

SCHOOL AGE CHILD CARE

School Year **20__ - 20__**

Mail to: **SACC**

1960 Greentree Road, Cherry Hill, NJ 08003

Ph: 856-429-6564; fax: 856-429-8246

SITE USE	Medical	Custody	Other
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- RE-Registration Deadline: May 15
 NEW Registration Period: May 1 - May 31
 (check one box above)

*** 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 _____
GRADE Select (For school year indicated above)					\$ _____ p/w incl _____
<input type="checkbox"/> Check here if child listed above has siblings in SACC or EDCC (list names below)					Rstr _____ A P w/l _____ Std _____
Siblings:			Grade:		Pkt.sent _____ C: f site ok r/c _____

Indicate your child's **YEARLY** SACC schedule by placing an **X** in each day and time (AM / PM) that child care is needed.

Session	Monday	Tuesday	Wednesday	Thursday	Friday	OFFICE USE
AM 7:00-8:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PM 3:30-6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List names of both living parent(s) or legal guardian(s).

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	Contact First _____	Contact First _____
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 & attach a certified copy of the court order signed by the judge. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate & attach a certified copy of the court order signed by the judge. <input type="checkbox"/> Yes <input type="checkbox"/> No
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

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 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 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.

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

* "Emergency Administration of Epinephrine by Unlicensed Personnel for Life Threatening Allergic Reactions" form **must be submitted to the SACC Office by August 15th**. 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.

PARENTAL PERMISSION: My child has permission to participate in the SACC may include field trips. Trip information will be provided prior to the trip. No **YES**

PHOTO RELEASE: I give permission for the SACC program to use any photos taken of my child during SACC for the district website. No **YES**

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
<input type="checkbox"/> I am a member of CHEA	<input type="checkbox"/> I am a member of CHEA	

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

ENROLLMENT AGREEMENT

SCHOOL YEAR: 20__ - 20__

*** See Instructions for Submission of Registration Packet**
*** Registration Process is NOT complete until the following four 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: for each child (June Tuition Payment) |

Payments and signed Registration Form and 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.

Please make check payable to Cherry Hill SACC. Mail to SACC office, 1960 Greentree Road, Cherry Hill, NJ 08003

Please enroll my child in the School Age Child Care Program for the school year September 20__ through June 20__. When accepted by SACC we understand that this is a contract which includes the following provisions:

1. The SACC staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time. In the AM, parent/authorized adult 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 adult by 6:00 p.m.
2. Parent or guardian is responsible for tuition. Payments are to be paid by the 15th of each month commencing August 15 through April 15. Late payments will be assessed a \$15 late fee. (Reminder: registration deposit will be used as May 15th payment for June tuition.)
3. 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.
4. The fee for pick up after 6:00 p.m. is \$15.00 per quarter hour or portion thereof.
5. Parent is required to call SACC Hotline (429-6564, ext. 1) to report child's absence from PM SACC due to illness, vacation, or other circumstance. Regardless of the nature of the absence, parent/guardian is responsible for child's full tuition payment. A Finder's Fee of \$5.00 will be charged after the first failure to notify the SACC Office regarding child's PM SACC absence. The SACC Office must be notified through the Hotline (429-6564, ext 1) for AM or PM Emergency Add-On Service.
6. Requests for a schedule change must be submitted in writing to the SACC Office by 15th of the month to be considered for the 1st of the following month based on space availability. Thirty (30) days written notice must be given for withdrawal from the program. Notice must be received by the 1st of the month for withdrawal to be effective on the 1st of the next month in order to receive a full refund of deposit.
7. The SACC Office must be notified, in writing, of home address changes, work or home phone number changes for myself and my emergency contacts.
8. 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 will be treated by Professional Emergency Personnel. Enrollment in the SACC Program allows access to my child's District Health Care Plan should it be deemed necessary.
9. I give my permission for my child to participate in walks and field trips. Specific details will be provided.

I agree to adhere to the Cherry Hill SACC Before and After School Child Care Program Enrollment Agreement and the policies and procedures listed in the parent handbook available at www.chclc.org. I give my child permission to participate fully in these programs. Failure to abide by a part of this agreement may result in dismissal of my child from the program.

Signature of parent / Guardian #1

Signature of parent / Guardian #2

Date