

Registration

St Agnes Red and Gold

“A Great Beginning”



909 Lewis St.

Vermillion SD 57069

Tammy.Assnus@k12.sd.us

605-624-4144

Red and Gold Schedule

K-5 Afterschool Schedule

3:15-3:30	Snack (both groups)
3:30-4:00	(K-1) Outside, (2-5) Daily Special
4:00-4:30	(K-1) Daily Special, (2-5) Outside
4:30-5:00	(K-1) Gym time, (2-5) Homework club
5:00-5:30	Transition to Preschool room for parent pick-up

Red and Gold Preschool Schedule (Morning)

7:30-8:20	Students arrive/free play
8:20-8:25	Escort morning preschool students to their classroom
8:30-9:00	Opening activities including calendar, songs, and phonics practice
9:00-9:25	Transition to snack time
9:25-10:00	Quiet Reading time
10:00-11:00	Daily activity/centers (rotating)
10:45-11:15	Gross motor/outside activities with preschool students
11:15-11:30	Transition to Lunch
11:30-12:00	Lunch
12:00-12:30	Teacher lead reading time
12:30-12:45	Transition to afternoon preschool/nap time
12:45-2:15	Rest time
2:15-3:00	teacher lead activity/centers
3:00-3:30	Transition to afternoon activities, bathroom break
3:30-3:45	Snack
3:45-4:15	Outside play (weather permitting)
4:15-4:45	Afternoon teacher lead activity/centers
4:45-5:30	Free play, transition to parent pick up

St Agnes Red and Gold

Contract Registration

School Year

Date of First Enrollment: _____

Dismissal Date: _____

Child Information

Child's Name: _____

Grade: _____

Birth Date: _____ Sex: M/F

Ethnicity: _____

Child's Name: _____

Grade: _____

Birth Date: _____ Sex: M/F

Ethnicity: _____

Child's Name: _____

Grade: _____

Birth Date: _____ Sex: M/F

Ethnicity: _____

Child's Name: _____

Grade: _____

Birth Date: _____ Sex: M/F

Ethnicity: _____

*Race: Hispanic or Latino Ethnicity: American Indian or Alaskan Native/Asian/Black or African American/Native Hawaiian or Pacific Islander/White

Family Information

Email Address: _____

Father's Name: _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Mother's Name: _____

Place of Employment: _____

Business Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Guardian: (If not under a parent's care) _____

Phone number: _____

Who is authorized to Pick up your child: (List Full Names) Please note they must bring a driver's license with them at pick up time and Red and Gold Staff need to be notified if their arrival

1. _____
2. _____
3. _____

In case of emergency, if you cannot be reached, list someone to notify other than parents:

Name: _____ Home Phone: _____

Cell Phone: _____

As a reminder, a copy of your child's immunizations will be required to participate in Red and Gold.

Is there any additional information you would like to share with us about your child(ren)? (Fears, allergies, special needs, special diet?)

Red and Gold Attendance Schedule

The Preschool Program is offered for ages 3 to 5 and Red and Gold is offered for ages 6 to 12. Please circle the days of the week and times that your child will be attending preschool and/or Red and Gold. Be sure to include if your child will eat lunch. I understand that I will be charged for the hours I agreed to in my contract whether or not my child/children is/are in attendance on those days. **Students who attend St Agnes Preschool will be eligible to attend Red and Gold preschool on the days they are scheduled to attend St Agnes Preschool.** Please let the Red and Gold staff know if your child will not be in attendance. If you need drop-in care, please notify Red and Gold at least 24 hours in advance. Drop in care is \$2.75/hr.

Red and Gold School Year Contract

Please circle the days and times your child will attend:

St Agnes Preschool

Monday: AM/PM Tuesday: AM/PM Wednesday: AM/PM Thursday: AM/PM Friday: AM/PM

Please circle the days and times your child will attend Red and Gold Preschool: (Note: children can **ONLY** attend Red and Gold on the days they are scheduled to attend St Agnes Preschool)

Red and Gold Preschool

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
7:30-8:30	7:30-8:30	7:30-8:30	7:30-8:30	7:30-8:30
8:30-12:45	8:30-12:45p	8:30-12:45p	8:30-12:45p	8:30-12:45p
11:00a-3:15p	11:00a-3:15p	11:00a-3:15p	11:00a-3:15p	11:00-3:15p
3:15-5:30	3:15-5:30	3:15-5:30	3:15-5:30	3:15-5:30p

Please circle the meals normally eaten in care for each day of attendance.
(AM snack=AM / Lunch=L / PM snack=PM)

Monday	Tuesday	Wednesday	Thursday	Friday
AM / L / PM	AM / L / PM	AM / L / PM	AM / L / PM	AM / L / PM

*Please remember that hot lunch tickets are available and are purchased from the Red and Gold Director. Please makes checks payable to : St Agnes Red and Gold.

After School Red and Gold Program Attendance:

After school / 3:15pm-5:30pm (Please indicate pickup time and names of children attending)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____
Name:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Parent or Guardian: _____

Date: _____

**Parent or Guardian Agreement of Waiver of Liability,
Indemnification and Medical and Travel Release**

The undersigned parent or guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in the St Agnes Red and Gold Program.

Said undersigned parent or guardian does hereby represent that he/she is acting in such a capacity and agrees on behalf of the participant and his/her executors, administrators, heir, next of kin, successors and assigns to:

- A. Waive, release, and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participate and his/her estate Red and Gold, St Agnes School, the state of South Dakota and any of the officer, agents, and employees of above stated and
- B. Indemnify and hold harmless the Red and Gold program, St Agnes School and Church, the state of South Dakota and any of its officers, Agents, and employees of above stated from and against any and all liabilities and claims made by other individuals or entities as a result of the participants participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed necessary and advisable in the event of an injury, accident, or illness.

The undersigned also consents to and authorizes the participant to travel to various field trip sites throughout the summer. The above waiver will apply to any and all incidents that may occur on route and on location.

The release and waiver should be construed broadly to provide release and waiver to the maximum extent possible under the applicable law.

I, the undersigned, acknowledge that I read and understand the above statement.

Name of minor(s): _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____