

Stillwater Area Community Services Center, Inc.

School-Age Child Care Program

**2021-2022 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.
- ✓ Sign and return COVID-19 Agreement prior to the requested start date.
- ✓ Refer to the Handbook for all policies and procedures.
- ✓ Please be sure to read the last page of this enrollment form thoroughly before signing.

**REGISTRATION INFORMATION**

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

Requested Start Date:    /    /

**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: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(2)Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**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.**

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#### ENROLLMENT INFORMATION

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

<b>Child is Attending School In-Person</b>	
<b>Grades K-5</b>	When will your child(ren) need to attend program at the community center?  ____ Before School (6:30am-8:30am) ____ After School (3:30pm-6:00pm) ____ Before & After School ____ Vacation Days (6:30am-6:00pm)
<b>Grades 6-8</b>	When will your child(ren) need to attend program at the community center?  ____ Before School (6:30am-8:30am) ____ After School (3:30pm-6:00pm) ____ Before & After School ____ Vacation Days (6:30am-6:00pm)

#### PAYMENT INFORMATION

- Cash/Check/Credit/Money order due the first school day of each month if you are reserving the month.
  - Make checks payable to the: Stillwater Area Community Center; Please indicate on check in Memo the dates in which you are paying for.
- SACC now offers an auto withdrawal option for tuition. If interested please ask Center Administrator or Office Administrator for more information on how to sign up.
- If opting to make weekly or bi-weekly payments: payment must be made in advance by the Friday prior to each upcoming week.
- Any past due balance will be invoiced and a letter will be sent home by the last week of each month. If balance is not paid in full by the start of a new month, care will be suspended until further notice.
- Below you will find a breakdown of costs of care for the 2020-2021 academic school year. At this time there are no part-time rates available.

Program Enrolled In	Cost of Attendance
Before School Session Only	<b>\$175.00/Month</b>
After School Session Only	<b>\$200.00/Month</b>
Both Before & After School Sessions	<b>\$315.00/Month</b>
Vacation Day Session	<b>\$35.00/Day</b>
1/2 Day Care	<b>Additional \$15.00/Day</b>

\*There is a 20% second child discount

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**MEDICAL INFORMATION**

**\*Additional forms must be completed for administration of medication\***

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: \_\_\_\_\_  
\_\_\_\_\_
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?  
\_\_\_\_\_
7. Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_
8. Does your child have any disabilities? \_\_\_Hearing \_\_\_Speech \_\_\_Vision \_\_\_Seizures \_\_\_Other  
Describe other: \_\_\_\_\_  
\_\_\_\_\_
9. Physical handicaps: \_\_\_\_\_
10. Services received through school: \_\_\_\_\_

**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 \_\_\_\_\_

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**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: \_\_\_\_\_

8. 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 5<sup>th</sup> of each month or by the Friday prior to an upcoming week if paying weekly or 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 5<sup>th</sup>, 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 or suspended 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 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.
- 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. Please refer to COVID-19 Agreement
- 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 located on Hudson Avenue.
- 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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_