

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

# We are now accepting registrations for the 2023-2024 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

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

Per family 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 budget, we also are attempting to keep our rates reasonable for families. We are hoping that with the fee adjustments we can continue serving our families.

Grace School-Age Childcare Program provides before and after school care for children 5 through 12 years of age in a safe environment. Through a well supervised, choice-oriented program, Grace School-Age Childcare creates and utilizes teachable moments to nurture children's developmental needs, while encouraging interpersonal relationships, positive self-expression, communication, positive self-image, intellectual growth, physical and active play, and creative expression.

This form is <u>fillable</u>, so please complete and email the form to: <u>SACCregistration@graceluthfound.com</u>
OR drop off @ 2441 New Pine Dr, Altoona WI 54720
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 715-832-3003 ex.1 tyler.papierniak@graceluthfound.com

## 2023-2024 Grace School-Age Child Care Program Before and After School Registration Information & Form

NOTE: Current or previous enrollment does not guarantee enrollment for the next term of service (i.e. school year or summer camp session). 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 a 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	\$18.50	\$26.50	\$39.50
PM Only	\$26.75	\$38.00	\$57.00
AM & PM	\$41.25	\$58.75	\$88.00

Scheduled non-school full day rate \$41.00

Scheduled non-school early release day rate \$31.00

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

#### **Scheduled 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-this will always be held at Altoona Elementary. After the sign-up date for these days has passed, there will be a cancellation fee per child. (Eau Claire Schools: Due to the usage agreement with the Eau Claire School District, if this day is not also an Altoona non-school day, care will not be offered.)

#### **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. In the event that 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.

Enrollment is accepted on a first come, first accepted basis. The earlier you enroll the better chance you have of securing a spot. Late registration will be accepted if space is available.

#### 2023-2024 School Year Registration

This form is <u>printable</u>, so please complete and email the form to: <u>SACCregistration@graceluthfound.com</u>
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OR mail to: Grace School-Age Childcare, 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 2023-2024 school year.

REMINDER- Current enrollment DOES NOT guarantee a spot for 2022-2023, so please register soon! Due date is when full OR June 6, 2023!

#### Name(s) of child/children to be enrolled:

#### Caregivers that child/children live with:

Mother's Informatio		
Name:	Address:	Work #:
Cell #:	Home #:	Work #:
Email address:		
I am an employee of C	race Communities 🗆 Yes 🗀 No-if so, lo	ocation:
Father's Information	:	
Name:	Address:	
Cell #:	Home #:	Work #:
Email address:		
I am an employee of C	race Communities 🗆 Yes 🔲 No-if so, lo	ocation:
Please indicate the e	mail address we should use for sending	the billing statement 🏻 Mother 🗘 Father
The registration fee v \$50.00+\$10.00=60.00 Please advise us if yo	deposit or sign up fo vill be split between both accounts, each family (this includes a \$10.00 service fe	n paying \$40.00+\$10.00=\$50.00 single child e for the split account). etween mother and father, and how your%
2.) If <u>yes</u> , you will	e W-2 Funding for your childcare? 🛮 YES	i <b>□NO</b> ify them that <b>Grace School-Age Childcare</b> is now
Automatic Withdraw	val Payment Option (ACH):	
$\square$ I <b>currently</b> use ACF	I for my payments and wish to continue <b>(</b>	(initial here)
☐ I would like to sign	up for ACH payments (please complete t	the paperwork found on our website
	found.com/childcare)	
☐ At this time I am <b>N</b>	<b>OT</b> interested in the automatic ACH payn	nent program and agree to the billing terms as
outlined in the registr	• •	

School(s) my child(ren) attend:								
□Roosevelt □Lakeshore □She	erman □Altoona Eleme	ntary □Altoona I	ntermediate					
Schedule Needs-		•						
We do not offer a 4- or 1-day optio	on. Please choose 2, 3, or !	5 days						
Reminder, NO AM care for Altoona Schools at this time								
Please Check the days and session	s you will need care							
AM: □ M □ T □ W □ Th □ F	is you will need care							
<b>PM:</b> □ M □ T □ W □ Th □ F								
Additional information (if any) on y	our child's							
, , , , , ,								
schedule:								
I have read the information provide								
available to me on the website: gr	aceluthfound.com and by	signing below, agree t	to the terms.					
Parent Signature:	Date:							
· urerre signaturer	Emergency Inforn	nation						
First Child's Information:	2 8 2 7							
Child's Name:	Birth Date:	$\square$ Male $\square$	Female					
Child's Name: Grade for 2023-2024:	Age as of first day of sc	hool:						
Currently enrolled in the program?			-					
carrenely emoned in the programs								
Second Child's Information:								
Child's Name:	Birth Date:	$\square$ Male $\square$	Female					
Grade for 2023-2024:	Age as of first day of sc	hool:						
Currently enrolled in the program? I								
Third Child's Information:								
Child's Name:	Birth Date:		Female					
Grade for 2023-2024:		hool:	-					
Currently enrolled in the program? I	□ YES □ NO							
	FAIFD CENCY CON	TACTO						
Name EMERGENCY CONTACTS  Cell or Home Phone Work # Relationship to Child								
Name	#	WOIK#	Relationship to Child					
	π							
Doctor/Clinic:	Phone #:_		<u> </u>					
Preferred Hospital:								
I hereby give my consent for emer	rgency medical treatmen	t to be used, only if I ca	nnot be reached					
immediately.								
Parent Signature:	Date:							

 $Remember: email\ form\ to\ \underline{SACCregistration@graceluthfound.com}$