

Stillwater Area Community Services Center, Inc.  
 School-Age Child Care Program  
**2024 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.**

**REGISTRATION INFORMATION**

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

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

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

**T-SHIRTS MUST BE WORN ON FIELD TRIPS,  
 IN HOUSE DAYS ARE OPTIONAL**

Additional or lost shirts may be purchased for \$15.00 each.  
 Please include a separate payment for additional shirts.

**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
<b>Week #1</b> July 1- July 5				<b>CLOSED</b>	
<b>Week #2</b> July 8- July 12					
<b>Week #3</b> July 15- July 19					
<b>Week #4</b> July 22- July 26					
<b>Week #5</b> July 29- August 2					
<b>Week #6</b> August 5- August 9					
<b>Week #7</b> August 12- August 16					
<b>Week #8</b> August 19- August 23		**			

**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.

**\*FIELDTRIPS & IN HOUSE GUESTS ARE INCLUDED IN THESE PRICES UNLESS STATED OTHERWISE**

**\*\*\* August 20, 2024- (Green Box) REQUIRES AN Extra field trip fee of \$25.00/child**

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 ON 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**  
**When paying with a credit card, a 3.5% interest rate will be applied.**

**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? \_\_\_\_\_

**\*Court Orders are needed if a parent/guardian is denied access to the child/ren.**

<p><b><u>MEDICAL</u></b>      <b><u>*Additional forms must be completed for administration of medication*</u></b></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: _____ 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: _____</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, childcare 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 childcare 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.
  - Please see the main office for any medication questions, only emergency medication can be given with proper paperwork filled out by the child's doctor, parent and childcare director. All medication must 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 2024 Summer Program agree to the following rules:

I, \_\_\_\_\_ a parent of \_\_\_\_\_ participant in the School-Age Child Care 2024 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 other campers and counselors.

**Campers are to:**

- Take responsibility for their actions and words.
- Respect themselves, other campers, their counselors, camp equipment and environment.
- Honesty will be the basis for all relationships and interactions.
- Show kindness and compassion to other campers and their counselors.

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

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

1. Staff will redirect the camper to more appropriate behaviors. In inappropriate behavior continues, the camper will be reminded of the 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 if affecting the experience of other campers, they will be referred to the Childcare Director/Community Center Administrator.
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 and/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 the program/special guest.
- Leaving a program without permission.
- Endangering the health and safety of children/staff.
- Use of illicit drugs, alcohol or tobacco or sexual conduct of any kind.
- Teasing, taunting, 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.**