EVANSTON/SKOKIE SCHOOL DISTRICT 65

Every Child, Everyday Whatever It Takes

□ Regwerks □ Mealsheet ◊ PowerSchool (section) □ Class List School: _____

Fall **2023** School Age Childcare Coversheet

Date	Steps Completed
	Received (in person/email/fax)
	Reviewed
	To Fees

◊ To Fees _____

Grade:

District 65 ID: Start Date: _____

Last:	
First:	
Middle:	

◊ new to SACC sibling _____

□ returning to SACC sibling _____

Registered in District 65 Schools (Y/N)? □Yes @D65 Student Registration Date: _____

□No, D65 school registration must be completed in order to begin child care

Fee Status **Note: $50 non-refundable reg. fee added for 1st child & $25 for each additional child**

Full Fee ☐ Certificate ☐ Other ☐

* Transaction #: _____ Amt. paid: _____ date processed: _____

Session Status *Fees subject to change* revised 2/6/23

Regular Session (Circle one)	Subsidy Add-on	3 (consistent) Days only	Circle the 3 consistent Days	(5 Days) 2 Week Full Fee
AM	$0.00	$59.00	M T W Th F	$84.00
PM	$0.00	$117.50	M T W Th F	$168.00
BOTH	$80.00 (add-on)	$176.50	M T W Th F	$252.00
	bi-monthly fees	*bi-monthly fees*		*bi-monthly fees*

Optional Care Program

Paid	Yes	(check each that applies)
☐	☐	$400 for all 8 (OPT) days
☐	☐	$300 for 6 (HALF days)
☐	☐	$200 for 2 (FULL) non-attendance days
	☐	No Thanks

_____ *Initial here to sign-up for emergency care ($20 per child/session) :*

All childcare fees are based on enrollment not attendance

Fees are due in advance of care according to our center's current payment schedule.

SACC fees can be paid a variety of ways at 1500 McDaniel Ave (No payments are accepted at each school):

- To start the first day of school, all SACC registration documents & payment #1 needs to be received at our SACC JEH office (1500 McDaniel Ave) by the Fri beforehand.
- You can pay individually via auto pay by setting up autopay through your bank or another financial institution.
- Via payment agreement (initial fees and/or ongoing D65 autopay fees); contact Clara Estrella (SACC Fees) at 847-859-8015 or estrellac@district65.net for more details.
- Limited online registration at https://district65.revtrak.net will be available prior to the start of the school year *(plus an annual packet of registration documents per DCFS requirements)*
- Mail to Evanston School District 65 SACC Fees, Attn: Clara Estrella, Business Office, 1500 McDaniel Ave, Evanston IL 60201 (Reference your child(ren)'s first and last name or D 65 ID# on the memo line).
- Checks, money orders, credit Card (visa/master card) & cash payments are also accepted in person at 1500 McDaniel Ave.

I understand Opt Care fees are non-refundable and are initially due prior to participation in the service (initials) _____

–The Optional Care fee is waived for approved D65 certificate families during approval period only.

Subsidy Status: D65 must be listed as a provider on the current approval otherwise regular fees must be paid until updated approval is received

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

I agree to make payments via check, credit card, or money order according to the District 65 Child Care Payment Schedule.
I understand if my payments are not received in the Child Care office by the due dates.
I'm responsible for the applicable late payment fee and my child care services may be cancelled.

Parent Signature _____ Print Name: _____ Date: _____

Preferred email for communications (Please print clearly) : _____

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

Evanston/Skokie School District 65
www.district65.net
Forward to Excellence

Handbook Provided ◯ Parent Pkt Recd◯

District 65 School Age Childcare Application 2023-2024

	Parent A	Parent B
Parent Name:		
Best Contact Number (cell, home, work):		
Organization/Occupation:		
Mailing Address		
Preferred email		
Working hours		

Child's Name as listed on birth certificate	Scheduled Start Date	Birthdate	Age	Identify as:	Current School Name	Child in Special Ed?	Entering Grade	3 Days Only (Select days)	Select Session
Last:				M		Yes or No	K 1	M T W Th F	AM
First:				Non - Binarv	School Attended Last Yr	Phs or Beh	2 3	M T W Th F	PM
Middle:	Returned date:			F		Rice Park MS	4 5	M T W Th F	BOTH
District 65 ID #:						1-1 IEP? Y or N	No 6th Grade		OPT: Full/HALF/ALL

