.**

*Cell #:* **Click here to enter text.** *Home #:* **Click here to enter text.** *Work #:* **Click here to enter text.**

*Email address:* **Click here to enter text.**

Please indicate the email address we should use for sending the billing statement [ ]  **Mother** [ ]  **Father**

***If you are splitting the bill between parents, both parties will need to complete a form, pay their own deposit or sign up for ACH.***

***The registration fee will be split between both accounts, each paying $40.00+$10.00=$50.00 single child***

***$50.00+$10.00=60.00 family (this includes a $10.00 service fee for the split account).***

Please advise us if you need your billing statement divided between mother and father, and how your childcare is to be split:

[ ]  **(i.e. 50/50)** Click here to enter text. %

*(Please tell us whose week it will be on 9/1/2022*Click here to enter text.*)*

**W-2 Funding Information**

1. *Do you receive W-2 Funding for your childcare?* [ ] ***YES***[ ]  ***NO***
2. *If* ***yes****, you will need to contact your case worker to notify them that* ***Grace School-Age Childcare*** *is now your provider*. **Have you done this?** [ ]  **YES** [ ]  **NO**

**Automatic Withdrawal Payment Option (ACH):**

[ ]  *I* ***currently*** *use ACH for my payments and wish to continue* **(initial here) Click here to enter text.**

[ ]  *I would like to sign up for automatic ACH payment, and would like to be sent information on this program (the paperwork can also be found on our website* [*http://www.graceluthfound.com/childcare*](http://www.graceluthfound.com/childcare)*)*

[ ]  *At this time I am* ***NOT*** *interested in the automatic ACH payment program and agree to the billing terms as outlined in the registration information.*

***Please also complete the back of this form***

**School(s) my child(ren) attend:**

[ ] Roosevelt [ ] Lakeshore [ ] Sherman [ ] Altoona Elementary [ ] Altoona Intermediate

**Schedule Needs:**

*I will need* Choose an item. *days of care per week in the morning and* **Choose an item.** *days of care per week in the afternoon.* **Reminder, NO AM care for Altoona Schools at this time**

**Please Check the days you will need care AM**: [ ]  M[ ]  T [ ]  W [ ]  Th[ ]  F **PM:** [ ]  M[ ]  T [ ]  W [ ]  Th[ ]  F

*Additional information on your child’s schedule.*

**Click here to enter text.**

**I have read the information provided in this registration packet and by signing below, agree to the terms.**

*Parent Signature (typed):* **Click here to enter text.** *Date:*  **Click here to enter a date.**

**Emergency Information**

**First Child’s Information:**

*Child’s Name:* **Click here to enter text.** *Grade for 2022-2023:*Choose an item.[ ] *Male* [ ]  *Female*

*Birth Date:* **Click here to enter text.** *Age as of 9/1/2022:* **Click here to enter text.**

*Currently enrolled in the program?* [ ]  ***YES***[ ]  ***NO***

**Second Child’s Information:**

*Child’s Name:* **Click here to enter text.** *Grade for 2022-2023:*Choose an item.[ ] *Male* [ ]  *Female*

*Birth Date:* **Click here to enter text.** *Age as of 9/1/2022:* **Click here to enter text.**

*Currently enrolled in the program?* [ ]  ***YES***[ ]  ***NO***

**Third Child’s Information:**

*Child’s Name:* **Click here to enter text.** *Grade for 2022-2023*Choose an item.[ ] *Male* [ ]  *Female*

*Birth Date:* **Click here to enter text.** *Age as of 9/1/2022* **Click here to enter text.**

*Currently enrolled in the program?* [ ]  ***YES***[ ]  ***NO***

**EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Cell or Home Phone #** | **Work #** | **Relationship to Child** |
| Click here to enter text. | PHONE #. | Work # | Relationship |
| Click here to enter text. | PHONE #. | Work # | Relationship |
| Click here to enter text. | PHONE #. | Work # | Relationship |
| Click here to enter text. | PHONE #. | Work # | Relationship |

*Doctor/Clinic:* **Click here to enter text.** *Phone #:* **Click here to enter text.**

*Preferred Hospital:* **Click here to enter text.**

**I hereby give my consent for emergency medical treatment to be used, only if I cannot be reached immediately.**

*Parent Signature (typed):* **Click here to enter text.** *Date:* **Click here to enter a date.**

*Email form to* *SACCregistration@graceluthfound.com*

***Grace Lutheran Communities reserves the right to discontinue or modify services with 30 day notice.***