



INSTRUCTIONS FOR SUBMISSION EDCC REGISTRATION FORM

*The information we request is for the **safety** of **your** child. Please keep the following suggestions in mind when completing the form and take an extra minute to review the form to avoid common errors.*

If we need to contact you in an emergency, every minute is crucial.

1. Type information directly onto Registration Form. Provide *all* information requested. *Red fields are required. **ONLY COMPLETE AND LEGIBLE REGISTRATIONS WILL BE CONSIDERED. Incomplete OR illegible registrations will be returned!***
2. Provide information for **both** parents (legal guardians). Exceptions: (1) if parent submitting registration is *sole legal guardian* (legal documentation indicating sole guardianship must be provided); (2) other parent is deceased (please indicate); or (3) if parent is sole natural/adoptive parent (please indicate). In instances of *joint custody*, both parents must be listed and both are required to sign enrollment agreement.
3. Indicate phone number where you can be reached quickly in the event of an emergency. If cell phone is used as home phone, please indicate. Indicate phone number in the following format: 856-555-1234 (*not* 8565551234).
4. List the complete name of the company where parents are employed. Do not list only “SELF” as the employer. Please indicate name of business.
5. Be sure your emergency contacts are **local** and are available at the stated telephone number **during EDCC / SACC hours**. Out of state friends or relatives unfortunately cannot respond in a timely manner to an emergency. We suggest a neighbor or co-worker.
6. Be sure to inform emergency contacts that they are listed as such and will be asked to take responsibility for your child’s needs if called. This may include picking-up your child in an emergency.
7. Be specific regarding child’s medical issues. Do not use abbreviations for medications or medical conditions. Please explain medical issues in “every-day” language.
8. If child requires an Epi-Pen the “Emergency Administration of Epinephrine by Unlicensed Personnel for Life Threatening Allergic Reactions” packet must be completed and submitted with registration form. Registration will *not* be accepted without completed packet.
9. Print completed form on plain white paper, single-sided; keep a copy for your records.

The following items must be submitted in order for registration to be considered:

- ▶ Registration Form signed by both parents/guardians.
- ▶ Enrollment agreement signed by both parents/guardians.
- ▶ \$30 family non-refundable Registration Fee.
- ▶ \$470.00 Security Deposit (to be used for June 2017 tuition)
- ▶ Anticipated SACC Needs Form

EXTENDED DAY CHILD CARE
for Kindergarten Students

Mail to: **SACC**
1960 Greentree Road, Cherry Hill, NJ 08003
Ph: 856-429-6564; Fax: 856-429-8246

School Year **2016 – 2017**

SITE USE	Medical	Custody	Other
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Full Time Registration Deadline: **April 8th**

 **All items printed in red MUST be completed**

Child's Last Name	First Name	School	Birth Date	Sex	OFFICE USE ONLY Do not write in this column				
					Rec'd			Actg	
					\$		p/w	incl	
<input type="checkbox"/> Check here if child listed above has siblings in SACC (list names below)					Rstr	A	P	w/l	Stdt
Siblings:				Pkt.sent	C:	f	site	ok	r/c

List names of both living parent(s) and legal guardian(s). Attach certified copy of court order if custodial restrictions are in effect. Indicate (X) next to name of parent (guardian) which should be contacted first in the event of an emergency.

Complete this form ONLINE, PRINT and MAIL	Parent / Guardian #1 (please ✓ appropriate <input type="checkbox"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other if other, indicate relationship _____	Parent / Guardian #2 (please ✓ appropriate <input type="checkbox"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other if other, indicate relationship _____
Name		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Employer		
Work Address		
Work Phone Direct	ext #	ext #
Work Phone Main		
E-mail		
Custodial Restrictions?	If yes, indicate:	If yes, indicate:
Child resides with	Parent / Guardian #1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent / Guardian #2 <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information provided on this Registration Form is accurate, true and complete.

