



Afterschool Care Registration

Sauvie Island Academy would like to invite you to take advantage of our afterschool care program available to our families during the school year. Space is limited and will be on a first come first serve basis.

Please select the option below for your student:

| ✓ | Options | Time | Monthly Rate* | Average/Daily Cost |
|---|-----------------------------|-----------------------|---------------|--------------------|
| | K-8 Student 5 days per week | 3:05 p.m. – 5:30 p.m. | \$240 | \$14.20 |
| | K-8 Student 4 days per week | 3:05 p.m. – 5:30 p.m. | \$206 | \$14.75 |
| | K-8 Student 3 days per week | 3:05 p.m. – 5:30 p.m. | \$167 | \$15.05 |
| | K-8 Student 2 days per week | 3:05 p.m. – 5:30 p.m. | \$118 | \$15.85 |
| | K-8 Student 1 day per week | 3:05 p.m. – 5:30 p.m. | \$62 | \$16.68 |

** Rates are based on number of school days throughout the year and spread across 10 monthly payments.*

If you have multiple children enrolled, a 10% discount is applied for each child enrolled in the afterschool care program.

Assistance is available for families participating in the free and reduced lunch program.

Please contact Sam Olson, solson@sauvieislandacademy.org or 503-621-3426 for more information.

A non-refundable deposit of \$50 per student (applied to the first month's payment) is due at the time of registration in order to secure your student's spot in the afterschool care program. Tuition is due on the 1st of every month. If your circumstances change during the school year, please provide Sauvie Island Academy 14 days notice prior to withdrawing your student from the program. Care is only for students enrolled at Sauvie Island Academy.

Drop in care will only be accommodated when space is available. Priority will go to students enrolled on a regular schedule. **Daily drop in rates will be \$17 per day, space allowing.** A registration form must be completed for all students participating in the Afterschool Care Program.

Parents will be billed an additional \$5.00 per minute late pick up fee for students picked up after **5:30pm**.

Student Information:

| | | | | | |
|-----------------|------------|------------------|------|-------------------|--------------|
| Legal Last Name | | Legal First Name | | Legal Middle Name | Grade |
| Sex | Birth Date | Parent e-mail | | | |
| M F | __/__/__ | | | | |
| Home Address | | Street | City | State | Zip Code |
| | | | | | Home Phone # |

Days Attending:

| |
|--|
| Student will be attending the Afterschool Care Program on the following days: |
| <i>Circle all days that apply</i> |
| Monday, Tuesday, Wednesday, Thursday, Friday |

Family Information:

Student Lives With: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____ Other: _____

Legal Custody of Student is With: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____ Other: _____
(If custody is not with both parents, court/state documents must be on file with the school.)

Parent / Guardian #1

Name _____ Relationship _____
 Employer _____ Work # _____ Cell # _____

Parent / Guardian #2

Name _____ Relationship _____
 Employer _____ Work # _____ Cell # _____

Emergency Information: Parent/Guardian will be called FIRST in the event of an emergency. List the additional individuals who can be contacted to assume temporary care of your child in the event you cannot be reached.

| | | |
|--------|--------|--------------|
| Name | | Relationship |
| Home # | Work # | Cell # |

| | | |
|--------|--------|--------------|
| Name | | Relationship |
| Home # | Work # | Cell # |

| | | |
|--------|--------|--------------|
| Name | | Relationship |
| Home # | Work # | Cell # |

Physicians Name: _____ Phone #: _____

Severe Allergies:

| Type of Allergy (i.e.: bee sting, food, etc...): | Immediate Medication Required: |
|---|--------------------------------|
| | Y N |
| Please Circle Type of Medication: Epi-pen Inhaler Oral Medication _____ | |

List any health conditions that will, or may, affect your child afterschool, such as heart disease, diabetes, seizure disorder, eye or ear problems, asthma, or any chronic conditions. List any signs and/or symptoms for school staff to watchful for:

I, the undersigned do hereby authorize the officials of Sauvie Island Charter to contact directly the persons named on this form, and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event the parents, physician(s), or other emergency contacts named on the student's registration card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child. I will not hold the School District financially responsible for emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date ____/____/____