**School District of Mauston**

**Eagle Care Enrollment Contract**

**2024 Summer Care**

Please return all forms to the District Office or complete, scan, and email to sgeorgeson@maustonschools.org.

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| --- | --- | --- |
| **Child 1 Name:** | **Grade in Fall 2024:** | **Date of Birth:** |
| **Child 2 Name:** | **Grade in Fall 2024:** | **Date of Birth:** |
| **Child 3 Name:** | **Grade in Fall 2024:** | **Date of Birth:** |

Person completing this form:

|  |
| --- |
| **Family 1: Parent/Guardian Name** |
| **Home Phone:**  | **Cell/Work Phone:**  | **Email Address:** |

**Text:** □ yes □ no

**Note:** Additional parent/Guardian information, Emergency information, and pick-up information is collected on the required [**Child Care Enrollment, DCF-F (CFS-0062)**](https://dcf.wisconsin.gov/files/forms/pdf/0062.pdf)**.**

**Schedule**

Eagle Care will operate on the following schedule. There are a limited number of spots available for the various dates and times. Please mark weeks with the number of children for each period below to secure a spot for your child(ren). Families are responsible for payment regardless of student attendance.

|  |  |  |  |
| --- | --- | --- | --- |
| Write the **number of children** who will be attending for each date. | Dates | Time | Rate |
|  | June 3 - June 7 | 6:30am-5:45pm | $175 per week |
|  | July 1- 3rd & 5th | 6:30am-5:45pm | $35 per day |
|  | AM CareJune 10 -June 28July 8-July 26 | 6:30am-7:30am | $25 per week |
|  | Extended PM CareJune 10 - June 28July 8-July 26 | 12:30pm-5:45pm | $100 per week |
|  | PM CareJune 10 -June 28July 8-July 26 | 4:00pm-5:45pm | $50 per week |
|  | Full Day CareJuly 29-August 23 | 6:30am-5:45pm | $175 per week |

**Billing and Payment**

**Account Balance:** Families will be able to login into Skyward Family Access to check their Eagle Care account balance. We will invoice families through Skyward Family Access weekly on Mondays. Payments are due by Friday for the previous week of childcare. **Please see detailed information in the *Eagle Care 2023-2024 Handbook.***

**Transportation**

**Arrival/Departure:** Children may arrive in the morning starting at 6:30am and must be picked up any time before 5:45pm. Please tell us your anticipated drop-off and pick-up times below.

Expected drop off time in the morning\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Expected pick-up time in the afternoon\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| You will provide us with authorized persons on the [Child Care Enrollment, DCF-F (CFS-0062)](https://dcf.wisconsin.gov/files/forms/pdf/0062.pdf). Please let us know about any special notes regarding your child’s attendance or transportation. |
| Please note any other information about your child that you think the Eagle Daycare program staff need to know. |

**Required Registration Forms**

The following state forms are required for registration:

* Form DCF-62, [Child Care Enrollment, DCF-F (CFS-0062)](https://dcf.wisconsin.gov/files/forms/pdf/0062.pdf)
* Form DCF-44, [Health History and Emergency Care Plan, DCF-F-CFS-2345](https://dcf.wisconsin.gov/files/forms/pdf/2345.pdf)
* Form DCF-104, [Alternate Arrival / Release Agreement - Child Care Centers, CFS-104](https://dcf.wisconsin.gov/files/forms/pdf/0104.pdf)
* School District of Mauston Media/Photography Release Form
* The Registration fee of $30 - (non-refundable)

 **Acknowledgements**

Please read and initial that you agree with each of the statements below. For questions about this application, please contact Stephany Georgeson at (608) 350-8215.

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| --- | --- |
| **Initial Below:** |  |
|  | I (we) have read the Eagle Care Parent Handbook. |
|  | I (we) agree to follow Eagle Car’s sick student policy.* I will not send my child to Eagle Care if they have a fever (100.4 or higher) or if they are vomiting, have diarrhea, or are otherwise unwell.
* l will not give my child over the counter fever reducing medications such as Tylenol (acetaminophen) Advil or Motrin (ibuprofen) or Aleve (naproxen).
* I will make arrangements to pick up my child within one hour of being called.
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|  | I (we) give permission for Eagle Care to use our cell phone number(s) and email addresses to enroll in the school communication systems Skylert and REMIND. |
|  | I (we) understand that the regular school rules apply to the Eagle Care Daycare Program and the disciplinary procedure my child is required to follow.  |
|  | I (we) understand that all families must pick up their students by 5:45 pm at the latest. |
|  | I (we) agree to give Eagle Care two weeks (14 calendar days) notice should we decide to terminate our contract. |
|  | I (we) understand that we are securing our student’s Eagle Care spot and that we are responsible for payment regardless of student attendance. (Covid 19 related absences are excused). |
|  | I (we) agree to pay the total amount due by the due date. |

**My signature indicates that I have read, understand, and agree to the above policies or statements.**

|  |  |
| --- | --- |
| Parent/Guardian Signature: | Date: |

**Please allow 3-5 days for processing.**

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|  **For Office Use:** **Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Confirmation of Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Parent Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Skyward Family Access Child Care created: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |