

Stillwater's Extended Day Program Registration 2017-2018

Child/ren Name _____

Grade In School _____

Home School _____

My Child/ren will need:

___ AM care only 6-9am (breakfast included) M T W TH F (circle days)

___ PM care only 330pm-6pm (snack included) M T W TH F

___ Both AM and PM care M T W TH F

___ Early Release Fridays Only(2:00pm-3:30pm) (Vouchers required)

Parent's Signature _____ Date _____

Child(ren) and Parent/Guardian Information-One form per family (Please Print)

This information stays at the daycare facility.

Child Name _____ Grade in School _____ Birth Date _____

Child Name _____ Grade in School _____ Birth Date _____

Child Name _____ Grade in School _____ Birth Date _____

Home Phone _____

Home Address _____

City _____ Zip Code _____

Mother's/Guardian's Name _____

Work Phone _____ Cell Phone _____

E-mail address _____

Father's/Guardian's Name _____

Work Phone _____ Cell Phone _____

E-mail address _____

Emergency Contact _____ Phone # _____

Emergency Contact _____ Phone # _____

Health/Medical/Additional Information, please list each child separately.

Guardian Signature

Date

Riverview School District #407

2017-18 Daycare Registration

Student(s) Name *(Please Print Legibly)*: _____

Location Requested: Carnation ___ Cherry Valley ___ Stillwater ___

Please circle the level of service required:

# of Days needed per week	AM & PM Care		AM Care		PM Care	
	One Student	Two Students	One Student	Two Students	One Student	Two Students
1	\$190	\$343	\$116	\$208	\$116	\$208
2	\$282	\$506	\$161	\$289	\$161	\$289
3	\$331	\$595	\$180	\$326	\$180	\$326
4	\$362	\$651	\$201	\$362	\$201	\$362
5	\$454	\$817	\$237	\$426	\$237	\$426

Early Release Day Coverage:
Vouchers for service are sold in 7 day blocks for \$105 per student. Prepayment is required.

Late pick-up fee: \$1 per minute. Minimum charge \$15 per student.

Emergency daycare: \$25 per student for each 3 hour block of time.

Payments: Payments are collected September-June and are due on the 5th or the 20th of each month or the closest business day thereof. Direct payment through the ACH process is required unless other arrangements are made with the Business Office.

Financial Responsibility: I accept financial responsibility for payment of services rendered. Non-sufficient fund fees will be assessed if applicable. Students will be dismissed from the program if the current financial obligation is not met. I understand that a two week written advance notice is required for withdrawal from the program. Please fill out the ACH authorization information listed below.

ACH Authorization

I (we) hereby authorize the Riverview School District to initiate debit entries from my (our) account. Please attach a VOIDED CHECK. If currently paying for daycare with a direct debit initial here _____. A voided check would not be necessary. Select payment date: ___5th of each month **OR** ___20th of each month

I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provision of U.S. Law. This authorization is to remain in full force from September thru August, or until written notification of change/termination is received by the Riverview School District.

Parent/Guardian *(Please Print)*

Parent/Guardian *(Signature)*

Date