

## 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 5<sup>th</sup> or the 20<sup>th</sup> 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: \_\_\_5<sup>th</sup> of each month **OR** \_\_\_20<sup>th</sup> 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

# ACH Authorization Form

**Student(s) Name** Please Print: \_\_\_\_\_

I (we) hereby authorize the Riverview School District to initiate debit entries from my (our) account (select one) indicated below:

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

This debit will be for \$ \_\_\_\_\_ per month and will occur on (please check the date that best works for you): Please check payment date of choice:

\_\_\_5th of each month (or closest banking day) **OR** \_\_\_20th of each month (or closest banking day)

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.

Please attach a **VOIDED CHECK** here

**OR**

If you have a check on file for the current school year and wish to continue using the same account

Sign here \_\_\_\_\_