



school age care

2011-12 SAC REGISTRATION

SAC is a fee-based, licensed childcare program offered by BVSD.

805 Gillaspie Drive
Boulder, CO 80305
720-561-3770
Fax 720-561-3787
www.bvsd.org/SAC

Requested Start Date _____

SCHOOL NAME _____ Grade _____ Gender: M F

CHILD'S FIRST NAME _____ LAST NAME _____ Birth date _____

CHILD'S ADDRESS _____ City _____ ZIP _____

CHILD LIVES WITH: Both Parents Mother Only Father Only Joint Custody Other

Please list any conditions or factors that might impact your child's ability to participate fully in or meet the expectations of the SAC program. Include information about health conditions, special education needs, behavioral issues, etc. **Please indicate N/A if it does not apply to your child.** _____

Please list any allergies, special diet or medications taken regularly. **Please indicate N/A if it does not apply to your child.** _____

Please list any activities that you do not want your child to participate in _____

Request for a Financial Assistance Form

SAC SCHEDULE:

Before School @ Aspen Creek K8, Birch, Eldorado K8 or Monarch K8 Only:

Monday Tuesday Wednesday Thursday Friday

After School - Prices vary according to school: (Check our Fee Schedule)

Monday Tuesday Wednesday Thursday Friday

Drop In Only (permitted based on space availability) -

Full Days: (Check our Fee Schedule)

Work Days – 9/1-2, 10/14, 11/21-23, 1/3, 2/21, 4/2-3, 4/20 Vacation Days – 12/19-12/22, 3/26-30
(note: does not include 1/3 or 4/2-3)

BILLING INFORMATION:

Select a payment option: EFT Prepayment with 5% discount Monthly Billing

Parent/Guardian #1 (Primary contact): First Name _____ Last Name _____

Main # _____ Cell # _____ Work # _____

Home Address _____ City _____ Zip _____

Email Address _____ Employer w/Address _____

Parent/Guardian #2: First Name _____ Last Name _____

Main # _____ Cell # _____ Work # _____

Home Address _____ City _____ Zip _____

Email Address _____ Employer w/Address _____

Name of additional person(s) having access to financial information _____

Emergency Contacts and Authorized Individuals to pick-up child(ren)

Emergency Contact _____ Main # _____ Alt # _____
Address: _____

Emergency Contact _____ Main # _____ Alt # _____
Address _____

Doctor's Name _____ Address _____ Phone # _____

Dentist's Name _____ Address _____ Phone # _____

Preferred Hospital _____ Address _____ Phone # _____