Signature of Parent / Guardian #1

Signature of Parent / Guardian #2

Date

Child's Name	School
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EMERGENCY LOCAL CONTACTS: List at least three adults (over age 18), with different phone numbers, to be called in the event of an emergency if parents cannot be reached. Contacts are expected to act on behalf of parents; parental permission to pick up child is implied. Contacts should be available at the indicated LOCAL phone number during EDCC/SACC hours. Contacts should be made aware that they are listed and should be willing to act on behalf of parent.

Persons with an X in the next to their name may pick up your child at any time, without prior notification.

NAME	Cell Phone	Home Phone	Work Phone
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

CARE INFORMATION: Please state relevant information that you have shared with your child's school that would be useful in meeting your child's needs in the EDCC/SACC Program.

Allergies: _____

Medical conditions/disabilities: _____

Current medications/dosage: _____

Medication information is for emergency medical personnel. SACC staff members are not permitted to administer medication / sunscreen.

Does your child require: Inhaler No YES ~ ~ ~ EpiPen No YES *

* "Emergency Administration of Epinephrine by Unlicensed Personnel for Life Threatening Allergic Reactions" form *must accompany* this Registration. Form available at SACC Website in "Registration" section. Epi-Pen cannot be accepted without written permission to administer.

Social, emotional, speech, language, academic, family situations, etc.

Does your child have a Care Plan at school? No YES If yes, attach copy of plan to this registration.

CHILD'S PHYSICIAN: _____

Telephone () _____ Address _____

Child's Insurance Co. and Policy Number _____



for primary coverage if accident or injury occurs while participating in program, The District only provides secondary insurance coverage; parent/guardian is responsible for expenses related to accidental injuries.

MEDICAL PERMISSION: If a medical emergency arises, the EDCC/SACC staff will first attempt to contact me. If I or the emergency contact cannot be reached and the emergency is such that immediate medical attention is necessary, my child will be treated by Professional Emergency Personnel. Enrollment in the EDCC/SACC Program allows access to my child's District Health Care Plan should it be deemed necessary.

Child's Name	School
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SCHOOL AGE CHILD CARE
 1960 Greentree Road, Cherry Hill, NJ 08003
 Ph: 429-6564 FAX: 429-8246

ENROLLMENT AGREEMENT
 Extended Day Child Care
 School Year: 2016 - 2017

 See Instructions for Submission of Registration Packet.
 Registration Process is NOT complete until the following five items are received in the SACC Office:

- | | |
|--|--|
| <input type="checkbox"/> REGISTRATION FORM signed by parent / guardian | <input type="checkbox"/> ENROLLMENT AGREEMENT signed by parent/guardian |
| <input type="checkbox"/> REGISTRATION FEE: \$30.00 per family non-refundable | <input type="checkbox"/> SECURITY DEPOSIT: \$470.00 for each child (June 2017 Tuition Payment) |
| <input type="checkbox"/> ANTICIPATED SACC Needs | |

Payments, signed registration form, and signed enrollment agreement must be received in SACC Office by Registration Deadline. Registrations received without items indicated above will be returned to parent and must be re-submitted for consideration. **Full Time Enrollment period ends April 8th.**

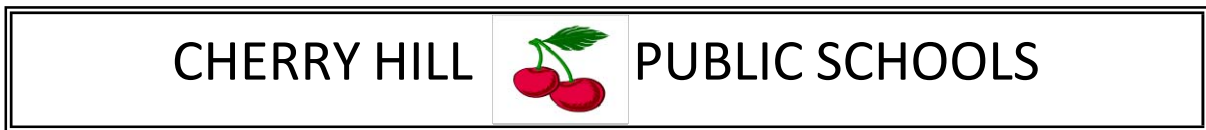
Please make check payable to Cherry Hill SACC. Mail to SACC Office, 1960 Greentree Road, Cherry Hill, NJ 08034.