Child's Name as listed on birth certifcate	Scheduled Start Date	Birthdate	Age	Identify as: as:	Current School Name	Child in Special Ed?	Entering Grade	3 Days Only (Select days)	Select Session
Last:				M		Yes or No	K 1	M T W Th F	AM
First:				Non - Binarv	School Attended Last Yr	Phs or Beh	2 3	M T W Th F	PM
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Last:				M		Yes or No	K 1	M T W Th F	AM
First:				Non - Binarv	School Attended Last Yr	Phs or Beh	2 3	M T W Th F	PM
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Middle:	Returned date:			F		Rice Park MS	4 5	M T W Th F	BOTH
District 65 ID #:						1-1 IEP? Y or N	No 6th Grade		OPT: Full/HALF/ALL

By signing below you are also agreeing that: In case of 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:______________________ rev. 2/6/23 Print Name:______________________ Date: ________

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. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | **2** DAYS OF WEEK IN ATTENDANCE | **3** TIMES CHILD NORMALLY ATTENDS DURING WEEK | **4** MEALS RECEIVED

First Child

Name

Birth Date

Age

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL	
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center

☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours

☐ Early Morning Snack ☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper ☐ Evening Snack

Second Child

☐ Same Days as Above ☐ Same Times as Child Above ☐ Same Meals as Above

Name

Birth Date

Age

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL	
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center

☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours

☐ Early Morning Snack ☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper ☐ Evening Snack

Third Child

☐ Same Days as Above ☐ Same Times as Child Above ☐ Same Meals as Above

Name

Birth Date

Age

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL	
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center

☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours

☐ Early Morning Snack ☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper ☐ Evening Snack

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Mark only one. ☐ Hispanic or Latino ☐ Not Hispanic or Latino

B. Racial data of child(ren) — Mark one or more that apply. ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ American Indian or Alaska Native

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.

SACC PAYMENT AGREEMENT 2023-2024

Please ***initial*** applicable section, fill out information as needed, and sign agreement below:

____ I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of $50 and initial payment 1 with the credit card listed below.

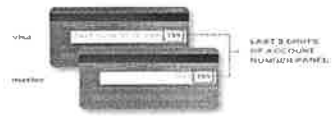
____ I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of $50, initial payment 1, and set my childcare payments for auto pay with the credit card listed below for all remaining childcare payments (2-19) for the 2023 - 24 school year according to the payment schedule. If your enrollment was completed through the online portal your autopayment will begin with payment 2.

_____I authorize Evanston/Skokie School District 65 to auto debit the school age childcare registration fee of $50 plus the optional care fee selected on my registration form if only enrolling in optional care. If you are enrolling in both childcare and optional care the $50 reg fee will be processed once.

Credit Card

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

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.**
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. **The Evanston/Skokie School District 65 or my financial institution sends me a notice of termination of this agreement.**
   d. **Auto payment will be applied in accordance with the school age childcare payment schedule and will continue accordingly beginning with payment 1 through payment 19 for the entirety of the school year. Payments will be applied on a biweekly basis unless cancelled or childcare has been temporarily suspended by parent for a consecutive period of time according to the school age childcare monthly schedule.**
3. **I have read and agree to comply with the 2023-24 school age childcare payment information shared on this form and the school age childcare registration form.**
4. **I understand that any declined payment will incur a 25.00 service fee.**
5. **Childcare Care cancellation must be made in writing with notice at least 5 business days prior to the start of school. All other cancellations must be made at the end of the school age childcare billing cycle according to the 2023-24 payment schedule which will be provided during registration with the exception of kindergarten registration.**
6. **Once the program has started, no prorated fees will be given for partial month's attendance or early withdrawals.**

SIGNATURE: _____ DATE: _____

School Age Child Care
Evanston/Skokie School District 65
1500 McDaniel Ave.
Evanston, IL 60201
Charlotte Carter 847-859-8078
Steven Frost 847-859-8118

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**

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EVANSTON/SKOKIE
SCHOOL DISTRICT 65
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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 the 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
Charlotte Carter 847-859-8078
Steven Frost 847-859-8118

EVANSTON/SKOKIE
SCHOOL DISTRICT 65
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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 understands 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 participate on SACC field trips and related activities. **Initials** _____

Additionally, 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 reviewing the current SACC Parent Handbook (online and/or hard copy).

_____ _____
Signature of Parent/Guardian **Date**

Evanston / Skokie
School District 65

Health Services Department

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 HEARBY 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**

Health Office Use Only Below this line

Date	Qty / HOP Initials	Date	Qty / HOP Initials	Date	Qty / HOP Initials

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

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

_____ _____
Signature of Parent Date

_____ _____
Signature of Parent Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.