

Stillwater Area Community Services Center, Inc.
School-Age Child Care Program
2021 SUMMER PROGRAM PACKET

TO REGISTER

- ✓ Complete a School-Age Child Care Registration Packet- one per child.
- ✓ Attach an annual \$30.00 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.

T-Shirt Size: child /adult S M L
 (circle)

**T-SHIRTS ARE OPTIONAL WHILE AT
 CAMP**

Additional or lost shirts may be purchased for
 \$10.00 each. Please include a separate payment
 for additional shirts.

REGISTRATION INFORMATION

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

Program hours: 6:30am-5:00pm, Monday - Friday

CHECK DAYS AND WEEKS THAT APPLY

	MON	TUES	WED	THUR	FRI
<u>Week #1</u> June 28- July 2					
<u>Week #2</u> July 5- July 9	CLOSED				
<u>Week #3</u> July 12- July 16					
<u>Week #4</u> July 19- July 23					
<u>Week #5</u> July 26- July 30					
<u>Week #6</u> August 2 - August 6					
<u>Week #7</u> August 9 - August 13					
<u>Week #8</u> August 16- August 20					
<u>Week #9</u> August 23- August 27					

FEES

**Annual Registration
 per child- \$30.00
 (This includes 1 shirt)**

1-2 Days- \$75.00

3 Days- \$125.00

4-5 Days- \$175.00

20% Second Child Discount
 applies to all fees EXCEPT
 registration

**FIELDTRIPS & SWIM TRIPS
 ARE NOT INCLUDED IN
 THESE PRICES**

Time of Arrival: _____

Time of Departure: _____

PAYMENT INFORMATION

**- Weekly payments must be made in advance by the Friday prior
 to each upcoming week.**

All late payments will be subject to a 10% late fee

The School-Age Child Care
 Program serves a nutritious morning
 snack (7am-9am) and an afternoon
 snack (3pm-4pm) each day in
 accordance with the NYS
 Department of Health's Child and
 Adult Care Food Program.

Make checks payable to the: Stillwater Area Community Center or SACC

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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: Y/N

PARENT/GUARDIAN INFORMATION:

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

(2) Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ 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: _____</p> <p>2. In case of an allergic reaction what action should be taken? _____</p> <p>3. Chronic or recurrent illness or disorders: _____</p> <p>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: _____</p> <p>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: ____/____/____</p> <p>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: _____</p> <p>9. Physical handicaps: _____</p> <p>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 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: _____

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PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

- I understand that I am enrolling my child for the current summer program. I will submit the completed registration packet with all required forms, the registration. 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 (SACC) School-Age Child Care Program Handbook and give my child permission to participate fully in the program. I have attached the annual \$30.00 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, inclement weather days, for the summer program, 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 weekly fees that may be reserved for the entire month at the beginning of each month or by the Friday prior to each upcoming week. If fees are not submitted on time, there will be a 10% late fee added to my balance.
- If my payments are past due I will be subject to a 10% late fee as stated in the Handbook.
- If my child care payments are past due my child may be discharged from the program.
- I must give the SACC a 2-week written notice prior to the time I may choose to withdraw my child from the program.
- Children must be picked up by 6pm, the close of program. There is a late fee of \$5.00 per child for the first 5-15 minutes the parent/guardian is late in picking up. Each additional minute is \$1.00/minute per child.
- Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.
- The SACC is not responsible for items brought to the School-Age Child Care Program. Please clearly label all of your child's items.
- Any medication, either over-the-counter or prescription, must be accompanied with all written medical forms and be in the original, labeled container and submitted to the program director only.
- 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 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 emergency.
- I am responsible for any Health/Accident costs.
- I must notify SACC 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 according to the Exclusion Criteria.
- I understand that the SACC 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 is signed in until my child is signed out.
- 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 Care Summer Registration Packet and present photo identification.
- I understand that the SACC is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give the SACC School-Age Child Care Program, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- I give the SACC permission to take of myself and/or my child videos/photographs/appear in media coverage approved by the SACC.
- I give permission for my child to participate in all off-site activities and trips by either walking or being transported by a transportation company contracted out by the SACC. 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 SACC.
- I understand lifeguards will be on duty at all swim areas. Children will remain in areas appropriate for their ability and staff will be present for assistance.
- I will send sunscreen labeled with my child's name daily and give permission for application throughout the day.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature: _____ Date: _____

CHILD'S BEHAVIOR CONTRACT

I, _____ a participant in the School-Age Child Care 2021 Summer Program agree to the following rules:

RAD RULES

R- Respect all counselors, other children, and the community center property

A- Ask my counselor if I can leave a designated area

D- Decide to make everyday a good day!

I understand that if I disrespect counselors or other children, break any of the rules above, or act in an inappropriate manner, my parents will need to come and pick me up from the program. I also understand that if I continue to do any of those things that I may be asked to leave the program for the summer of 2021.

Stillwater Area Community Center, School-Age Child Care Program, P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170

Phone: 518-664-2515 ext.210