

Southland School Age Care (SAC)  
200 Water St. NW  
Adams, MN 55909  
sac@isd500.k12.mn.us

---

**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.

---

**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: \_\_\_\_\_

---

### **In Case of Emergency:**

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

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

---

### **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: \_\_\_\_\_

---

**Care Needed**

- Type of participation: ☐ Drop-in: each child will attend as notified by parent/guardian  
\$3.00/hour per child
- ☐ Weekly: each child will attend a minimum of 5 hours/week  
\$2.50/hour for first child, \$2.00/hour per additional sibling

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

If known, please state approximate day(s)/time(s) of care needed. Please notify us of any changes, as charges may otherwise apply.

	<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: \_\_\_\_\_

Does your child(ren) have permission to partake in the school's breakfast program if needed? Yes No

Does your family have a backup plan if there is no SAC due to inclement weather? Yes No

### Releases

**Program:** I have both read and agree to terms and conditions outlined in the SAC handbook.

**Medical:** I authorize SAC to use the Austin Medical Center Emergency Room for emergency medical treatment if I or the child's doctor cannot be reached. SAC can also call 911 to seek emergency care if necessary and I will pay all charges.

**Field Trips:** I acknowledge that SAC may attend activities outside of the designated building but that 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 have read the handbook, agree to releases stated above, acknowledge all information provided on this form is true and correct, agree to pay for care provided, and would like to enroll your child in the Southland School Age Care (SAC) program, please sign below:

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

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

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



