



Entered on C.L./Regwerks Entered in sisk12

School: _____

Summer 2020 School Age Childcare Coversheet

Every Child, Everyday Whatever It Takes

Grade: _____

Last:	_____
First:	_____
Middle:	_____

District 65 ID: _____ Start Date: _____

new sibling _____

returning sibling _____

Registered in District 65 Schools? Yes - Date: Yes @D65 Student Registration Date (if known) : _____
 No, D65 school registration must be completed in order to begin child care

Fee Status

Full Fee	Certificate	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Fees paid: _____ Amt. paid: _____ date processed: _____ Confirmation #: _____

Session Status

fees are subject to change revised 1/14/20

Session	Subsidy	Session 1 & 2 fees (8 weeks)	4 weeks of Full day care	4 weeks of Half day care	Date	Steps completed
Full Day (7a - 6 pm)	Yes/No	\$1,510.00	\$760	\$610		Received (in person/email/fax)
Half Day (12 - 6p)	Yes/No	\$1,210.00	\$760	\$610		Reviewed
						To Fees

circle one

* Please indicate t-shirt size: S M L for your child's camp shirt*

There is a \$50 non-refundable registration fee per each child enrolled or children not already enrolled in SACC program
A \$150 per child deposit plus registration fee is due where applicable.
Session 1 fees are due in full on 4/17/20 and Session 2 fees are due in full on 5/15/20.
All summer childcare fees are based on enrollment not attendance and are due prior to the start of camp.
Subsidy families must apply/qualify through AFC/DHS & approval list D65 as a provider

Summer camp fees can be paid via the summer camp payment agreement :

- Make checks or money orders payable to District 65 School Age Child Care (or SACC). (Important to reference your child (ren)'s name and/or D65 ID # on the memo line)
- Fees can be paid with Clara Estrella (Fees), Charlotte Carter or Steven Frost at 1500 McDaniel Ave, Evanston IL 60201

We offer:

Experienced child care staff...1st Aid/CPR & AED certified, 1 beach day and field trip per week
 Full day/half day options, outdoor/indoor activities and games, breakfast, lunch & snack



___ New DHS/AFC application ___ Re-determination ___ Provider Change/Add ___ Add a Child ð SC/FO

Who is responsible for payment of fees? Name: _____ Day Phone: _____

Preferred email for communications (Please Print Clearly) : _____

I agree to make payments via check, credit card, cash or money order according to the District 65 Child Care Payment Schedule. I understand if my payments must be received in the Child Care office by the due dates on the payment schedule.

Parent Signature: _____ Print Name: _____ Date: _____

* A USDA/CACFP enrollment form is required each year as part of the registration packet. This form is normally available after July 1st and can be downloaded and completed from our website.





District 65 School Age Childcare Summer Application 2020

Parent A				Parent B			
Parent Name:							
Best Contact Number (cell, home, work):							
Organization/Occupation:							
Working Hours:							
Preferred Email:							
Last:	Scheduled Start Date	Birthdate	Age	Identify as:	Current School Name	Child In Special Ed?	Entering Grade
First:	Return date:			M Non Binary	School Attended Last Yr	Yes or No	K 1
Middle:	End Date:			F		Phs or Beh	2 3
District 65 ID #:						Rice Park MS	4 5
						1-1 IEP? Y or N	No 6th Grade
Last:	Scheduled Start Date	Birthdate	Age	Identify as:	Current School Name	Child In Special Ed?	Entering Grade
First:	Return date:			M Non Binary	School Attended Last Yr	Yes or No	K 1
Middle:	End Date:			F		Phs or Beh	2 3
District 65 ID #:						Rice Park MS	4 5
						1-1 IEP? Y or N	No 6th Grade
Last:	Scheduled Start Date	Birthdate	Age	Identify as:	Current School Name	Child In Special Ed?	Entering Grade
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Middle:	End Date:			F		Phs or Beh	2 3
District 65 ID #:						Rice Park MS	4 5
						1-1 IEP? Y or N	No 6th Grade

By signing below you are also agreeing that:
In case of an emergency, when parent or family physician cannot be contacted, I give District 65 Child Care personnel permission to take whatever action is deemed necessary to ensure my child's health and safety. I will accept responsibility for any expenses incurred.

