



# 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.

This form is fillable, so please complete and email the form to:

[SACCregistration@graceluthfound.com](mailto:SACCregistration@graceluthfound.com)

OR mail to: Grace School Age Child Care, 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](mailto: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:**

	<b>2 Days a WK</b>	<b>3 Days a WK</b>	<b>5 Days a WK</b>
<b>AM Only</b>	<b>\$21.50</b>	<b>\$31.00</b>	<b>\$47.00</b>
<b>PM Only</b>	<b>\$31.25</b>	<b>\$44.50</b>	<b>\$68.25</b>
<b>AM &amp; PM</b>	<b>\$48.00</b>	<b>\$68.50</b>	<b>\$105.00</b>

**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

This form is fillable, so please complete and email the form to: [SACRegistration@graceluthfound.com](mailto:SACRegistration@graceluthfound.com)  
OR mail to: Grace School Age Child Care, 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 \$80.00 per child OR ACH paperwork 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

### Caregivers child/children live with

#### Mother's Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

I am an employee of Grace Lutheran Communities  Yes  No If Yes, location \_\_\_\_\_

#### Father's Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

I am an employee of Grace Lutheran Communities  Yes  No If Yes, location \_\_\_\_\_

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 for a single child or \$50.00+\$10.00=60.00 for a 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) \_\_\_\_\_ %

(Please tell us whose week it will be on 9/1/2025 \_\_\_\_\_)

**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 Child Care** is now your provider. Have you done this?  Yes  No

**Payment options (choose one):**

I **currently** use ACH for my payments and wish to continue with the account info on file.

Last four of checking account number:

Initials

I would like to sign up for ACH payments- please complete the paperwork found on our website <http://www.graceluthfound.com/childcare>

At this time, I am **NOT** interested in the ACH payment program and will pay by check and agree to the billing terms as outlined in the registration information.

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

- Roosevelt Lakeshore Sherman Chippewa Valley Montessori  
Altoona Intermediate Altoona Elementary

**Schedule Needs:**

**We do not offer a 4- or 1-day option. Please choose 2, 3, or 5 days**  
**Reminder, NO AM care for Altoona Schools at this time**

**Please Check the days and sessions you will need care**

**AM:**  M  T  W  Th  F

**PM:**  M  T  W  Th  F

*Additional information on your child's schedule.*

**Emergency Information**

**First Child's Information:**

Child's Name: Birth Date:  Male  Female  
Grade for 2025-2026: Age as of first day of school:  
Currently enrolled in the program?  Yes  No

**Second Child's Information:**

Child's Name: Birth Date:  Male  Female  
Grade for 2025-2026: Age as of first day of school:  
Currently enrolled in the program?  Yes  No

**Third Child's Information:**

Child's Name: Birth Date:  Male  Female  
Grade for 2025-2026: Age as of first day of school:  
Currently enrolled in the program?  Yes  No

**EMERGENCY CONTACTS:**

Name	Cell or Home Phone #	Work #	Relationship to Child

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

*Doctor/Clinic:*

*Phone #:*

*Preferred Hospital:*

*Parent Signature (typed):*

*Date:*

**I have read the information provided in this registration packet and acknowledge the Parent Handbook is available to me on the website: [graceluthfound.com](http://graceluthfound.com) and by signing below, agree to the terms.**

*Parent Signature (typed):*

*Date:*

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



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