

Pelham Children's Center: School Age Child Care (SACC)
Hutchinson Elementary School 2018-2019

Child's Name _____ Sex: M / F (circle one)

Home Address _____

DOB _____ Teacher _____ Grade _____

Please circle the days your child will attend:

BEFORE SCHOOL PROGRAM (7:30AM-8:20AM) Mon Tues Wed Thurs Fri

AFTER SCHOOL PROGRAM (3PM-6PM) Mon Tues Wed Thurs Fri

Parent/Guardian I

Parent/Guardian II

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Please list the numbers, which we can best reach you. List the kind of Phone line inside the parenthesis located below (C for cell phone; W for work, H for home.)

Primary # _____ () Primary # _____ ()

Secondary # _____ () Secondary # _____ ()

Third # _____ () Third # _____ ()

Email _____ Email _____

Emergency Contact List:

In the event of an emergency, if we cannot contact you, we will call these individuals in the order in which they are listed.

Full Name _____ Full Name _____

Relationship _____ Relationship _____

Primary # _____ () Primary # _____ ()

Secondary # _____ () Secondary # _____ ()

Emergency Contact List (continued)

Please list all of the individuals that have your permission to pick up your child. Individuals must be over the age of 16.

Full Name _____ Full Name _____

Relationship _____ Relationship _____

Primary # _____ Primary # _____

Full Name _____ Full Name _____

Relationship _____ Relationship _____

NOTE: We cannot release your child to **anyone** without prior written notification (which includes this registration form, a hand written note, or email to the director.) We cannot release your child to anyone over the age of 16 without photo identification.

Medical Information:

Please list any learning disabilities, allergies, health concerns, emotional conditions, and strong likes or dislikes your child may have: _____

Medications your child is taking _____

In the event of illness or injury, I hereby give my permission to contact my child's physician. In the case of a medical emergency, I give permission for my child to be taken to a local medical center.

Physician's _____ Physician's
Name _____ Number _____

Parent Signature _____ Date _____

I agree to review and update this information whenever a change occurs and at least once every six months. __yes __no

General Policies:

Information Release: We will exchange updated information (i.e. school medical records, attendance information, early pick up, etc.) with Colonial or Hutchinson School officials.

Field Trips: With prior written consent, we will take your child on field trips away from the facility. There will always be proper adult supervision.

Parent Handbook: A detailed explanation of SACC policies and procedures are located in the SACC Handbook. It is imperative that you read through the handbook, and become comfortable with the material.

Photo Release: We may take/use photographs of your child to market the program, and for educational/recreational purposes pertaining to SACC.

Sunscreen Policy: As one of our measures to protect your child's health, practicing sun safety during childhood and adolescence plays an important role in the prevention of skin cancer. Please provide your child with a water resistant sunscreen with an SPF 15 or higher that offers protection from UVA and UVB rays. Your child will be monitored while applying their sunscreen on themselves before outdoor play.

Homework Policy: The children are given 45 minutes of quiet time. This is a time when children can complete their homework. Children will never be excluded from group activities for failure to complete homework. Please refer to SACC Handbook for a full explanation of our Homework Policy.

Fee Policies:

- There are no adjustments in the monthly fee when the schools are closed for vacations or staff development days. There are no refunds for closings due to conditions beyond our control. We will, with a **minimum** notice of one week, make pro-rated adjustments to fees when children enroll or withdraw the program mid-month.
- The registration fee and an advanced payment for June are due at the time of registration for the SACC program.
- If you plan on withdrawing your child from SACC please provide us with one month's written notice. This is required in order for the advanced payment (for June) to be refunded.
- Checks should contain the letters SACC (School Aged Child Care) and the child's name on the memo line.
- The remaining 9 monthly payments are due, September through May, at the Center office by 6pm on the first business day of the month. There is a \$10 late fee for payments received after that time. If you wish to pay at another time in the month, in order to avoid the late payment fee, alternate payment arrangements must be made with the Office Administrator.
- Invoices will be given at the start of the third week of the month. If your child adds a day(s) on the fourth week this payment will be added on to the next month's invoice.
- If a check is returned, there is a \$25 fee and the payment must be replaced immediately. The second time, the fee will be \$30 and the payment must be made in cash. All subsequent payments must be made in cash or money order. Payment by check will not be accepted.

Fee Schedule:

	BEFORE SCHOOL PROGRAM	BEFORE SCHOOL PROGRAM	AFTER SCHOOL PROGRAM	AFTER SCHOOL PROGRAM
	Monthly Fee for One Child	Sibling Fee (15% discount)	Monthly Fee for One Child	Sibling Fee (15% discount)
5 days per week	\$208	\$177	\$524	\$445
4 days per week	\$177	\$150	\$444	\$377
3 days per week	\$146	\$124	\$353	\$300
2 days per week	\$114	\$97	\$256	\$218
1 day per week	\$83	\$71	\$137	\$116

*5% discount will be applied when families register for **both** before & after school programs

*Registration fee-\$50

*Re-registration fee-\$25 (for returning students)

I have read through the policies and procedures listed above.

Signature: _____ Date: _____