



**ONLY ONE FORM IS REQUIRED PER FAMILY**

**STUDENT INFORMATION:**

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

**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).

See Fee Schedule, provided separately.

\_\_\_\_\_ **Part Time Flexible Program** (check all that may apply):  
                                 \_\_\_\_\_ Mornings    \_\_\_\_\_ Afternoons    \_\_\_\_\_ Half Days    \_\_\_\_\_ Full Days

\_\_\_\_\_ **Full Time:** Includes mornings, afternoons, and half days. **\$250/Month, + any Full Days attended.**  
                                 Any full days attended will be charged at the Part-Time rate.

\_\_\_\_\_ **Full Time PLUS:** All-inclusive - mornings, afternoons, half and full days. **\$280/Month.**

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

\*Expulsion does not apply to this policy.

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

**PAYMENT OF REGISTRATION FEE and SECURITY KEY FOB FEE:**

An annual Registration Fee of \$50\* per child is **due at the time of registration**, as well a \$10 fee for one Security Access Fob\*\*. Additional Fobs may be purchased for \$10 each. The fees may be paid online through your Parent Sycamore Portal; by check payable to "OLP ACED;" or by cash. (\*Prorated by Quarter, per Fee Schedule)

<b>Registration Fee \$50</b>	<b>Security Access Fob Fee, required for new fobs, \$10</b>
\$50* x ___ # of children = \$ _____	\$10 x ___ # of NEW fobs = \$ _____
<b>TOTAL FEES DUE \$ _____</b>	<b>Check # _____ Date _____ - OR - Pay Online _____</b>
**I/We have one or more existing fobs: _____ ECC    _____ Staff    _____ Other Parish Fob	

# ACED REGISTRATION FORM 2018 - 2019

## 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 nurse's office is locked during non-school hours, and ACED staff does not have access to medication or supplies 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 \_\_\_\_\_

\*Please list medications/devices provided to ACED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR PICKUP:** Only those persons authorized for pick-up, as listed in the Sycamore system, will be allowed to leave with children. Any additional names provided during the year will 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 Hourly Plan

\_\_\_\_\_ Assign Monthly Plan Sept-Apr

\_\_\_\_\_ Charge Registration Fees

\_\_\_\_\_ Charge Fob Fees

\_\_\_\_\_ Charge August Monthly Fees

\_\_\_\_\_ Charge May Monthly Fees