

**Southland summer School Age Care (SAC)**  
**200 Water St. NW**  
**Adams, MN 55909**  
**507-857-1184**  
**sac@isd500.k12.mn.us**

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**Policy**

Southland Community Education and School Age Care does not discriminate against individuals based on race, color, creed, religion, national origin, disability, or status in regard to public assistance in the opportunity to participate in this program.

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**Participant Information**

*Child #1:* First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Current Grade: ☐ Pre-K (age 4+) ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup>

*Child #2:* First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Current Grade: ☐ Pre-K (age 4+) ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup>

*Child #3:* First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Current Grade: ☐ Pre-K (age 4+) ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup>

*Child #4:* First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Current Grade: ☐ Pre-K (age 4+) ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup>

*Child #5:* First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Current Grade: ☐ Pre-K (age 4+) ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup>

**Parent/Guardian Information**

*Primary Parent/Guardian:* \_\_\_\_\_  
(will receive all mailing/billing information and is responsible for payment)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Second Parent/Guardian:* \_\_\_\_\_

If different from primary:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**In Case of Emergency:**

*Child's Doctor* \_\_\_\_\_ Phone: \_\_\_\_\_

*Child's Dentist* \_\_\_\_\_ Phone: \_\_\_\_\_

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**Emergency Contacts and Pick-Up Persons**

By listing the following adults, you authorize that they are at least 18 years of age and are to be contacted in case of emergency and/or are allowed to pick up your child(ren). Indicated adults must be able to be reached locally via telephone. You must supply at least two contacts in order to register for this program. Children will not be released to anyone left unlisted.

*Adult Contact #1 (non-parent/guardian):* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

*Adult Contact #2 (non-parent/guardian):* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

*Adult Contact #3 (non-parent/guardian):* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

*Adult Contact #4 (non-parent/guardian):* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

*Adult Contact #5 (non-parent/guardian):* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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**Requested Care:**

Desired start date: \_\_\_\_\_ Expected end date: \_\_\_\_\_

If known, please state approximate day(s)/time(s) of care needed:

	<i>Arrival</i>		<i>Departure</i>	
Monday	_____	AM/PM	_____	AM/PM
Tuesday	_____	AM/PM	_____	AM/PM
Wednesday	_____	AM/PM	_____	AM/PM
Thursday	_____	AM/PM	_____	AM/PM
Friday	_____	AM/PM	_____	AM/PM

**Specific Needs**

Does your child(ren) have any special needs or receive special services in/out of school? Yes No  
If yes, please list: \_\_\_\_\_

Does your child(ren) have a 504 Plan or Individual Education Plan (IEP)? Yes No  
\_\_\_\_\_

Will your child(ren) need to take daily medication(s) while at School Age Care? Yes No  
If yes, please list: \_\_\_\_\_

Does your child(ren) have a medical history or have any allergies we should be aware of? Yes No  
If yes, please list: \_\_\_\_\_

Is there anything significant about your family situation you would like us to know? Yes No

If yes, please explain: \_\_\_\_\_

Will your child be participating in the Southland Summer Rec. program? Yes No

### Releases

**Program:** I agree to abide by the terms and conditions as outlined in the handbook.

**Medical:** I authorize School Age Care to use the Austin Medical Center Emergency Room for emergency medical treatment if I or the child's doctor cannot be reached.

I authorize School Age Care to call 911 to seek emergency care if necessary and will pay all charges.

**Field Trips:** I acknowledge that School Age Care will be attending activities outside of the designated building and a permission slip will be sent home with my child prior to the scheduled activity. I realize that these activities may cost an additional fee.

**Outdoor Activities:** I allow for my child(ren) to play outside, at the city park, and go for walks (weather permitting).

If you agree to all releases stated above; acknowledge all given information on this form is correct; and would like your child to attend School Age Care, please sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

