



**ONLY ONE FORM IS REQUIRED PER FAMILY**

**STUDENT INFORMATION:**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**All contact information will be taken from the school registration form.**

**Please be sure to keep all information up to date.**

**MEDICAL INFORMATION, Including Allergies:**

*Please list all conditions we should be aware of to care for your child on a daily basis, as well as in emergency situations:* \_\_\_\_\_

*Does your child require an emergency device or medication, such as an inhaler or epi-pen?*

YES\* \_\_\_\_\_ NO \_\_\_\_\_

\* **If yes, you must provide a separate device or medication to be kept in the ACED Office.** The nurse's office is locked during non-school hours, and ACED staff does not have access to medication or supplies kept in that office.

**OTHER INFORMATION:**

Please list any additional information that we should be aware of to best assist your child(ren): \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I give permission to Our Lady of the Presentation's ACED program to take whatever emergency measures, as judged necessary, for the care and protection of my child while under the supervision of the program. In case of emergency, I understand that my child will be transported to **Lee's Summit Medical Center or St. Luke's East, (please circle your preference)**, by the local emergency unit, at my expense, if the local emergency resource (Police, Rescue Squad) deems it necessary. In the event of accidental ingestion, I understand that the ACED staff will contact the Poison Control Center. I hereby authorize the ACED Program to act on my behalf in case of an emergency.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# ACED REGISTRATION FORM 2017 - 2018

## FEE SCHEDULE:

<b>Registration Fee per child, Non-Refundable</b>		<b>\$50.00</b>
<b>Part Time:</b> Part time fees are billed on a per use basis, as outlined below. There is no sibling discount for part time attendees.		
Morning Care*	6:30 a.m. - 7:30 a.m.	<b>\$5.00/day</b>
Afternoon Care	3:00 p.m. - 6:00 p.m.	<b>\$15.00/day</b>
Short-term Care	Less than one hour	<b>\$5.00/day</b>
Noon Dismissal - Half Days	Noon - 6:00 p.m.	<b>\$25.00/day</b>
No School - Full Days	7:00 a.m. - 6:00 p.m.	<b>\$50.00/day</b>
<b>Full Time**</b> (Includes mornings, afternoons, and half days). <i><b>This rate does not include full days.</b></i> Any full days attended will be charged in addition to the monthly rate.		<b>\$250/month</b>
<b>Full-Time Sibling Rate (each additional child)</b>		<b>\$200/month</b>
<b>Full Time PLUS**</b> (All inclusive: mornings, afternoons, half and full days).		<b>\$280/month</b>
<b>Full-Time PLUS Sibling Rate (each additional child)</b>		<b>\$224/month</b>
<b>Late Fees***</b> (Charged per minute, after 6:00 p.m.)		<b>\$1.00/minute</b>

**\*Morning Care Fees Policy:** Morning Care fees will apply to **ALL STUDENTS** dropped off **before 7:30 a.m.** This includes students who are not registered with the ACED program. Students are not allowed to walk around school campus before 7:30 a.m., unless they are attending a supervised morning program, such as music practices; chess, archery, or robotics clubs; or planned middle school academic meetings with teachers.

**\*\*Full Time, Multi-sibling Discount:** There is a 20% discount for siblings registered as Full-Time or Full-Time PLUS; i.e., the first child will be charged full fees; additional siblings are charged a 20% discounted rate.

**\*\*\*Late Policy:** Parents who pick up their children after 6:00 p.m. will be assessed a late fee of \$1.00 per minute for each minute that the child is left in the ACED program. Charges will be reflected in the next billing cycle. We realize weather can affect road conditions, and we encourage parents to use extreme caution while driving in poor conditions. ACED reserves the right to adjust and/or waive the late fee according to weather/road conditions. Recurrent lateness may result in loss of use of the ACED program.

**ATTENDANCE OPTIONS - CHOOSE ONE:** You will be invoiced 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 [ACED@olpls.org](mailto:ACED@olpls.org).

**Part Time Flexible Program (check all that may apply):**

Mornings     Afternoons     Half Days     Full Days

**Full Time:** Includes mornings, afternoons, and half days.

*Any full days attended will be billed in addition to the monthly rate, on the following invoice.*

**Full Time PLUS:** All-inclusive - mornings, afternoons, half and full days.

**ACED WILL BE CLOSED ON ALL OLP SNOW DAYS,  
AND MAY BE CANCELLED DUE TO INCLEMENT WEATHER**