



## Grace School-Age Child Care Program

We are now accepting registrations for the  
2021-2022 school year!



### Hours of care:

6:30 AM – Start of school  
End of school – 6:00 PM



### Cost:

**Registration fee:** \$75.00 per child, \$95.00 per family

**Deposit fee:** \$50 per child (Deposit fee is not needed if choosing the Automatic withdrawal/ACH payment option)

**Monthly usage fee:** \$4.50

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.

Please return the completed form to our corporate office at  
3410 Sky Park Blvd., Eau Claire or mail to:  
Grace School-Age Childcare, PO Box 287, Eau Claire, WI 54702

**Staff will not accept it at the program site!**

If you have any questions or concerns please contact  
Nancy Fliehr  
715-832-3003 ex- 20181 nancy.fliehr@graceluthfound.com

**2021-2022 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 \$50.00 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.

**Rates:**

	<b>2 Days a WK</b>	<b>3 Days a WK</b>	<b>4 Days a WK</b>	<b>5 Days a WK</b>
<b>AM Only</b>	<b>\$16.50</b>	<b>\$23.55</b>	<b>\$29.80</b>	<b>\$35.25</b>
<b>PM Only</b>	<b>\$24.50</b>	<b>\$32.95</b>	<b>\$44.20</b>	<b>\$52.25</b>
<b>AM &amp; PM</b>	<b>\$37.00</b>	<b>\$52.80</b>	<b>\$67.00</b>	<b>\$79.00</b>

**You will be charged any week that there is school. There will be no discount for partial weeks.**

**Non-school full day rate \$37.00**

**Non School early release day rate \$28.00**

**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. 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.

**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.

**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.

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

**2021-2022 School Year Registration**

Registration will not be accepted between 8/15 -9/17

Please complete **both sides** of this form and return it with payments to

Grace Lutheran Communities' corporate office at  
3410 Sky Park Blvd., Eau Claire or mail to:  
**Grace School-Age Childcare, PO Box 287, Eau Claire, WI 54702**

**A non-refundable registration fee of \$75.00 per child or \$95.00 per family must accompany this form along with your deposit of \$50.00 per child OR ACH paperwork in order to hold your spot for the 2021-2022 school year.**

**Current enrollment DOES NOT guarantee a spot for 2020-2021, so please register soon!  
Due date is May 31, 2021!**

Name(s) of child/children \_\_\_\_\_  
Child/children live with \_\_\_\_\_

**Mother's Information:** I am an employee of Grace Communities  Yes  No Location \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Father's Information:** I am an employee of Grace Communities  Yes  No Location \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email address: \_\_\_\_\_

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 this form, pay their own deposit or sign up for ACH.**

**The registration fee will be split between both accounts, each paying \$37.50+\$10.00=\$47.50 single child/\$47.50+\$10.00=57.50 family (this includes a \$10.00 service fee for the split account). It is much easier to split an account from the start.**

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 \_\_\_\_\_)  
(Please tell us whose week it will be on 9/1/2020 \_\_\_\_\_)

### 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
- 3.) We will sent you the provider/parent payment agreement this must be returned in a timely manner or risk a disruption of services.

### Automatic Withdrawal Payment Option (ACH):

- I **currently** use ACH for my payments and wish to continue (initial here)
- 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>)
- 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 complete the back of this form**

**School your child attends:**

Altoona Elementary

Altoona Intermediate

Lakeshore

Sherman

Roosevelt

**Schedule Needs:**

I will need \_\_\_\_\_ days of care per week in the morning and \_\_\_\_\_ days of care per week in the afternoon. **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.

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

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Information**

**First Child's Information:**

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

Grade for 2021-2022: \_\_\_\_\_

Male  Female

Birth Date: \_\_\_\_\_

Age as of 9/1/2021: \_\_\_\_\_

Currently enrolled in the program?  YES  NO

**Second Child's Information:**

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

Grade for 2021-2022: \_\_\_\_\_

Male  Female

Birth Date: \_\_\_\_\_

Age as of 9/1/2021: \_\_\_\_\_

Currently enrolled in the program?  YES  NO

**Third Child's Information:**

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

Grade for 2021-2022: \_\_\_\_\_

Male  Female

Birth Date: \_\_\_\_\_

Age as of 9/1/2021: \_\_\_\_\_

Currently enrolled in the program?  YES  NO

**EMERGENCY CONTACTS**

Name	Cell or Home Phone #	Work #	Relationship to Child

Doctor/Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Save and email this form to [saccregistration@graceluthfound.com](mailto:saccregistration@graceluthfound.com) to submit.**