



Grace School-Age Child Care Program

We are now accepting registrations for the
2017-2018 school year!



Hours of care:

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

Cost:

Single Child: \$3.85 per hour
Second Child: \$3.75 per child, per hour



Registration fee: \$60.00 per child, \$70.00 per family

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

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 development 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 in person to the program site, or 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

If you have any questions or concerns
please contact Nancy Flihr at
715-832-3003 X166 or
naflihr@graceluthfound.com

**2017-2018 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 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:

There is a one hour minimum for every child that attends per session. (AM & PM are considered separate sessions). After the first hour, charges will be rounded up to the next ½ hour. For example, AM: If you are there for 42 minutes this = 1 hour. PM: If you are there for 1 hour and 33 minutes = 2 hours. This would add up to a total of 3 hours for the day. Regardless of the actual time spent in care, there is a **3 hour per-week/per-child minimum** service requirement equal to \$11.55 per child (or a family rate of \$11.25 per child) to stay actively enrolled in the program. If your school district's calendar has a shortened week you will still be charged your minimum charge.

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 \$10.00 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 that has already been used. The billing statement will be sent via email, and payment is due by the following Friday. 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.

My Wisconsin Child Care Subsidy:

If you qualify for the My Wisconsin Child Care Subsidy you will still need to turn in a deposit and registration fee.

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 days notice.

2017-2018 School Year Registration

Please complete **both sides** of this form and return it with payments to the 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 \$60.00 per child or \$70.00 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 2017-2018 school year.

Current enrollment DOES NOT guarantee a spot for 2017-2018, so please register soon! Due date is May 26, 2017!

School your child attends Altoona Elementary Altoona Intermediate Lakeshore Sherman Roosevelt

Name(s) of child/children _____

Child/children live with _____

Mother's Information:

Name _____ Address _____

Cell # _____ Home # _____ Work # _____

Email address: _____

Father's Information:

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 \$30.00 single child/\$35.00 family and a \$10.00 service fee. 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) _____ Every other week _____ Days _____

(Please tell us whose week it will be on 9/4/17 _____) (For example, M,W, F = Mom, T, TH = Dad)

W-2 Funding Information

Do you receive W-2 Funding for your childcare? Yes No

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

If so, please provide your case worker's name and phone number _____

Automatic Withdrawal Payment Option (ACH):

I currently use ACH for my payments and wish to continue (initial) _____

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

Schedule Needs:

Please check this box if you will have a **permanent** schedule.

I will need ___ days of care per week in the morning and ___ days of care per week in the afternoon.

(Please circle the days you need care for each session.) AM: M T W Th F PM: M T W Th F

Checking this box indicates that your child will be expected every week on the indicated days above.

Please check this box if you will have a **variable** schedule.

I will need ___ days of care per week in the morning and ___ days of care per week in the afternoon.

Checking this box indicates that you will notify the program site of your child’s schedule by Thursday morning for the following week. Please give us an idea of what your schedule will look like below.

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

Parent Signature _____ Date _____

Emergency Information

First Child’s Information:

Child’s Name _____ Grade for 2017-2018 _____ Male ___ Female ___

Birth Date ___/___/_____ Age as of 9/1/17 _____

Currently enrolled in the program? Yes No

Second Child’s Information:

Child’s Name _____ Grade for 2017-2018 _____ Male ___ Female ___

Birth Date ___/___/_____ Age as of 9/1/17 _____

Currently enrolled in the program? Yes No

Third Child’s Information:

Child’s Name _____ Grade for 2017-2018 _____ Male ___ Female ___

Birth Date ___/___/_____ Age as of 9/1/17 _____

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 Signature _____ Date _____