

Stillwater Area Community Services Center, Inc.
 School-Age Child Care Program
SCHOOL YEAR REGISTRATION PACKET

TO REGISTER

- ✓ Complete a School-Age Child Care Registration Packet- one per child.
- ✓ Attach an annual \$25.00 non-refundable registration fee per child and payment.
- ✓ Sign and return "Parent's Statement of Understanding and Agreement" with completed registration.
- ✓ Refer to the Handbook for all policies and procedures.
- ✓ Please be sure to read the last page of this enrollment form thoroughly before signing.

◆ The School-Age Child Care Program serves a nutritious am snack (7am-8am) and a pm snack (2:30pm-4:15pm) each day in accordance with the NYS Department of Health's Child and Adult Care Food Program.

Requested Start Date: / /

REGISTRATION INFORMATION

(Must be completed by Parent/Guardian & returned with payment)

(Please check)	<u>Hours of Operation</u>	<u>Fees</u>
<input type="checkbox"/> Morning Session Only	6:30am-9am	\$150.00/month
<input type="checkbox"/> Afternoon Session Only	2:30pm-6pm	\$190.00/month
<input type="checkbox"/> Both Morning & Afternoon Sessions	6:30am-9am & 3pm-6pm	\$300.00/month
<input type="checkbox"/> Vacation Day Session Only	6:30am-6pm	\$35.00/day
<input type="checkbox"/> ½ Days	6:30am-9am & 12pm-6pm	\$15.00/day
		20% Second Child Discount

Days Attending: Monday Tuesday Wednesday Thursday Friday

PAYMENT INFORMATION

- Cash/check/money order due the first school day of each month if you are reserving the month.
- If opting to make bi-weekly payments: payment must be made in advance by the Friday prior to each upcoming week.

-Make checks payable to the: Stillwater Area Community Center-

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ENROLLMENT INFORMATION

CHILD INFORMATION:

Child's Name: _____ Male Female
Age: _____ Date of Birth: ___/___/___ Grade: _____
Home Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Siblings Names: _____ Ages: _____ Enrolled in program: _____

PARENT/GUARDIAN INFORMATION:

(1)Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ Email: _____

(2)Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ E-mail: _____

PARENT'S MARITAL STATUS: Married Separated Divorced Single Widowed

If separated or divorced who has legal custody? _____
Is the child's time divided between parents because of divorce or separation? Yes No
If so, how is it divided? _____

Note: Court orders are needed if parent is denied access to child.

<p><u>MEDICAL</u> <u>*Additional forms must be completed for administration of medication*</u></p> <p>1. Known Allergies: _____ 2. In case of an allergic reaction what action should be taken? _____ 3. Chronic or recurrent illness or disorders: _____ 4. Name of medications and dosage child is presently taking: _____</p> <p>5. Will medication need to be given during program hours? If yes, when: _____ 6. What should be done if your child has a problem related to the medical condition during program hours? _____</p> <p>7. Date of last tetanus shot: ___/___/___ 8. Does your child have any disabilities? <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Seizures <input type="checkbox"/> Other Describe other: _____ 9. Physical handicaps: _____ 10. Services received through school: _____</p>
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EMERGENCY

In an emergency, person to contact first: ___ Father ___ Mother ___ Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint the Stillwater Area Community Services Center staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1 _____ Date: ___/___/___

Parent/Guardian Signature #2 _____ Date: ___/___/___

Child's Physician: _____ Phone #: _____

Family Dentist: _____ Phone#: _____

Specialist Requested: _____ Phone #: _____

(for pre-existing medical problem)

Name of Insurance Company: _____ Policy #: _____

Local Emergency Contacts (If Parents cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the Stillwater Area Community Services Center School-Age Child Care Program to the following people. I further understand that the people listed below must show photo identification for a child to be released. It is required that parents notify staff in advance if someone other than themselves is picking up their child.

1. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

2. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

3. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

4. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

5. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

6. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

7. Name: _____ Relationship to child: _____

Home #: _____ Work#: _____ Cell#: _____

Address: _____

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PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

- I understand that I am enrolling my child for the current school year. I will submit the completed registration packet with all required forms and registration fees. I will ensure this information is kept accurate as outlined in the Handbook.
- I agree to adhere to all policies, procedures, and guidelines printed in the Stillwater Area Community Services Center (SACSC) School-Age Child Care Program Handbook and give my child permission to participate fully in the program. I have attached the annual \$25.00 non-refundable registration fee.
- I understand that the program is open according to the official school calendar of the Stillwater Central School District, and is open during vacation and inclement weather days, and closed for certain Holidays as stated in the Handbook.
- If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.
- I must pay all fees on time. I am responsible for payment of monthly fees by the 5th of each month or by the Friday prior to an upcoming week if paying bi-weekly. I understand that if my child does not attend for a full week, tuition is still due for the week as outlined in the Handbook.
- If my payment is received after the 5th, I will include a 10% late fee as stated in the Handbook.
- If my child care payments are continuously past due my child may be discharged from the program.
- I must give the SACSC two weeks written notice prior to the time I may choose to withdraw my child from the program. If I do not give proper notice, the tuition fees will be due for the balance of the month.
- Children must be picked up by 6pm, the close of program. There is a late fee of \$5.00 per child for 5-15 minutes the parent/guardian is late in picking up. Each minute is \$1/child after that.
- Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.
- The SACSC is not responsible for items brought to the School-Age Child Care Program. Please clearly label all of your child's items.
- The SACSC is licensed to dispense Emergency Medication ONLY. This includes nebulizer, inhaler, and Epi-Pens.
- When necessary, I will send sunscreen labeled with my child's name and give permission for application throughout the day.
- I am responsible for any Health/Accident costs.
- I must notify SACSC staff if my child is going to be absent from the program. There will be no refunds.
- Please do not send a child to the program if they are ill and unable to participate.
- I understand that the SACSC staff and volunteers cannot transport my child any time at the program.
- The program staff will assume full responsibility for my child from the time s/he arrives at the program until my child leaves the program.
- I understand that I am not to leave my child at the program unless a program staff member or program volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the School-Age Child Program Registration Packet and present photo identification.
- I understand that the SACSC is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give the SACSC School-Age Child Care Program, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on this paperwork) necessary for the proper health and well-being of my child.
- I have provided information on my child's special needs (allergies, Diet, Disabilities, and/or Medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.
- **I give the SACSC permission to take of myself and/or my child videos/photographs/appear in media coverage approved by the SACSC.
- ***I give permission for my child to participate in all off-site activities and trips by either walking or being transported by the Stillwater Central School District (SCSD) buses.
- I understand transportation is provided to and from the Stillwater Central School by the SCSD buses to and from the SACSC. I understand there will be a counselor at the door when children arrive and depart on the bus. All transportation of children will be in compliance with NYS Regulations, Part 414.6, as well as the requirements of the SCSD and the SACSC.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature _____ Date _____