

## **Grace School Age Child Care Program**

# We are now accepting registrations for the 2025-2026 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 (non-refundable)

Deposit fee: \$80 per child (Deposit fee is not needed if choosing the automatic withdrawal option)

Per student school usage fee: \$5.00/month\*

\*Both school districts are charging a usage fee for us to be in the buildings. While we understand that schools are struggling to make budgets, we also are attempting to keep our rates reasonable for families.

At Grace School Age Child Care, we are dedicated to offering an engaging, dynamic, and high-quality program within a well-organized, safety-conscious environment. As a fully licensed provider, we are excited to welcome and care for children ages 5 to 13 in our before and after school program.

Please complete and email the form to: <u>SACCregistration@graceluthfound.com</u>
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, Director 715-832-3003 ex.20181 tyler.papierniak@graceluthfound.com

NOTE: Current or previous enrollment does not guarantee enrollment for the next term of service (i.e. school year or summer camp session). Enrollment is accepted on a first-come, first-accepted basis. Remember, space is limited, so please enroll early!

#### **Deposit:**

A deposit of \$80.00 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 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:

	2 Days a WK	3 Days a WK	5 Days a WK
AM Only	\$21.50	\$31.00	\$47.00
PM Only	\$31.25	\$44.50	\$68.25
AM & PM	\$48.00	\$68.50	\$105.00

Scheduled non-school full day rate \$49.50 Scheduled non-school early release day rate \$37.50

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

#### Schedule Non-School Days:

Grace School Age Child Care will follow the district's school calendar. On days where there is scheduled no school or 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 cancellation fee per child. Due to our agreement with the Eau Claire School District, we are unable to provide care at the schools during non-scheduled school days. Grace School Age Child Care is actively working to secure an alternative location for offering care for Eau Claire Schools and will inform families of our plans as soon as possible.

#### 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. If 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. Late registration will be accepted if space is available.

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



## 2025-2026 Grace School Age Child Care Program Before and After School Registration Information & Form

Please complete and email the form to: <u>SACCregistration@graceluthfound.com</u> OR mail to: Grace School Age Child Care, PO Box 287, Eau Claire, WI 54702

#### Payment is required to complete registration

A <u>non-refundable</u> registration fee of **\$80.00** per child or **\$100.00** per family must accompany this form along with your deposit of <u>\$80.00</u> per child *OR* <u>ACH paperwork</u> to hold your spot for the 2025-2026 school year.

REMINDER- Current enrollment DOES NOT guarantee a spot for 2025-2026, so please register soon! Due date is when full OR June 6, 2025!

Name(s) of child/children to be enrolled:  Caregiver(s) child/children live with:				
				Mother's Information:
Name: Cell #:	Home #:	Adaress:	Work #:	
Email address:	1 10111 <del>0 #</del>		VVOIN #.	
I am an employee of Grace			☐ No If Yes, location	on:
, ,			·	
<u>Father's Information:</u>				
Name:		Address:		
Cell #:	Home #:		Work #:	
Email address:				
I am an employee of Grace	Lutheran Comm	nunities 🗆 <b>Yes</b>	☐ No If Yes, locatio	n:
Please indicate the email a  ☐ Mother ☐ Father	ddress we should	d use for send	ing the billing statemen	t
If you are splitting the bil their own deposit, or sign The registration fee will to a single child or \$50.00+\$ split account).  Please advise us if you need the splitting of t	n up for ACH. se split between \$10.00=60.00 for	both accoun a family (this	ts, each paying \$40.00 includes a \$10.00 se	0+\$10.00=\$50.00 for rvice fee for the
childcare is to be split:	□ /: a E0/5	<b>50</b> \	0/	
(Dlagge tell		50)	%	1
(Please tell us who	ise week it wiii de	3 UN 9/1/2025 <sub>-</sub>		)

W-2 Funding Information:				
1.) Do you receive W-2 Funding for your childc	are? □ Yes □ No			
2.) If <b>yes</b> , you will need to contact your case we		e School Age Child		
<u>Care</u> is now your provider. Have you done	this? 🗆 Yes 🗆 No			
Payment options (choose one):				
☐ I <b>currently</b> use ACH for my payments and wish	to continue with the account i	nfo on file.		
Last four of checking account number:	Initials:			
☐ I would like to sign up for ACH payments- pleas	e complete the paperwork fou	nd on our website		
http://www.graceluthfound.com/childcare				
☐ At this time, I am <b>NOT</b> interested in the ACH par		<i>y check</i> and agree to		
the billing terms as outlined in the registration infor	mation.			
Cabaal(a) way abild(nam) attand.				
School(s) my child(ren) attend:	va Vallav Mantagani			
□Roosevelt □Lakeshore □Sherman □Chippev	wa valley Montessori			
□ Altoona Intermediate □ Altoona Elementary				
Schedule Needs:				
We do not offer a 4- or 1-day option. Please cho	oose 2 3 or 5 days			
Reminder, NO AM care for Altoona Schools at t				
Troilling of the American American	<u> </u>			
Please Check the days and sessions you will n	eed care			
AM: DMDTDWDThDF				
PM: DMDTDWDThDF				
Additional information on your child's schedule:				
Additional information on your child's schedule.				
Emorgonov	Information			
Emergency	<u>Information</u>			
First Child's Information:				
	Rirth Date:	$\Box$ Male $\Box$ Female		
Child's Name: Grade for 2025-2026:	Age as of first day of school:	_ ш maie ш т emaie		
Currently enrolled in the program? ☐ Yes ☐ No	Age as of first day of scriool.			
Currently enrolled in the program? Li Yes Li No				
Second Child's Information:				
	Rirth Date:	$\Box$ Male $\Box$ Female		
hild's Name: Birth Date: \( \text{Male } \text{ Male } \text{Female} \)  trade for 2025-2026: Age as of first day of school:				
Currently enrolled in the program?   Yes  No				
Carronay ornoned in the program: a 163 a 160				
Third Child's Information:				
	Birth Date:	□ Male □ Female		
Child's Name:				
Currently enrolled in the program? ☐ Yes ☐ No	-			

#### **EMERGENCY CONTACTS:**

Name

	Phone #		Child
I hereby give my consent for reached immediately.	emergency medical tre	atment to be used, o	nly if I cannot be
Doctor/Clinic:		Phone #:	
Preferred Hospital:			

Work #

Relationship to

**Cell or Home** 

I have read the information provided in this registration packet and acknowledge the Parent Handbook is available to me on the website: <a href="mailto:graceluthfound.com">graceluthfound.com</a> and by signing below, agree to the terms.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature:	 Date:	
•	=	

### We're excited for a fantastic school year ahead with you!

