



**BAC Enrollment forms must be received by Friday, June 30th at 4pm in order to start BAC on the first day of school. Enrollment at some locations may be waitlisted prior to June 30<sup>th</sup> due to staffing shortages.** Enrollment from the previous school year does not roll over. You must submit the 2023/2024 Enrollment Form in order to register for the BAC program. Returning students may not enroll if there is a previous or remaining balance on their Family Access account.

Enrollment forms **WILL BE WAITLISTED** after June 30th. Late enrollments will be based on availability at each BAC location. Once availability is determined, enrollment in the program will take a minimum of one week to process before your child/children can attend BAC.

- Family Enrollment Fee - \$25 if **enrolled by** June 30th, 2023
- Late Family Enrollment Fee - \$40 if **received after** June 30th, 2023
- **DO NOT** include a check with enrollment forms. The Family Enrollment Fee will be billed in Family Access.

**A BAC schedule must consist of a minimum of 1AM or 1PM per week in order to enroll in BAC.** Otherwise, enrollment is not an option. You must maintain the minimum enrollment of 1 AM or 1 PM per week or your child or children will be automatically un-enrolled.

The BAC Policy and Handbook has been moved online. It is no longer included with the BAC Enrollment Form. Please review the BAC Policy and Handbook before returning the BAC Enrollment Form.

<http://www.rockfordschools.org/before-after-care/>

# DK-5 BAC 2023-2024 ENROLLMENT FORM

Rockford Child Care - 350 N. Main Street, Rockford  
Phone: (616) 863.6560 Fax: (616) 866.5994

**Review, sign, and return the Enrollment Form, the Acknowledgement of Policies, and the BAC Calendar (pages 1-3) to the Child Care Services Office via fax or email to: [JBrown@rockfordschools.org](mailto:JBrown@rockfordschools.org)**

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**Phone #1** \_\_\_\_\_ **Phone #2** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**1<sup>ST</sup> CHILD'S NAME** \_\_\_\_\_ **Grade Entering Fall 2023/24** \_\_\_\_\_

**2<sup>ND</sup> CHILD'S NAME** \_\_\_\_\_ **Grade Entering Fall 2023/24** \_\_\_\_\_

**3<sup>RD</sup> CHILD'S NAME** \_\_\_\_\_ **Grade Entering Fall 2023/24** \_\_\_\_\_

**School** the child/ren will be attending BAC: \_\_\_\_\_

**Authorized to pick up other than parent(s):** emergency contact in the Rockford area, in case of school closure/inclement weather/illness, etc. **At least one name needs to be provided for enrollment.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Unauthorized to pick up:** (You **may not** list a biological parent unless this form is accompanied with a *current* court order)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Allergies/Medical Issues? If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**Note: BAC staff does not have access to the school office for medications and/or inhalers.**

Medications must be given prior to the start of BAC. The following are any allergies; health restrictions or medications being taken.

\_\_\_\_\_

\_\_\_\_\_

## **BAC Payment Policy**

**Rockford Child Care Services bills and collects tuition on a pre-pay basis.** A bill for services is generated in your Family Access account when your child's calendar is entered. The bill must be paid in full by the 25<sup>th</sup> of the month for the services which are scheduled to occur in the following month. For example, if services are scheduled for the month of September, the entire bill must be paid in full by August 25<sup>th</sup>. ***If your payment is over ten (10) days late, there will be a late fee accessed of \$25 per account.***

**IMPORTANT NOTICE: Non-Payment of tuition will result in dismissal from the program.**

In the event of a dismissal, a dismissal notice will be sent via email and must be paid in full within seven days to remain in the program. **If a dismissal email is issued more than twice in one school year, you will be asked to find child care elsewhere.**

## **BAC Scheduling Policy**

**Minimum enrollment is one day (AM or PM) per week, per child.** We **DO NOT** offer drop in care. If your child/children do not sign up for the required minimum amount of days, they will be automatically un-enrolled. Re-enrollment will not be an option.

The BAC calendar will open each month from the **1<sup>st</sup> - 25<sup>th</sup>** to enter your schedule or to make changes to an existing schedule. After the calendar **lockout date of the 26<sup>th</sup>**, your schedule **cannot** be removed and all charges will apply. We do not credit or swap for scheduled days that are cancelled.

**If you do not set your schedule in between the 1<sup>st</sup> and 25<sup>th</sup> of each month, you will be charged a \$25 fee for our staff to enter your schedule for you.**

If you add an AM or PM for the current day or current week of care, **a \$5 Add-In Fee will be added to the daily standard AM or PM BAC charge.** Otherwise, you may add days at no extra charge **ONLY** if called in by 10 AM the Thursday before the next week's scheduled days of care. **DO NOT** send add-in requests via email. **All add-in requests must be called in by 2:15PM to the Child Care office.**

If your child is sent to BAC without a schedule or without contacting the Child Care office, **a \$10 Unscheduled Add-In Fee will be added to the daily standard AM or PM BAC charge.**

## **ACKNOWLEDGEMENT OF POLICIES:**

**I have read and agree to the above BAC Payment and Scheduling Policies. I have read and accept the terms stated in the 2023-2024 BAC Policy and Handbook. I understand that turning in BAC Enrollment forms does not guarantee a position in the program.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- ☐ I authorize the release of information and photographs to be taken of my child for possible use in the following ways: News & Social Media, Movies, Television, Public Relations, Web pages for Rockford Public Schools and Child Care Services, classroom activities to be shared with all families in the center.

Note: if **NOT** authorizing please specify

# **BAC CALENDAR**

Please check AM, PM, or both as it applies to your schedule.

\*Please fill out a separate calendar for each child if their schedules are not the same\*

<b>April, 2024</b>				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>4/8</b>  <b>AM</b>  <b>PM</b>	<b>4/9</b>  <b>AM</b>  <b>PM</b>	<b>4/10</b>  <b>AM</b> <div>Early Release</div> <b>PM</b>	<b>4/11</b>  <b>AM</b>  <b>PM</b>	<b>4/12</b>  <b>AM</b>  <b>PM</b>
<b>4/15</b>  <b>AM</b>  <b>PM</b>	<b>4/16</b>  <b>AM</b>  <b>PM</b>	<b>4/17</b>  <b>AM</b>  <b>PM</b>	<b>4/18</b>  <b>AM</b>  <b>PM</b>	<b>4/19</b>  <b>AM</b>  <b>PM</b>
<b>4/22</b>  <b>AM</b>  <b>PM</b>	<b>4/23</b>  <b>AM</b>  <b>PM</b>	<b>4/24</b>  <b>AM</b> <div>Early Release</div> <b>PM</b>	<b>4/25</b>  <b>AM</b>  <b>PM</b>	<b>4/26</b>  <b>AM</b>  <b>PM</b>
<b>4/29</b>  <b>AM</b>  <b>PM</b>	<b>4/30</b>  <b>AM</b>  <b>PM</b>			

1<sup>ST</sup> CHILD'S NAME \_\_\_\_\_ 2<sup>ND</sup> CHILD'S NAME \_\_\_\_\_

3<sup>RD</sup> CHILD'S NAME \_\_\_\_\_ SCHOOL: \_\_\_\_\_

*Revised 2.20.24*