

ACED REGISTRATION FORM 2022-2023



ONLY ONE FORM IS REQUIRED PER FAMILY

STUDENT INFORMATION – Indicate each student's name and grade level below:

- | | |
|----------------|----------------|
| 1. _____/_____ | 3. _____/_____ |
| 2. _____/_____ | 4. _____/_____ |

ATTENDANCE OPTIONS - CHOOSE ONE: You will be charged for the option selected below. If you need to change the option, please notify ACED 30 days prior to the date of change, via email, at chugunin@olpls.org.

- _____ **Part Time Flexible Program:** Charges are based on actual attendance. This is a drop-in program for mornings, afternoons, half days and/or full days. **\$5.25/hour per child**
- _____ **Full Time:** Includes mornings, afternoons, and half days. **\$260/Month first child, \$208/Month each additional sibling.**

REGISTRATION FEE: An annual Registration Fee of \$50* per child is due at the time of registration. ***Prorated by Quarter, per Fee Schedule**

FOB FEE: If you do not already have a Security Access Fob, you will also be charged a \$10 fee for one fob. Additional Fobs may be purchased for \$10 each.

I have an OLP School fob.

I have an OLP ECC fob that can be transferred.
I will continue to need access to OLP ECC.
I WILL NOT continue to need access to OLP ECC.

I need an initial FOB.

I need _____ additional FOBs
List names for new FOBs:

PAYMENT OF FEES: The fees may be paid online through your Sycamore Portal; by check payable to "OLP ACED;" or by cash.

Registration Fee
\$50 1st Quarter*

Security Access fob Fee (required for new fobs) \$10 each

\$50 X _____ # of children = \$ _____

\$10 x _____ # of NEW fobs = \$ _____

TOTAL FEES DUE \$ _____

Check # _____ **Date** _____ **-OR- Pay Online** _____

--- PLEASE COMPLETE BOTH PAGES ---

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POLICIES ACKNOWLEDGMENT: By signing below, I acknowledge that I have received and read the ACED Policies listed below, and agree to the stipulations in those policies. ***Failure to adhere to ACED Policies may result in expulsion from the ACED Program.*** ACED Policies are provided on a separate page, to be kept by parents.

1. Non-Registered Attendance Policy
2. Morning Care Policy
3. Late Pick-Up Policy
4. Emergency Devices & Medication Policy
5. Account Payment Policy
6. Discipline and Discharge Policy

EMERGENCY DEVICES & MEDICATION POLICY: If your child needs an emergency device or medication, such as an inhaler or EpiPen, please provide a separate device or medication to be kept in the ACED Office. The Health Room and its medication cabinet are locked during non-school hours, and ACED staff does not have access to the medications kept in that office. ***Note that NOT providing emergency medication is a decision to be made at parental discretion, and the ACED Program assumes no responsibility in the event that medical provisions are necessary, but not available.***

Does your child require an emergency device or medication, such as an inhaler or EpiPen?

YES* _____ NO _____

****IF YES – PLEASE COMPLETE THE FOLLOWING:***

The following medication will be provided/Child's Name: _____

I CHOOSE NOT TO PROVIDE EMERGENCY MEDICATION (Parent Initials): _____

AUTHORIZATION FOR PICKUP: Only those persons authorized for pick-up, as listed in the Sycamore system or by express parent permission, will be allowed to leave with children. Additional names may be provided during the year to be added to Sycamore records. When adding names, please provide a contact phone number and the relationship to the child.

**All parent contact information, health information, and authorized pick-up names
will be taken from the Sycamore Student Information System.**

Please be sure to keep all information up to date.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Print Parent Names: _____

OFFICE USE ONLY

_____ Assign/Verify Plan	_____ Charge Registration Fees
_____ Add to Daily Sheet	_____ Charge Fob Fees
_____ Add to Email Group	_____ Add to Constant Contact