Parent Signature: _____ Date: _____





SACC SUMMER CAMP PAYMENT AGREEMENT 2020

Please check mark applicable section, fill out information as needed, and sign agreement below:

_____ I am registering by FAX/MAIL and am paying in full with: Check (enclosed) or Credit Card (Information filled out below)

_____ I am registering by FAX/MAIL and am only paying 160.00 deposit (t-shirt fee included) plus registration fee if applicable (new registering family: Check (enclosed) or Credit Card (Information filled out below). I want the remaining camp balance to be auto debited on payment dates as set forth below.

Please initial below:

_____ I authorize Evanston/Skokie School District 65 to auto debit the remaining camp balance in 2 equal amounts;

The first half on April 17, 2020 and the second half on May 15, 2020 using the following:

Please check size Camp T-shirt Size Cost 10.00 included with deposit above: Youth Small Youth Medium Youth Large

Checking Account

Checking

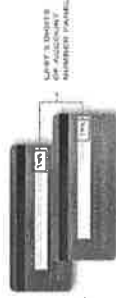
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

Visa MasterCard Discover

Cardholder Name _____
Account Number _____
Exp. Date _____
3 Digit Security Code _____



Agreement:

1. I understand that I am responsible to notify the Evanston/Skokie School District 65 immediately if credit card information changes. _____ Initial Required
2. I understand that these financial arrangements will remain in effect until:
 - a. The total amount due is collected by Evanston/Skokie School District 65.
 - b. I have requested in writing a cancellation of the program and have paid all current fees, or
 - c. Evanston/Skokie School District 65 sends me a notice of termination of this agreement.
 - d. Auto payment will be applied in accordance to the summer camp payment agreement initiated above (first half due April 17th & second half due May 15th). _____ Initial Required
3. I understand that any declined payment will incur a 25.00 service fee. _____ Initial Required
4. Childcare Care cancellation must be made in writing with notice at least 5 business days prior to the start of camp, June 8th. Cancellations made after start of camp will not be eligible for a refund of any kind. _____ Initials Required

SIGNATURE: _____ **DATE** _____

School Age Child Care Summer Camp Late Pick-Up Fee Disclosure

* By checking this box I understand:

The School Age Child Care Summer Camp Program closes promptly at 6:00 p.m. during summer without exception. A fee is charged for late pick-up which will be billed through the D65 Business Office and will appear on each child's financial summer camp statement. **The clock time at the childcare site** is considered the **official time**. You will be notified the day of the late pick up of the cost you will be charged. Payment will be billed and processed accordingly to the card on file if your student is picked up after 6 PM closing. DHS families receiving childcare benefits will also incur the late pick up charge as the state will not cover any additional cost after closing time.

Example of Child Late Fees:

- 1-15minutes =\$25.00
- 16-30 minutes =\$50.00
- 30-45 minutes =\$75.00
- 46-60 minutes = \$100.00

Late fees begin at 6:01 p.m.. SACC staff employees are required to report all families that are late to district office Fees Coordinator. Staff should not be asked to overlook late pick-up at any time. Any parent that does not agree with the late pick up fee should contact **Clara Estrella (SACC Fees Coordinator)** at either **847-859-8015** or estrellac@district65.net

Thank you for choosing Evanston/Skokie School District 65 Child Care. We are looking forward to having an educational and fun-filled year with your child(ren).

Feel free to contact Ms. Charlotte Carter School Age Child Care Coordinator at (847) 859-8306 or Mr. Steven Frost Asst School Age Child Care Coordinator at (847) 859-8118 with Program business. Please contact Clara Estrella School Age Child Care Fees Coordinator at (847) 859-8015 with questions regarding your child care account and fees.

