

JACKSON CHILD CARE ACADEMY

PRE-SCHOOL INCLUSION PROGRAM

REGISTRATION FORM 2019-2020

To register and ensure first day of school services, please complete this form before July 1, 2019.

Child(ren) must already be registered for the Jackson School District Pre-School Inclusion program.

A \$50.00 registration fee and September's monthly tuition is due with this application.

*PAYMENT OPTIONS: 1. online payment 2. check or money order made payable to the Jackson Board of Education
3. cash-accepted in child care office only*

Subsequent monthly payments will be due on the 25th of the month prior to service.

(i.e. October's payment will be due on September 25th)

Future Payments are encouraged to be made ONLINE. If you do not have an online payment account with us, please complete the online payment option on page 2 of this form and a link to the system will be emailed to you.

My child(ren) are enrolled in Pre-School at: **Elms** **Rosenauer** **Johnson** **Crawford Rodriguez**
 Please circle which program they are enrolled in: **Full Day Program** **Morning Program** **Afternoon Program**
 Please list which Child Care Option you would like: _____

1. Child's Last Name _____ First Name _____

2. Child's Last Name _____ First Name _____

***** IMPORTANT: PLEASE NOTIFY YOUR CHILD'S TEACHER OF CHILD CARE SCHEDULE.**

ANY CHILD CLASSIFIED? YES NO List name of child(ren) below:

1. _____ 2. _____

DOES CHILD RECEIVE SERVICES FROM A PARAPROFESSIONAL? YES NO List name of child(ren) below:

1. _____ 2. _____

EMERGENCY CLOSING In the event of an emergency (snow, other) and school is closed early I request the following option (*please check one option only*):

A. Have my child(ren) take the bus home (if assigned by the district) _____ (please initial)

B. I will pick my child(ren) up at school by *early dismissal time* _____ (please initial)

Parent/Guardian #1

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Email _____

Work Phone _____

Parent/Guardian #2

First Name _____

Last Name _____

Home Address _____

City _____ Zip _____

Cell Phone _____

Home Phone _____

Email _____

Work Phone _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Child Care staff to act on my behalf in granting permission for my child to receive emergency treatment.

Medical Insurance _____
(company and policy number)
Medical/Health Concerns _____
(medications, allergies, special needs, etc. use separate paper if necessary)

Photographic permission: _____ *I Do* _____ *Do Not* _____ *give permission for my child to appear in the media. I understand that the staff has been given authority to determine appropriate requests.*

AUTHORIZED EMERGENCY CONTACTS (must be 18 or older)

Please give the names and phone numbers of two or more people who may pick your child(ren) up or be notified in case of an emergency or illness when parents/guardians are not available. (changes must be in writing from parent)

Name _____ Cell # _____ Other # _____

Name _____ Cell # _____ Other # _____

Name _____ Cell # _____ Other # _____

TUITION AGREEMENT

Please check applicable online monthly tuition payment method below for Oct 2019 - June 2020 Pre-School Program Payments.

_____ **EXISTING PRE-SCHOOL ACCOUNT:** I already have an online payment account set up for the current 2018/2019 school year with the Pre-School Program. This is the same email that will be used for the upcoming 2019/2020 Pre-School registration.

_____ **EXISTING ELEMENTARY/MIDDLE SCHOOL ACCOUNT:** I already have a 2018/2019 online payment account with Jackson Child Care Academy for an Elementary or Middle School Account. (***You do not need to re-register.*** The next time you sign-in to your already set up school year account you will see that the Pre-School program has automatically been added and you can now select "Pre-School Program" from the drop down menu in order to make your monthly tuition payments for this new program.)

_____ **NEW PRE-SCHOOL REGISTRANT:** I do not have an online payment account set up for the current 2018/2019 school year with the Jackson Child Care Academy or Pre-School Programs. Please use my email address and send me the "Program Parent Portal" payment invite so I can register and make my monthly tuition payments online before the 25th of the month prior to services rendered.

Email address: _____ @ _____

- I certify that (name of child(ren)) _____ presently resides with the undersigned at the designated address and is a student enrolled in the Jackson Township School District.
- I am aware that all of the regulations and provisions offered by the Jackson Township School District in connection with its Child Care Academy are posted on their website and hereby agree to abide thereto.
- As per Jackson School District Policy, there will be no credit or refund of fees given for unused time, i.e. cancellation, vacation, illness, absences, snow day interruptions including delayed openings and early closings etc.
- I further acknowledge that the Jackson Township Board of Education may terminate this agreement for any failure of the undersigned, or the child, to abide with the regulations and conditions referred to in the above documentation and for any other cause which the Jackson Township Board of Education feels, in its sole discretion, is not for the best interest of the child or the district, provided the undersigned receives five (5) days prior written notice.
- The undersigned agrees to pay all tuition payments in accordance with the academy, **between the 15th and the 25th of the month prior to services rendered.** I understand that the child(ren) shall not be permitted to participate in this academy if the tuition and any late charges are not received in full prior to the first of the month.
- Any account one month or more in arrears will result in the cancellation of child care services. Any default in the payment of tuition or other related charges shall result in the undersigned being responsible for the same, plus interest, as well as any cost, including reasonable attorney fees, that may be necessary for the Board to expend in collecting the same.

In acknowledgment of the terms of this agreement, please sign below.

Parent/Guardian Signature

Date