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 | CHEA | Other |
|---|---|---|---|---|

* 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 Sch | | | Rec'd Actg |
| GRADE Select (For school year indicated above) Select Grade Level | | | | | $ p/w incl |
| ☐ Check here if child listed above has siblings in SACC (list names below) | | | | | Rstr A P w/l Stdt |
| 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** | ☐ | ☐ | ☐ | ☐ | ☐ | |
| **PM 3:30-6:00** | ☐ | ☐ | ☐ | ☐ | ☐ | |

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 ❒) ❒ Mother ❒Father ❒Other if other, indicate relationship_____ | Parent / Guardian #2 (please ✓ appropriate ❒) ❒ Mother ❒Father ❒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 & attach a certified copy of the courtorder signed by the judge. ☐ Yes ☐ No | If yes, indicate & attach a certified copy of the courtorder signed by the judge. ☐ Yes ☐ No |
| **Child resides with** | Parent / Guardian #1 ☐ Yes ☐ No | Parent / Guardian #2 ☐ Yes ☐ 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 |
|---|---|

EMERGENCY LOCAL CONTACTS: List adults (over age 18) to be called in the event of an emergency if a parent cannot be reached. Place a check mark in the box for the contact(s) who may pick up your child at any time, without prior notification.

| 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.

_____

_____

Does your child have a Care Plan at school? ☐ NO ☐ **YES** **If yes**, attach copy of plan to this registration. It is the parent's responsibility to inform staff on their student's 504 needs if applicable.

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**

☐ I am a member of CHEA ☐ I am a member of CHEA

| Child's Name | School |
|---|---|

**SCHOOL AGE CHILD CARE**
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:**

**❒ REGISTRATION FORM signed by parent / guardian** **❒ ENROLLMENT AGREEMENT signed by parent/guardian**
**❒ REGISTRATION FEE: $30.00 per family non-refundable**

**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 1st of each month commencing August 1st. Late payments will be assessed a $15 late fee.

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.

10. It may be necessary to relocate students and staff to another district school due to an unforeseen situation at SACC 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 within extremely short notice. Families would be contacted as soon as possible by the SACC Office or the District Notification System. This would require picking your child at another school for a temporary period of time.

11. I understand that there will be NO SACC on the First Day of School. SACC will begin on Wednesday, September 4th.

**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**