

SCHOOL AGE CHILD CARE

School Year 2022-2023

SACC

1960 Greentree Road, Cherry Hill, NJ 08003

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

Email completed registration forms to **SACC.Registration@chclc.org**

SITE USE	Medical	Custody	CHEA	Other
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*** 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
		Select			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 (list names below)					Rstr A P w/l Std
Siblings:		Grade:		A form needs to be completed for each child	

Student ID # _____

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
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		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone <small>Direct</small>	ext #	ext #
Work Phone <small>Main</small>		
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

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 adults (over age 18) to be called in the event of an emergency if a parent cannot be reached. Only list adults who have permission to pick-up your child from SACC at any time.

NAME	Cell Phone	Home Phone	Work Phone

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 1st*. 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.

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
 I am a member of CHEA

Signature of parent / Guardian #2
 I am a member of CHEA

Date