Please enroll my child(ren) in the Extended Day Child Care program for kindergarten students for the school year indicated above. When accepted by Cherry Hill SACC Program we understand that this is a contract which includes the following provisions:

1. The SACC staff will assume full responsibility for my child(ren) from the time he/she arrives at the program until dismissal time. In the AM, parent/authorized person must escort child into the program and sign in child on designated form. In the PM, each child will be checked in upon arrival. Any child who has reported to SACC must be signed out by an authorized person by 6:00 p.m.
2. The tuition for five (5) day-a-week participation is \$4,700 for the School Year. Tuition is payable in ten (10) equal monthly installments of \$470 each. Parent or guardian is responsible for tuition. Tuition payments are due on the 15th of each month beginning August 15th through April 15th of school year indicated above. Late payments will be assessed a \$15 late fee. (Reminder: registration deposit will be used as May 15th payment for June tuition.) If there is not space for my child in the program, all monies will be refunded.
3. Any cancellation from the program before July 30, 2016 must be made in writing and will forfeit the Registration Fee of \$30. Any cancellations made on or after July 30, 2016 will result in the forfeit of the Registration Fee (\$30) and the Deposit (Last Monthly Payment \$470) paid. After June 30, 2016, this fee is refundable only in the following situations: child moves from the school district; is placed by the district in other programs or is determined by the district not to be ready for kindergarten or moved to another grades; vacated space is filled within thirty (30) days.
4. There is a \$15 processing fee for returned checks. In the event that this occurs a second time, all future payments must be paid by money order. The fee for pick up after 6:00 p.m. is \$15.00 for each quarter hour or portion thereof.
5. Parent is required to call SACC Hotline (429-6564, ext. 1) to report child(ren)'s absence from PM EDCC or PM SACC due to illness, vacation, or other circumstance. A Finder's Fee of \$5.00 will be charged after the first failure to notify the SACC Office regarding child(ren)'s PM EDCC or PM SACC absence. Regardless of the nature of the absence, parent/guardian is responsible for child(ren)'s full tuition payment.
6. The SACC Office must be notified, in writing, of work or home phone number changes for myself and my emergency contacts.
6. If a medical emergency arises, the SACC staff will first attempt to contact me. If I or the emergency contact cannot be reached and the emergency is such that immediate medical attention is necessary, my child(ren) may be treated by Professional Emergency Personnel. Enrollment in the SACC Program allows access to my child(ren)'s District Health Care Plan should it be deemed necessary.
8. I give my permission for my child(ren) to participate in walks and field trips. Specific details will be provided.

I agree to adhere to the Cherry Hill SACC Extended Day Child Care Enrollment Agreement and the policies and procedures listed in the parent handbook available at www.chcl.org. I give my child(ren) permission to participate fully in these programs. Failure to abide by any part of this agreement may result in dismissal of my child(ren) from the program.

_____ Signature of Parent / Guardian #1	_____ Signature of Parent / Guardian #2	_____ Date
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Child's Name (print) _____ School _____

ANTICIPATED SACC NEEDS
For 2016 - 2017 EDCC Students

For planning purposes, to reserve a space for your child, please let us know whether your child will attend AM or PM **SACC** based on your childcare needs. Refer to the attached "Daily Schedule for Kindergarten Students" for clarification of the **SACC** services available to EDCC children in the "EDCC Registration Information" packet. Be sure to complete both sections A and B now.

*The information parents provide at this time is for SACC planning purposes. When kindergarten assignments are finalized **parents must inform SACC of their child's actual AM/PM SACC attendance.** A form will be mailed to parents in mid-July; a reply will be needed by July 25.*

A. IF YOUR CHILD IS ASSIGNED TO AM KINDERGARTEN (PM EDCC):

Check appropriate option:

_____ My child will attend **AM SACC** on the following days: M____ T____ W____ Th____ F____ (check days)
AM SACC care is provided at your child's home school from 7:00 am until 8:45 am

_____ My child will NOT attend AM SACC.

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B. IF YOUR CHILD IS ASSIGNED TO PM KINDERGARTEN (AM EDCC):

Check appropriate option:

_____ My child will attend **PM SACC** on the following days: M____ T____ W____ Th____ F____ (check days)
PM SACC care is provided at your child's home school from 3:30 pm until 6:00 pm

_____ My child will NOT attend PM SACC.

Parent Name (printed) _____ Date _____

Parent Signature _____ Daytime Phone _____

