

Stillwater Area Community Services Center, Inc.
 School-Age Child Care Program
2023 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 MUST BE WORN ON FIELD TRIPS, IN HOUSE DAYS ARE OPTIONAL
 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

If date is NOT marked, we can NOT provide care for that day.

Dates can NOT be switched unless enrollment allows.

	MON	TUES	WED	THUR	FRI
Week #1 June 26-June 30					
Week #2 July 3-July 7		Closed			
Week #3 July 10- July 14					
Week #4 July 17- July 21					
Week #5 July 24- July 28					
Week #6 July 31 - August 4					
Week #7 August 7 - August 11					
Week #8 August 14- August 18					
Week #9 August 21- August 25					

FEES

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

- 1 Day- \$50.00**
- 2 Days- \$100.00**
- 3 Days- \$150.00**
- 4 Days- \$175.00**
- 5 Days- \$200.00**

20% Second Child Discount applies to all fees EXCEPT registration

All Field Trips & In House Projects/Guests ARE 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. If payment is not made your child's spot will be released to a child on the wait-list. You will be responsible for payment for the days you have selected whether your child is in attendance or not.

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.

Sign To Acknowledging Payment Policy: _____

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PAYMENT INFORMATION CONTINUED

Payments can be made in the form of CASH, CHECK, OR CHARGE.
Auto-Withdrawal options are also available. Please See Main Office for Auto-Withdrawal Forms
Make checks payable to the: **Stillwater Area Community Center or SACC**

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
School District Enrolled In: _____

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, child care will not be available for the following week.
- 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 5pm, 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:** _____

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BEHAVIOR CONTRACT

I, _____ a participant in the School-Age Child Care 2023 Summer Program agree to the following rules:

I, _____ a parent of _____ participant in the School-Age Child Care 2023 Summer Program agree to the following rules:

We expect our campers to **always act respectfully** when they are on our property or participating in our programs/ field trips. Campers are to behave in a mature, responsible way and respect the rights and dignity of others.

- Campers take **Responsibility** for their actions.
- Campers **Respect** themselves, each other, camp equipment and the environment.
- **Honesty** will be the basis for all relationships and interactions.
- Campers will be **Caring** in their relationships with others.

Campers should talk to a counselor or any camp staff member if they are uncomfortable with any experiences or need assistance while at camp.

When a camper does not follow the behavior guidelines, we will take the following action steps as behavior problems progress.

1. Staff will redirect the camper to more appropriate behavior. If inappropriate behavior continues, the camper will be reminded of behavior guidelines and camp rules, and the camper will be asked to decide on action steps to correct their behavior.
2. If a child's behavior still does not meet expectations and is affecting the experience of other campers, they will be referred to Child Care Director.
3. If inappropriate behavior continues, as a final action step the camper will be dismissed from camp for the remainder of the day and will **not be able to return the next day.**

Examples of unacceptable/disruptive behavior:

- Refusing to follow behavior guidelines or camp rules
- Using profanity, vulgarity or obscenity towards or around other campers/staff
- Stealing or damaging property (personal or camp property)
- Refusal to participate in activities or cooperate with staff
- Disrupting a program
- Leaving a program without permission
- Endangering the health and safety of children and/or staff
- Use of illicit drugs, alcohol or tobacco or sexual conduct of any kind
- Teasing, making fun or bullying of other campers or staff
- Fighting of any kind/ Putting hands or feet on another camper or staff member

Camper fees are non-refundable if a camper is sent home for disciplinary reasons.

Physical violence or bullying toward another camper or staff member will result in immediate dismissal from the camp program for the remainder of the summer.