Sincerely,

School Age Child Care Management

School Age Child Care

Evanston/Skokie School District 65

1500 McDaniel Ave.

Evanston, IL 60201

847-859-8300

847-866-7259 (Fax)



**EVANSTON/SKOKIE
SCHOOL DISTRICT 65**

Every Child, Every Day, Whatever it Takes

GETTING TO KNOW YOU

CHILD CARE SITE:

NAME _____ AGE ____ NUMBER OF SIBLINGS: _____

Child's favorite toy/game/activity

What is the best way to get acquainted with your child?

How does your child show his/her feelings when angry or happy?

If upset, what is the best way to calm and/or comfort your child?

In general how is discipline handled at home?

Do you have any suggestions/hints for our staff that may help us be more successful with your child(ren)?

Has your child participated in another Child Care Program? Yes No

Medical History

Does your child(ren) have any medical conditions Yes No

If yes, please explain & give pertinent information (medications etc)

Does your child(ren) have any allergies or sensitivities? Yes No

If yes, please explain & give pertinent information (medications, Epi-Pen etc)

Parent Signature

Date

School Age Child Care

Evanston/Skokie School District 65
1500 McDaniel Ave.
Evanston, IL 60201
847-859-8300
847-866-7259 (Fax)



**EVANSTON/SKOKIE
SCHOOL DISTRICT 65**

Every Child, Every Day, Whatever it Takes

School Age Child Care Program
Parent Pick-up Release Form

Child's name

Site

Note: Children will not be released to minors. The pick-up person must be at least 18 years old with a valid I.D. Please complete all the information requested in the space below.

I GIVE PERMISSION FOR THE FOLLOWING ADULTS TO PICK UP MY CHILD(REN):

1.	_____	_____	_____
	Name	Address	Cell/Work#
2.	_____	_____	_____
	Name	Address	Cell/Work#
3.	_____	_____	_____
	Name	Address	Cell/Work #

Is your child under a court order of protection? Yes No
If yes, a copy of court document must be provided/attached.

Parent Signature

Date

Charlotte Carter
School Age Child Care Coordinator

School Age Child Care

Evanston/Skokie School District 65

1500 McDaniel Ave.

Evanston, IL 60201

847-859-8300

847-866-7259 (Fax)



**EVANSTON/SKOKIE
SCHOOL DISTRICT 65**

Every Child, Every Day, Whatever it Takes

CHECKLIST

I understand that due to state licensing requirements; Child Care (SACC) staff cannot accept sack lunches as a substitute for providing meals. I shall provide a written confirmation from my doctor if my child requires a substitution. **Initials** _____

I have received the DCFS Summary of Licensing Standards for Day Care Centers. **Initials** _____

I have reviewed online at www.district65.net Rules for Student Behavior and School Discipline and the SACC Guidance and Discipline policy. I will ensure my child(ren) fully understand how this information pertains to them while in our care. **Initials** _____

I have reviewed and understand the SACC late pick-up process and policy. **Initials** _____

I grant permission for my child(ren) to be photographed/videotaped and interviewed while participating in SACC activities or on field trips. **Initials** _____

My signature confirms I have read the statements above in addition to reviewed the current SACC Parent Handbook (online and/or hard copy).

Signature of Parent/Guardian

Date

Dear Parent/Guardian:

If it is necessary for your child to take medication at school, you must read and complete the following form:

Medicine can only be given by school personnel if ordered by a physician. Medication ordered by a physician or labeled by a pharmacist needs only a parent request (part 1). Request to give over the counter medication or to have a child carry their medications must be accompanied by a signed request from both the physician and the parent/guardian (parts 1 and 2).

