



350 North Main Street  
Rockford, MI 49341  
616-863-6560

Please keep this first page for your records and return all following forms completed and signed to the childcare offices via email to [mbaines@rockfordschools.org](mailto:mbaines@rockfordschools.org). **This form is fillable.**

**Please carefully read the information below regarding the 2024 Summer Program.**

**Location:** Parkside Elementary, 156 Lewis St., and Administration Building, 320 N. Main St.

**Hours of operation: 7AM-6PM**

- Please remember you are enrolling for the full 9-week program, with a 2-day minimum per week.
- **No** credit will be given for sick or vacation days.
- This program is for children currently enrolled in DK – going into 6<sup>th</sup> grade only.
- Lunch is not provided. An afternoon snack and juice will be provided.
- Due to the increase in demand for the program, group/friend requests will not be guaranteed.

**Important dates:**

- The program is scheduled from *Wed., June 5 to Thurs., August 1*
- *Registration will close April 17<sup>th</sup> or earlier if it fills up. When full, a waitlist will be started.*
- If schedule changes are necessary or you decide the program won't work for your family and you need to drop – *it must be done BEFORE 4pm on Wednesday, April 17, 2024.*
- **If you cancel after April 17<sup>th</sup>, you will be required to pay 1/2 of your summer balance.**
- Registration fee and fees for 6/5/24 - 6/30/24 are due on 5/25/24
- Fees for 7/1/24 – 8/1/24 is due on 6/25/24
- The center will be closed on Thursday, July 4<sup>th</sup>, and Friday, July 5<sup>th</sup>

**Payment information:**

- Daily charges are \$45.00 per day/per child. There is no sibling discount.
- Registration Fee: \$75.00 per child. This charge will be entered into your child's Family Access account at the same time we enter your child's schedule for the entire summer, which will be after 4/17/2024.
- Payments for summer care will be through Family Access/Fee Management/E-Funds. We will be entering the registration fee and the entire summer schedule for your children and to your child's account.
- All programs are prepaid. **Please note payment dates are different from BAC.**
- Please note if you have your BAC fees on automatic payment through E funds, **all** summer care charges will be paid when charges are applied to your account. To avoid all summer charges paid at once, please remove the automatic payment option from your E-funds account.
- *Please see the required policies: Payment Agreement/Confirmation of Policies, Release & Field trip info, all pages, along with your child's registration information, need to be signed and returned to enroll in the summer care program.*
- **If your child currently attends BAC, all accounts must be paid in full by 4/25/2024 in order to attend the Summer Age Program.**

**Registration and Release Forms**  
**Wed., June 5 until Thurs., August 1<sup>st</sup> 2024**

**Please return by April 17, 2024** \*\*\*\*The following information must be completed as a state licensing requirement.

**Incomplete paperwork will be returned and the student will not be enrolled until the form is completed**

1. Parent/Guardian Name \_\_\_\_\_

Cell/work # \_\_\_\_\_ Email \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_

Cell/work # \_\_\_\_\_ Email \_\_\_\_\_

\*Please contact the Child Care office if your student is not currently enrolled in RPS\*

CHILD NAME \_\_\_\_\_ **CURRENT** Grade \_\_\_\_\_ Home School: \_\_\_\_\_

*T-Shirt Size: Youth size: S M L Adult size: S M L*

CHILD NAME \_\_\_\_\_ **CURRENT** Grade \_\_\_\_\_ Home School: \_\_\_\_\_

*T-Shirt Size: Youth size: S M L Adult size: S M L*

CHILD NAME \_\_\_\_\_ **CURRENT** Grade \_\_\_\_\_ Home School: \_\_\_\_\_

*T-Shirt Size: Youth size: S M L Adult size: S M L*

Days attending Summer Care: **Must be the same days each week for the entire summer**

(please check days) M  T  W  TH  F  **There is a 2 day minimum**

**Authorized pick up:** emergency contact in the area, in case of school closure/ inclement weather/illness, etc. At least one person other than parent/guardian, needs to be provided.

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

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

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

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

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

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 Summer Care. Please list any allergies; health restrictions or medications being taken:

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1. I give my permission for pictures to be taken of my child(ren) for possible use in the following ways: News Media, Movies, Television, Public Relations, Web pages for Rockford Public Schools and Child care Services.  
YES                      NO

2. Confidentiality and access to information:  
Information about a child, their family, their abilities, their strengths and challenges, their medical information are held in strict confidence. But in the best interest of the child, at times this information will be shared with other professionals to help determine the best course of action for a particular child. By signing below, you give permission for the information to be shared.

3. We go outside on a daily basis. We are requesting that you bring in sunscreen and insect repellent that may be applied to your child when needed. You are giving permission for your child to apply sunscreen and/or repellent. \_\_\_\_\_ **Please initial.** In the event your child is unable to apply their own sunscreen, you are giving permission for our staff to apply sunscreen to your child. \_\_\_\_\_ **Please initial.**

4. If there is a reason your child is **not** able to use sunscreen or repellent, please state which one and why:  
\_\_\_\_\_

5. There's a possibility that your child's classroom may have a pet sometime during the year. If for any reason, your child has any health-related concerns the pet may cause, please inform us.

6. Emergency Transportation Authorization. \_\_\_\_\_ **Please initial.**

7. **FIELD TRIPS.** During the course of the Summer Activities Program, we will take many walking field trips to various playgrounds, parks, and businesses throughout the area. If the trip is off school grounds & requires transportation, we will use Rockford Public Schools Transportation Department buses. Parents will be notified as to time, date, and destination.

Child/children's name: \_\_\_\_\_  
has permission to attend all Rockford Schools Child Care Services sponsored field trips.

8. **POOL.** *We will be walking to the Middle school swimming pool* (your child will be involved in swimming and water-play) a couple of times each week. While at the pool there are always pool lifeguards on duty as well as your child's lead teacher and aide in the pool with your children. \_\_\_\_\_ **Please initial.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Payment and Late Fee Policy**  
**Please return by April 17, 2024**

Rockford Child Care Services bills and collects tuition on a pre-pay basis. All payments are due on the 25th of each month for the services which are scheduled to occur in the following month. Please see the information on the payment schedule for Summer Care charges, located on the 1<sup>st</sup> page. Payments are made through Family Access under the "Fee Management" tab.

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 the past due balance is not paid within seven days, Child Care services will be terminated for the remainder of the summer.

**If your child currently attends BAC, all accounts must be paid in full by 4/25/2024 in order to attend the Summer Age Program.** Students may not enroll in the Summer Age program or the upcoming Fall 2024/2025 school year BAC if there is a previous or remaining balance on their Family Access account.

Please be prompt in picking up your child. We understand there are unplanned circumstances that can hinder a timely pick-up; however, parents are expected to make every effort to arrive on time or arrange for an alternate pick-up. We employ a "No Exceptions" policy for late pick-ups. A "Late Pick-up Fee" will be assessed as follows:

- 1 – 5 minutes late = \$1 per minute
- 6 – 15 minutes late = \$2 per minute
- 16 minutes late or more = \$5 per minute
- After **five** occurrences, your child will be unenrolled from the program

*\*The School Age Program Policy book can be found on the Rockford Public Schools website\**

I have reviewed and acknowledged the School Age Program Policy book and the Payment and Late Fee policy for Rockford Child Care Services. I understand and agree that continued participation in any child care program is dependent on my account remaining in good standing, with tuition paid in advance. Non-payment will result in dismissal from the program.

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**Signature of Parent or Guardian**

**Date**

