



Registration

What you will need to turn in before starting B&A:

1. Registration Form
2. Birth Certificate
3. Physical and Immunization Records
4. Tuition Contract
5. Signed DCFS Form
6. \$50 Registration Fee

Communication:

Remind App: We use an app called REMIND to communicate with our parents and guardians. Once you have registered with us, we will add you to the app. This is a fast and easy way to communicate information to all families at once. You can also message us as well through this app. Any important information will come via text. Please download it.

S.O.T.H. Cell Phone: We have a phone that is with us at all times. Text or call at any time during hours @ 815-276-6829

Facebook: Check us out! See what fun we are up to.

Search: shepherdofhillsBandA

**2025/2026
Shepherd of the Hills
Before and After School Program**

Date Enrolled _____ Exit Date _____

Child's Name: _____ Age/Grade _____ D.O.B _____
Address _____ Home # _____
City _____ Zip _____ Male/Female (circle)

Parents/Guardians

Name: _____ Relationship _____
Address: _____ Cell # _____
Occupation _____ Work # _____
Email _____

Name: _____ Relationship _____
Address: _____ Cell # _____
Occupation _____ Work # _____
Email _____

Parents:

Drop off time _____ *am.* **Pick up time:** _____ *p.m.*

Day attending(circle) *M T W TH F*

Check one

Before School _____ *After School* _____ *B&A* _____

School Attending: _____

Bus Info: Rt #: _____ Bus # _____

Bus Pick up time: _____ **Bus Drop off time:** _____

Numbers For emergency Contact & Non-Emergency Release

In case of an emergency, and we are unable to contact a parent/guardian, please provide information on additional adults that we may contact. Also, please list people that you give permission to our staff to release your child to.

Name _____ Relationship _____ # _____

Name _____ Relationship _____ # _____

Name _____ Relationship _____ # _____

Signature of Understanding

After filling out this form and reading the "PARENT HANDBOOK", I understand all information giving, that all forms are correct and I agree to follow all terms of the B&A School Care and Summer Camp.

Initials _____

Medical Conditions

Please let the director or teacher know of any special allergies or medical conditions your child may have. This will assist us in being better prepared to handle any emergencies that might arise.

1. Are there any special family circumstances we should be aware of? i.e., Divorce, death, adoption, just moved etc..... _____

2. Are there any special characteristics we should be aware of? i.e., Physical disabilities, learning disabilities, difficulties in hearing or speech, special fears etc..... _____

3. Does your child have any allergies? If yes, what are they? _____

4. Does your child take medication on a regular basis? _____

5. Any other info that might be helpful to us? _____

Consent Forms

The consent forms listed below are to be filled completely, signed and dated. These are designed to assist us in giving your child the best care possible. If you have any questions, please contact Ms. Ashley.

Consent Form 1

I, _____, give my consent to the staff members of the Shepherd of the Hills B&A School Care and Summer Camp Programs to call for emergency medical treatment for my child, _____, If necessary. It is understood that a conscientious effort will be made to locate me. That I the parent/guardian, will pay any expenses that may occur.

Signature of Parent/Guardian

Date

Consent Form 2

I, _____, give my consent to the staff members of the Shepherd of the Hills B&A School Care and Summer Camp Programs, who are trained in first-aid, CPR and AED to administer treatment to my child, _____, should such an emergency arise.

Signature of Parent/Guardian

Date

Child Doctor to be called in case of an emergency

Doctor's Name _____ # _____

Address _____ City _____ Zip _____

Comments _____

Photographs

I agree that my child's picture, not name, may be used in press releases and for promotion of the S.O.T.H. B&A School Care and Summer Camp Programs.

Signature of Parent/Guardian

Date

Initial. _____ Shepherd of the Hills reserves the right to dis-enroll any child for non-payment or behavioral issues.

SHEPHERD OF THE HILLS
BEFORE AND AFTER-SCHOOL CARE
SUMMER CAMP PROGRAM

Welcome!! The purpose of the Shepherd of the Hills Before and After School Care and Summer Camp program is to provide a quality environment that displays intellectual, social, creative, spiritual, and physical skills that are necessary for the personal growth of the child.

BEFORE AND AFTER SCHOOL/SUMMER CARE HOURS

6a.m. – 9:00a.m. / 2:45 – 6p.m.
6 a.m. – 6 p.m. – Summer hours,
Days off and Early Dismissals

REGISTRATION AND TUITION RATES

The registration fee to enroll is \$50.00. This is an annual fee

Summer Camp/full-time care hours and tuition: 6 a.m. – 6 p.m..... \$50 day

Edgebrook/Duker/Hilltop- School Day Rates

Before only\$80 wk or \$19 day
After only\$95 wk or \$23 day
B&A.....\$135 wk or \$32 day

Landmark/Riverwood - School Day Rates

Before only.....\$95wk or \$23 day
After only.....\$80wk or \$19 day
B&A only.....\$135wk or \$32 day

***(Rates increase \$5wk for van riders- Hilltop & Riverwood.)
*Early release days..... \$5 extra add to tuition****

FULL DAYS, SNOW DAYS & HOLIDAYS

(If you attend on one of these days)

There is an additional fee for those who pay less than full tuition of \$250wk.

IF YOUR WEEKLY PAYMENT IS:

Week/day.....\$ extra a day
\$135 wk.....\$23 a day
\$95 wk.....\$31 a day
\$80 wk.....\$34 a day
\$23 day\$27 a day
\$19 day\$31 a day
\$32 day\$18 a day

***TUITION IS DUE EVERY MONDAY. WE DO NOT TAKE CREDIT CARDS. CHECK CAN BE MADE PAYABLE TO SHEPHERD OF THE HILLS (SOTH) AND/OR CASH ONLY.**

***FULL WEEKLY TUITION IS DUE REGARDLESS OF YOUR CHILD’S ATTENDANCE, DAYS OFF OF SCHOOL, INTERSESSION OR HOLIDAYS.**

***VACATIONS WEEKS (MONDAY – FRIDAY) MAY BE TAKEN AT ONE HALF TUITION RATE WITH PRIOR NOTICE.**

***IF YOU ARE 2 WEEKS BEHIND ON TUITION PAYMENTS YOUR CHILD WILL NOT BE ABLE TO ATTEND THE PROGRAM UNTIL THE BALANCE IS PAID IN FULL.**

***IF LATE PAYMENTS CONTINUE YOU WILL HAVE TO START PAYING A WEEK IN ADVANCE.**

***THERE IS A DISCOUNT FOR FAMILIES WITH MULTIPLE CHILDREN. 2ND CHILD IS 10% OFF WEEKLY TUITION.**

Signature _____ Date: _____

Please sign the form below and turn in with your registration paper work.

You can print a copy of the DCFS summary of Licensing on S.O.T.H. web site or get a copy from the director.

Thank you

Ashley Metcalf

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.