

# Blackhawk Care

Blackhawk Care uses an app for smart phones called Lillio. This app enables online payments. If you wish to pay via the app there is a 2.9% fee added to your invoice. If you choose to pay cash or check there is no fee and you pay what is listed below. ALL invoices will be sent through Lillio and will go to your e-mail that you provided on the registration. If you desire both parents to get emails and texts through our messaging system on Lillio I need an email listed for both.

## School Year Before and After Care Program Rates

Each year there is a \$40 registration fee. This secures your child's spot and money goes towards snacks and supplies for the school year. If you have more than one child it is \$20 for each additional child. In addition, there is a 10% discount if you have two or more children you are registering.

### Occasional Care Daily Rates:

AM Care	\$15.00
PM Care	\$25.00

### Weekly Rates:

AM Care Only	\$50.00
PM Care Only	\$80.00
Both AM/PM Care	\$110.00

Part-time weekly rates are available please contact the director for more information.

[sbarker@sheridan.k12.in.us](mailto:sbarker@sheridan.k12.in.us)

# BLACKHAWK CARE REGISTRATION

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 (A separate registration for each child, please.)

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level: \_\_\_\_\_ Homeroom Teacher (if known): \_\_\_\_\_

Please check Student's Program enrollment:

	AM care only		
	PM care only		I select a weekly payment schedule
	AM/PM care		I select a monthly payment schedule
	Occasional Care		

**There will be a \$40 registration fee for each child. This will help cover supplies and snacks needed for the year. If you have multiple children it's \$40 for the first child and \$20 for each additional child. In addition, tuition is 10% off for families with more than one child.**

**Ways to pay: Online via the Lillio App, Cash, Check, Money Order**

**\*IF YOU CHOOSE TO PAY ON LILLIO THERE WILL BE A 2.9 PERCENT FEE INCLUDED IN YOUR INVOICED AMOUNT.**

Legal Custodian of Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

MOTHER'S Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (This will be first emergency contact unless otherwise noted.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Page / Cell: \_\_\_\_\_

Workplace / Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FATHER'S Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Page / Cell: \_\_\_\_\_

Workplace / Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of person responsible for BHC fees, if different from above:

Home Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**EMERGENCY NUMBERS:**

**Give two local adults who could be reached during BHC hours if a Parent / Guardian is not available.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Give all applicable numbers)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Give all applicable numbers)

**PICK UP AUTHORIZATION:**

Person(s) authorized to pick up your child, in addition to the above names listed. Any changes must be in writing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Give all applicable numbers)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Give all applicable numbers)

**RELEASE OF SCHOOL INFORMATION:**

I give my permission for BHC staff to access and view School Registration Information and Health Information maintained in the School Front Office and in the Nurse's Clinic.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**HEALTH RECORDS:** (This would be taken to emergency facility if needed.)

Student's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Date of most recent physical: \_\_\_\_\_ Age of student at time of physical: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood type (if known): \_\_\_\_\_

Local Hospital Preference: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Information you would want to share in an Emergency Room if you were not present:

\_\_\_\_\_

**HEALTH CONSIDERATIONS:**

Allergies: Yes / No If yes, please outline cautions for our staff: \_\_\_\_\_

\_\_\_\_\_

Diagnosed Health Conditions: Yes / No If yes, please outline cautions for our staff: \_\_\_\_\_

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Special routines / modifications prescribed by a doctor: Yes / No If yes, please outline cautions for our staff:

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**PARENT AGREEMENT:**

Please read and initial each line below:

- \_\_\_\_\_ I have received and read the BHC Program Design booklet.
- \_\_\_\_\_ I will adhere to procedures and guidelines found in the BHC Program Design booklet.
- \_\_\_\_\_ I understand School Handbook rules apply at BHC.
- \_\_\_\_\_ I will be financially responsible for any fees, medical care, and transportation costs incurred on my child's behalf as outlined in the BHC Program Design handout.
- \_\_\_\_\_ I will pay all court costs, attorney fees, and collection agency fees associated with the collection of delinquent fees.
- \_\_\_\_\_ I will pay fees in accordance to the Fee Schedule and BHC Pay Date Schedule.
- \_\_\_\_\_ I understand the person responsible for the BHC fees can authorize to make one switch in the child's BHC plan during the school year by contacting the Director, Shae Barker. 317-758-4491 Ext 2127.
- \_\_\_\_\_ I will be responsible for medical expenses incurred in the treatment of my child in emergency situations.
- \_\_\_\_\_ I verify that all immunizations are current and are on file with the school nurse.
- \_\_\_\_\_ I have provided all information that will help BHC staff best serve my child(ren).

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Parent / Guardian Signature

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Date