



## School Age Care (SAC) Contract

**School Year: 2025-2026**

For children entering grades PreK-6

Begins on Sept. 2, 2025

[sac@johnirelandschool.org](mailto:sac@johnirelandschool.org)

Please fill out the following information.

This form must be on file before your child may attend SAC.

One form per family is adequate as long as all information for each child is listed.

Family Name:	
Home Address:	
City:	Zip:
Birthdate:	Email Address:
Person responsible for payments:	
Mother's Name and Phone:	Father's Name and Phone:
Other Emergency Contact Name and Phone:	

### Enrollment Plans (select one)

- |                          |                        |   |                               |
|--------------------------|------------------------|---|-------------------------------|
| <input type="checkbox"/> | <b>Part-time Plan:</b> | <b>less than 9 hours/week</b>                   | <b>\$150/per month</b>        |
| <input type="checkbox"/> | <b>Full-time Plan:</b> | <b>9 to 15 hours/week</b>                       | <b>\$200/per month</b>        |
| <input type="checkbox"/> | <b>Full year Plan:</b> | <b>Mon-Fri, 3-6 pm +<br/>Early Release Days</b> | <b>\$1630/per year</b>        |
| <input type="checkbox"/> | <b>Drop in Basis:</b>  | <b>24 hour notice</b>                           | <b>\$20 per child/per day</b> |

**To Register - Fill out the Calendar Registration for September**

# **SAC Information**

## **Daily Schedule**

Immediately following school dismissal, children are escorted to SAC by the SAC Supervisor or Aide. SAC activities include after-school snacks and attendance, structured open play (large motor skills and social skill development), arts & crafts (small motor skill development), and opportunity and space for study time.

## **Monthly Registration:**

If choosing the part-time or full-time monthly plan, you will sign up for the days you want coverage.

Calendar Registration will be emailed each month so you can select the days in which your child/ren will be attending SAC. These calendars must be completed by the last Friday of the previous month.

## **Payments**

Billing will be completed through TADS and sent out the first of each month. Payment is due by the 15th of each month. A \$20 late fee is added for late payment.

We do not offer credit for absences due to illness, social plans, vacation, or school closings. We do not offer hourly rates. Please Note: Families going over their contracted time's weekly hours will be billed an additional fee of \$25.00 per child for each week over the contracted time.

## **Late Pick-Up Fee**

Out of respect for our staff, please pick up your child(ren) no later than 6:00 PM. Families picking up children after 6:00 PM will be charged \$5 for every 5 minutes after 6:00 pm.

## **Breakdown**

- 1st of the Month - Bills sent for the upcoming month + late fees from previous month
- 15th of the Month - Payments Due, Calendars for next month sent home via email
- Last Friday of the Month - Calendar Registrations Due

**Student Information:**

List the names and ages of children:

1. Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
4. Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
5. Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Any special needs of the child (allergies, special diet, medical conditions etc.)?

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**Authorization:**

Persons other than guardians authorized to pick up your child from the program:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Persons **NOT** authorized to pick up your child from the program:

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_

**Permission Signatures:**

I hereby grant permission for my child/ren to use all the play equipment in the SAC program.

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Parent/Guardian Signature

Date

I hereby grant permission for my child/ren to be included in pictures and publicity connected with the SAC program.

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Parent/Guardian Signature

Date

I give permission to the SAC program to take whatever emergency measures are judged necessary for the care and protection of my child/ren while under their supervision. In case of a medical emergency I understand that my child will be transported to any appropriate facility by the emergency unit for treatment, if the local emergency resources team deems it necessary. It is understood that in some medical situations the SAC staff will need to contact the local emergency resources before the parent, the child's physician, and/or other adults acting on the parents behalf are notified. I understand that any expenses will be borne by the child's family.

**Please sign and return to John Ireland School before your child begins the JI SAC Program.**

1. I understand I must notify SAC if my child will be absent from the SAC program if the child is expected.
2. I understand I must enter the building and sign my child/ren out on the attendance sheet each day my child attends SAC.
3. I understand I must notify the SAC program if someone other than an authorized person will be picking up my child/ren.
4. I understand I must make child care payments through my TADS account by the 15<sup>th</sup> of each month.

I have read and understand the information stated above.

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Parent/Guardian Signature

Date