

School Age Care Program Registration Form

If you have any question regarding registration, payments, fees or general questions regarding the program, please contact Tracy Colyer, SAC Program Director at (949) 722-9778.

Please complete only if you are enrolling your child in the SAC Program.

First Child _____ **Grade** _____
(Last) (First) (Middle)

Please list any medical conditions your child has that we should be aware of:

Please list the name of any prescription medication your child takes on a daily basis:

Second Child _____ **Grade** _____
(Last) (First) (Middle)

Please list any medical conditions your child has that we should be aware of:

Please list the name of any prescription medication your child takes on a daily basis:

Third Child _____ **Grade** _____
(Last) (First) (Middle)

Please list any medical conditions your child has that we should be aware of:

Please list the name of any prescription medication your child takes on a daily basis: _____

Father/Guardian Name _____ Work Phone _____ Cell Phone _____

Mother/Guardian Name _____ Work Phone _____ Cell Phone _____

Address _____
(City) (State) (Zip)

Home Phone _____

Office Use:

Date paid: _____ **Amount Paid: Registration \$** _____ **Monthly\$** _____ **OccCare\$** _____

Check number: _____ Cash: _____

School Age Care Program

Registration Form (Continued)

Please place an "X" by the care needed for each child. Registration fee must accompany this form. Tuition is broken into ten (10) monthly payments. *Fees listed below are monthly. Payments are due the 15th of each month. The first tuition payment is due August 15, 2010.*

Late pickup fee: \$1.00 per minute after 6:00PM

Our program closes at 6:00PM, in fairness to our workers, we strictly enforce this policy. If you are late picking up your child, a \$1 per minute fee will be assessed. This fee is due and payable upon pickup of your child.

I have read the above policy and agree to abide by it. (Please initial here): _____

Before-School Care (6:30-8:15AM)

_____ First Child	\$130	_____
_____ Second Child	\$120	_____
_____ Third Child	\$110	_____
_____ Fourth Child	\$100	_____

Combination Before-School Care and 1.5 Hours After School (6:30-8:15AM; 3:00-4:30PM)

_____ First Child	\$195	_____
_____ Second Child	\$180	_____
_____ Third Child	\$165	_____
_____ Fourth Child	\$150	_____

1.5 Hours After-School Care (3:00-4:30PM)

_____ First Child	\$140	_____
_____ Second Child	\$130	_____
_____ Third Child	\$120	_____
_____ Fourth Child	\$110	_____

Combination Before-School and 2 Hours After-School (3:00-8:15AM; 3:00-5:00PM)

_____ First Child	\$215	_____
_____ Second Child	\$205	_____
_____ Third Child	\$195	_____
_____ Fourth Child	\$185	_____

2 Hours After-School Care (3:00-5:00PM)

_____ First Child	\$160	_____
_____ Second Child	\$150	_____
_____ Third Child	\$140	_____
_____ Fourth Child	\$130	_____

Combination Before-School and 3 Hours After-School (6:30-8:15AM; 3:00-6:00PM)

_____ First Child	\$220	_____
_____ Second Child	\$200	_____
_____ Third Child	\$180	_____
_____ Fourth Child	\$165	_____

3 Hours After-School Care (3:00-6:00PM)

_____ First Child	\$180	_____
_____ Second Child	\$170	_____
_____ Third Child	\$160	_____
_____ Fourth Child	\$150	_____

Occasional Care Card

(Registration Fee must be paid. Prepaid card must be purchased.) Attendance is tracked in fifteen (15) minute increments. Monthly statements are provided for amount of time used.

_____ 20 Hours of Care	\$105	_____
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Subtotal this column

Monthly Total

Subtotal this column _____

Emergency Care \$7.50 per hour

Registration Fee (Due May 31, 2012)

Number of children _____ x \$40 _____