

SCHOOL-AGE CHILD CARE

2022-2023 HOLIDAY SACC STUDENT REGISTRATION FORM
 Email completed registration forms to STEP.Registration@chclc.org

Office Use	Medical	Custody	Other
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All items in RED MUST be completed.

Child's Last Name	Child's First Name	Child ID Number	School	Birth Date	Grade	Gender

List siblings in this Program: Name: _____ Name: _____

Holiday SACC is \$50 per child. There is an additional 10% discount for siblings. Holiday SACC is limited to the first 50 students and is first come, first serve. A letter of acceptance will be emailed with payment instructions.

<input type="checkbox"/> Monday, April 3 rd
<input type="checkbox"/> Tuesday, April 4 th
<input type="checkbox"/> Wednesday, April 5 th
<input type="checkbox"/> Thursday, April 6 th

Complete this form Online and Email	Parent / Guardian #1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If other, indicate relationship _____	Parent / Guardian #2 <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		
E-mail		
Work Phone		
Child resides with custodial restrictions?	#1 Parent / Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate and attach a certified copy of the court order signed by the Judge. <input type="checkbox"/> Yes <input type="checkbox"/> No	#2 Parent / Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate and attach a certified copy of the court order signed by the Judge. <input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Grade	Child's Grade
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We will use the following information that you provide and the information on the Genesis Parent Access Portal for pick-up authorization. Your home school can assist you in updating Genesis.

NAME	CELL PHONE	HOME PHONE	WORK PHONE

Concerns regarding medical or care needs should contact this office in writing, attached to your registration form. A phone communication and/or meeting may be scheduled by the nurse. Children must be potty-trained. Parents or legal guardians may arrange to administer medications to their child during the hours of the Holiday SACC.

Allergies: _____

Medical conditions/disabilities: _____

Current medications/dosage: _____

Check here if bringing medication for your child. Parents must provide physician's documentation and a signed school district "Medication Authorization Form" which permits the nurse to dispense medication. Ask your home school to provide this documentation to the Holiday SACC Nurse. Sunscreen is treated as medication.

At this program, does your child require: Epi-Pen Yes No Inhaler Yes No

Personal, social, emotional, speech, language, educational, physical, health, familial situations, etc.: _____

What behavior might we see in your child that is likely to need adult attention? What have you found is the best way to handle it?

MEDICAL PERMISSION: If a medical emergency arises, the staff will first attempt to contact a parent. If the parent cannot be reached or the emergency is such that immediate medical attention is necessary, your child will be treated by Professional Emergency Personnel. Enrollment in the camp allows the program's nurses access to your child's school health care plan and district medical paperwork. Medical and care information will be shared with the Coordinator, site liaisons, and lead teachers in order to care for the children.

CARE INFORMATION: Failure to provide medical care information or special care information will result in suspension from the program until the information is provided and time can be allocated for a needs assessment and care planning.

PHOTO RELEASE: The permission form for posting photos is on Genesis through Genesis Parent Access. If you already have completed it for the district you don't need to do it, again.

RELOCATION: It may be necessary to relocate students and staff to another school in the district due to an unforeseen situation at the Camp such as a utility outage, work being conducted at the school, or other situations that may occur. The relocation to another school would be by district-approved school buses and could take place on extremely short notice. Families would be contacted as soon as possible by the STEP Office or the District Notification System.

PARENTAL PERMISSION: I give permission for my child to participate in any activities of the program. I accept full responsibility for my child's acts while in the program and release and absolve the Board of Education from any liability.

I certify that the information provided on this Holiday SACC registration form is accurate, true, and complete.

Signature of Parent / Guardian #1 _____ **Signature of Parent / Guardian # 2** _____