PARENTAL MEDICATION REQUEST

I HEREBY CONFIRM MY PRIMARY RESPONSIBILITY TO ADMINISTER MEDICATION TO MY CHILD. HOWEVER, IF MY CHILD MUST RECEIVE MEDICATION WHILE IN SCHOOL, I AUTHORIZE SCHOOL DISTRICT 65 AND ITS EMPLOYEES TO ADMINISTER LAWFULLY PRESCRIBED MEDICATION TO MY CHILD. I ACKNOWLEDGE THAT IT MAY BE NECESSARY THAT THE ADMINISTRATION OF MEDICATIONS TO MY CHILD BE PERFORMED BY A HEALTH CLERK OR OTHER INDIVIDUAL WHO IS NOT A CERTIFIED SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I FURTHER ACKNOWLEDGE AND AGREE THAT, WHEN THE LAWFULLY PRESCRIBED MEDICATION IS SO ADMINISTERED OR ATTEMPTED TO BE ADMINISTERED, I WAIVE ANY CLAIMS I MIGHT HAVE AGAINST THE SCHOOL DISTRICT AND ITS EMPLOYEES AND AGENTS ARISING OUT OF THE ADMINISTRATION OF SAID MEDICATION. IN ADDITION, I AGREE TO HOLD HARMLESS AND INDEMNIFY THE SCHOOL DISTRICT AND ITS EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, CAUSES OF ACTION OR INJURIES INCURRED OR RESULTING FROM THE ADMINISTRATION OR ATTEMPTS AT ADMINISTRATION OF SAID MEDICATION.

I WILL NOTIFY THE SCHOOL OF ANY CHANGE IN MEDICATION OR DOSAGE AND WILL SEND THE SCHOOL A WRITTEN ORDER FROM THE DOCTOR WHEN A CHANGE IS NECESSARY.

PART 1

I HEREBY REQUEST THAT SCHOOL PERSONNEL ADMINISTER THE FOLLOWING MEDICATION(S) TO:

NAME OF CHILD				
1.	MEDICATION	DOSAGE	TIME	START & STOP DATES
2.	MEDICATION	DOSAGE	TIME	START & STOP DATES

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

PART 2

Physician's signature required for over the counter medications, child to carry medications, additional clarification, etc.

Requests/comments:

PHYSICIAN'S SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____

MEDICATION FORM
EVANSTON/SKOKIE SCHOOL DISTRICT 65 - HEALTH SERVICES OFFICE

STUDENT NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____ YEAR _____
 MEDICATION: _____ TEACHER: _____ ROOM: _____ Ext. _____
 DOSE: _____ TIME: _____ EXP. DATE _____ DATE REC'D IN H.O. _____ # OF PILLS REC'D _____
 SPECIAL INSTRUCTIONS: _____

DATE OF MEDS RETURNED TO PARENTS: _____ PARENT INITIALS _____ HOP INITIALS _____

MEDICATION RECORD/ADMINISTRATION (FOR SCHOOL USE ONLY)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																
JULY																																

CODES (USE FOR UNUSUAL SITUATIONS)
 /: WEEKEND/HOLIDAY F: FIELD TRIP
 A: ABSENT ED: EARLY DISMISSAL
 D/C: DISCONTINUED O: OMITTED
 N: NONE AVAILABLE R: REFUSED

NAME OF PERSON ADM. MED. _____ INITIALS _____
 NAME OF PERSON ADM. MED. _____ INITIALS _____
 NAME OF PERSON ADM. MED. _____ INITIALS _____

ILLINOIS STATE BOARD OF EDUCATION

Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter.

Form with 4 columns: 1. FULL NAME OF ENROLLED CHILD, 2. DAYS OF WEEK IN ATTENDANCE, 3. TIMES CHILD NORMALLY ATTENDS DURING WEEK, 4. MEALS RECEIVED. Includes sections for First Child, Second Child, and Third Child.

Please answer both questions. This information is voluntary.

Section 5: ETHNIC/RACIAL CATEGORIES. A. Ethnic data of child(ren) — Mark only one. B. Racial data of child(ren) — Mark one or more that apply.

Section 6: SIGNATURE. I certify the information above is correct. Signature of Parent or Guardian, Date, Telephone Number of Parent or Guardian.

CHILD CARE REPRESENTATIVE USE ONLY. Effective Date of this enrollment form: The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program...