

Registration

St Agnes Red and Gold

“A Great Beginning”



2020-2021 School Year

909 Lewis Street

Vermillion, SD 57069

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605-624-4144

Updated August 9, 2020

Red and Gold Schedule

K-5 Afterschool Schedule

7:30-8:10	Free play
3:15-3:30	Snack (all groups)
3:30-4:00	(K-1) Outside (2-5) Outside
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 Red and Gold Preschool Room for parent pickup

Red and Gold Preschool Schedule

7:30-8:20	Students arrive/Free play
8:20-8:30	Escort morning preschool students to their classroom
8:30-9:00	Small Groups
9:00-9:25	Circle Time
9:25-9:40	Snack Time
9:40-10:00	Music and Movement
10:00-10:45	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/rest time
12:45-2:00	Rest Time
2:00-2:30	Snack Time
2:30-3:15	Teacher lead activity/centers
3:15-3:30	Transition to afternoon activities/combine with preschool
3:30-4:15	Outside play (weather permitting)
4:15-4:45	Afternoon teacher lead activity/center
4:45-5:30	Free play/transition to parent pickup



St Agnes Red and Gold 2020-2021

Contract and Registration

Date of First Enrollment: _____ Dismissal Date: _____

Child Information

Child's Name: _____ Grade: _____

Birthday: _____ Sex: M/F Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Grade: _____

Birthday: _____ Sex: M/F Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Grade: _____

Birthday: _____ Sex: M/F Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Grade: _____

Birthday: _____ Sex: M/F Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Family Information

Father's Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

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

Home Phone: _____ Cell Phone: _____

Who is authorized to pick up your child (List Full Names) Please remind them to bring a driver's license with them at pick up time. Red and Gold staff will need to be notified of pickup arrangements when needed.

- 1. _____
- 2. _____
- 3. _____

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

Name: _____

Home Phone: _____ Cell Phone: _____

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

*****As a reminder, a copy of your child's immunizations will be required to participate in the Red and Gold Program. This may be obtained from your family doctor or there is a form attached to this application to provide permission to obtain records for the state.**

Red and Gold School Year Contract

The Preschool Program is offered for ages 3 to 5 and Red and Gold is offered for ages 3 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 be eating lunch at school. I understand that I will be charged for the hours I agreed to in this contract whether my child(ren) 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 for preschool. The rate for Red and Gold is \$2.50 /hr. 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 if possible. Drop in care is \$2.75/hr.

***Please complete this section if your child will be in preschool.**

St Agnes Preschool --- Mrs. Limoges

Please circle the days and times your child will attend:

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

Red and Gold Preschool --- Miss Taylor and Mrs. Tammy

Please circle the days and times your child will attend:

Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8:30	7:30-8:30	7:30-8:30	7:30-8:30	7:30-8:30
8:30-12:45	8:30-12:45	8:30-12:45	8:30-12:45	8:30-12:45
11:00-3:15	11:00-3:15	11:00-3:15	11:00-3:15	11:00-3:15
3:15-5:30	3:15-5:30	3:15-5:30	3:15-5:30	3:15-5:30

Meals

Please circle the days your child will eat lunch at school.

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 for purchase.

Parent Signature: _____ Date: _____

*****Please complete this schedule for children who are in K-5th grades.*****

Before and After School Red and Gold Attendance

7:30am to 8:10am

3:15pm to 5:30pm

*****Please indicate names and Red & Gold times of each child attending after school.**

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Parent Signature: _____ 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 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.
- B. Indemnity 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 school year. The above waiver will apply to any and all incidents that may occur on route and on location.

The release and waiver should be constructed 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: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

South Dakota Immunization Information System (SDIIS)

Access Agreement

To ensure the South Dakota Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Rule, a School Health Official must obtain parent, guardian, or legal representative agreement before accessing a student's immunization record in South Dakota Immunization Information System (SDIIS). No student record shall be accessed by a School Representative in the SDIIS without parent, guardian, or legal representative agreement.

Student Last Name _____ First Name _____

Student Last Name _____ First Name _____

Student Last Name _____ First Name _____

I give permission to **St. Agnes School** to access the above child's immunization record in the South Dakota Immunization Information System.

Date _____ Signature _____

(Parent, Guardian, or Legal Representative)

In lieu of written consent, verbal consent was obtained from _____

Date _____ Signature _____

