



Holy Redeemer Catholic School

918 West Mill Road • Evansville, IN 47710

Phone: 812-422-3688 • www.holyredeemercatholicsschool.com

Dear Holy Redeemer Summer SACC Participant:

We are currently preparing for the summer by planning out our Summer SACC program. Catherine Shockley will be the director again and she is looking forward to welcoming new and returning campers to Holy Redeemer this year.

Our weekly rate is \$125.00 per child per week. A daily rate of \$35 will be in effect for anyone wishing to use as a drop-in. This will only be allowed when space permits. Part-time attendees can be set up in advance with EFT. However, for drop-ins, notice must be given 24 hours in advance and fees must be paid the day of care by cash or check.

A non-refundable deposit of \$25.00 per child, a signed EFT instruction sheet, a completed Enrollment/Authorization form, EFT form and voided check must accompany your application, in order to hold your spot in this summer's program.

There may be field trips or special activities that require extra payment although most of these will be optional and minimal extra cost. A handbook and acceptance letter will be provided to you when your registration has been confirmed.

Children must be 4 by August 1, 2023 to attend the summer program. They will participate in activities geared at children ages 4-6 or 6-12.

In order to keep costs low, please note that lunch is NOT provided during the SACC program as our cafeteria is not available. Students should bring a sack lunch daily, including a drink. Participants should also bring a morning snack if they wish to have one. An afternoon snack will be provided as well as water throughout the day.

In order to efficiently run the summer program, EFT payment is required for all families who use summer SACC in 2023. There will be no scholarships awarded to any families this year. Please see the attached note for instructions about the EFT policy.

The program will run May 30th through July 28th from 6:30AM – 5:30PM. Please contact Catherine at 812-647-7861 with any question. Or you may contact Mrs. Dickel in the school office at 812-422-3688.

We look forward to seeing you!



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SUMMER CARE WEEKS

May 29 – Memorial Day - NO SACC

May 30-June 2

June 5-June 9

June 12-16

June 19-23

June 26-June 30

July 3-4 – Independence Day Observed – NO SACC

July 5-7

July 10-14

July 17-21

July 24-28 Last week of Summer SACC



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Holy Redeemer SACC Summer Program Registration

May 30th – July 28th, 6:30 AM-5:30 PM

PLEASE RETURN TO THE SCHOOL OFFICE WITH \$25.00 per child DEPOSIT AND EFT FORM WITH A VOIDED CHECK NO LATER THAN April 29th to hold a place for your child(ren).

DATE CHILD(REN) WILL START: _____

Child(ren)'s Name (s): _____ Birth Date _____ Grade Entering 23/24 _____
 _____ Birth Date _____ Grade Entering 23/24 _____
 _____ Birth Date _____ Grade Entering 23/24 _____
 _____ Birth Date _____ Grade Entering 23/24 _____

Address _____ City _____ Zip _____

Mom name _____ Phone #s _____

Dad name _____ Phone #s _____

Parent email _____

Comments: _____

Name of Child's Doctor: _____ Phone#: _____

Child(ren)'s preferred Hospital: _____ Phone #: _____

Child(ren)'s

Medications: _____

Allergies: _____

Anything else staff should be aware of _____

Emergency Treatment Authorization:

(I) (We) the undersigned, parent(s) of _____, a minor(s), do hereby authorize the staff of Holy Redeemer SACC Summer Program, as agent(s) for the undersigned, to consent to any xray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is required to be rendered under the general or special supervision of, any physician or surgeon, and whether such diagnosis or treatment is rendered at the office of said physician or at a hospital or other health care facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which may be determined by the physician or surgeon, as aforesaid, to be advisable in the exercise of his/her best judgment. This authorization is given for my child while in the care of Holy Redeemer SACC Summer Program and shall remain effective unless revoked by written instrument delivered to said agent(s).

Signature(s) _____ Date: _____



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Summer SACC Attendance Sheet

Participant Name(s): _____

Please check the days you plan to attend Summer SACC so that we can plan childcare workers accordingly

Monday Tuesday Wednesday Thursday Friday

Weeks (Please check the weeks you plan to have your child at Summer SACC)

May 29 – Memorial Day - NO SACC

May 30-June 2

June 5-June 9

June 12-16

June 19-23

June 26-June 30

July 3-4 – Independence Day Observed – NO SACC

July 5-7

July 10-14

July 17-21

July 24-28



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***Holy Redeemer Catholic Parish
918 West Mill Road
Evansville, IN 47710***

***Safe Alternative Child Care (SACC)-Summer 2023
Enrollment/Authorization for Electronic Fund Transfer (EFT)***

*****Form must be turned in no later than Noon on Friday, April 28th***
All EFT's will begin Friday, May 26th for the following week.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail address _____

Cost: \$125 per week per child (\$35 daily rate for drop-ins)

Signature _____ Date _____

I (We) authorize Holy Redeemer Parish to initiate the above transfer accordingly.

All transfers originating as ACH transactions from SACC customer's accounts comply with U.S. law.

Please attach a voided check below. (See example)





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***Holy Redeemer Catholic Parish
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***Safe Alternative Child Care (SACC)-Summer 2023
EFT INSTRUCTION SHEET***

All families are required to have EFT set up with the parish office before the application process will be approved by the SACC Director. The SACC fee will be pulled from your bank account on the Friday before the week of service. The EFT process requires the parent to complete and submit an EFT form and provide a voided check for the office to keep on file. In the event that your child(ren) will not use SACC one week, it is the parent's responsibility to notify the SACC Director by the Tuesday before the week your child(ren) will be gone so an EFT Stop/Start form can be completed and signed. This form must be filled out and given to the SACC Director before the end of Wednesday of the week before the child(ren) will be gone. Any family that does not follow the EFT policy will not be allowed to continue their SACC usage.

I, as a SACC parent, have read the above information and understand that I must comply with these instructions in order to continue using SACC.

Parent's/Guardian's signature_____

Date_____

*****Form must be turned in no later than Noon on Friday, April 28th***
All EFT's will begin Friday, May 26th for the following week.**

If you have any questions about EFT for Summer SACC, please contact Lori Hurt at lahurt@evdio.org or call the Parish Office at 812-424-8344.



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Safe Alternative Child Care --- SACC

EFT Stop/Start Sheet

(This sheet needs to be filled out for each child.)

Child's Name _____

Parent's name who is responsible for payment _____

Date to stop EFT (Should be a Friday date) _____

Date to start EFT (Should be a Friday date) _____

Parent's/Guardian's signature _____

Date _____