Grow with Us!
PACE

Hillcrest Elementary School

Before & After School Care Program 2021-2022

For: Students Grade 4K-5 attending Hillcrest School

Sept. 1, 2021 to June 9, 2022 - SCHOOL DAYS ONLY

Operating AM: 6:30-8:35am PM: 3:45-6:00pm

SIGN UP FOR BEFORE OR AFTER SCHOOL

COST IS $230 PER QUARTER/PER STUDENT

Hillcrest Staff - Contact Information:

PACE Director, Mark Heck: (920) 822-6051 or (920) 639-6049 — *Email: mrheck@pulaskischools.org*

PACE Office B&A Assistant, Sue Wheeler: (920) 822-6055 — *Email: skwheeler@pulaskischools.org*

Hillcrest B&A Room (during open hrs): (920) 822-0460 — *Email: klparr@pulaskischools.org*

Hillcrest School Principal, Ms. Kris Wells: (920) 272-6900 — *Email: kdwells@pulaskischools.org*

Sign up your child for Hillcrest's Before & After School Program TODAY

~ Programs are limited by Student/Teacher Ratio ~

~ Late Registrants may be added if staffing allows & program meets the needs of the child ~

**Families receiving Free/Reduced Lunch may receive a reduced rate if approved by PACE*

The B&A program operates on days school is in session & in-person. Dates for 2021-22:

QUARTER 1: Sept 1 to Nov 5	Payment Due: August 15	AM or PM: $230
QUARTER 2: Nov 8 to Jan 20	Payment Due: October 15	AM or PM: $230
QUARTER 3: Jan 24 to Mar 25	Payment Due: January 15	AM or PM: $230
QUARTER 4: Apr 4 to June 9	Payment Due: March 15	AM or PM: $230

Complete this form & return it to the PACE Office to enroll in Hillcrest's 2021-22 B&A Program

Mailing Address: PACE Office, B&A School, P.O. Box 36, Pulaski, WI 54162 or Email: skwheeler@pulaskischools.org

Program information will be emailed to all families by early August. No payments are due at this time.

For your records: Pulaski School's Tax ID#: 39-6008483 Payment Due Dates: 8/15, 10/15, 1/15 & 3/15

Select the care option your family needs for the 2021-22 school year:

Before Care _____ ***After Care*** _____ ***Before & After Care*** _____

Family/Parent Names: _____

Email Addresses to receive updates: _____

Mailing Address: _____ ***City & Zip Code:*** _____

Person(s) Phone # to call during program: _____

In case of emergency, you may list additional contacts below to pick up our child if needed:

Name: _____ ***Relation:*** _____ ***Phone:*** _____

Name: _____ ***Relation:*** _____ ***Phone:*** _____

Family Physician: _____ ***Phone:*** _____ ***Hospital Preference:*** _____

In consideration of participation in this activity of the youth below, who is in good health, the undersigned herby agrees to hold harmless all promoters of this activity by reason of any injury which could be suffered.

Parent/Guardian Signature & Date: _____

Child 1 Name: _____ Birthdate: _____ Grade: _____

List any Health or Allergy information staff should know: _____

_____

Child 2 Name: _____ Birthdate: _____ Grade: _____

List any Health or Allergy information staff should know: _____

_____

Child 3 Name: _____ Birthdate: _____ Grade: _____

List any Health or Allergy information staff should know: _____

_____

Office Use Only:

FOB # _____

FOB # _____