

HAWTHORNE PUBLIC SCHOOLS  
HAWTHORNE, NEW JERSEY

SACC REGISTRATION 2024 - 2025

School-Age Child Care Program

The district's School-Age Child Care (SACC) program will continue to operate in the 2024 - 2025 school year for grades K-5 at each elementary school. The program staff consists of certified teachers who will provide monitored playtime, supervised homework help, outdoor games and sports, quiet games, crafts, snacks, special events, and lots more.

The SACC Program follows the district's regular school calendar, including early dismissal days. Hours are 3 PM - 6 PM and on half-days, 12:45 PM - 6 PM. The monthly tuition for each child is listed below. There will be a 10% discount on tuition for additional siblings registered.

monthly cost is:                      \$225 for 5 afternoons per week  
  \$200 for 4 afternoons per week  
  \$175 for 3 afternoons per week  
  \$145 for 2 afternoons per week  
  \$110 for 1 afternoon per week

To register for the Hawthorne SACC program, please complete and return the preliminary registration form along with a \$25 non-refundable registration fee for each child made payable to Hawthorne Community School. Return completed form to the Roosevelt Elementary School, c/o SACC Program, 50 Roosevelt Avenue, Hawthorne, NJ 07506 attn: Cynthia Dockray. In the event that the program becomes filled and we are not able to admit your child, the \$25 registration fee will be returned to you.

If you have any questions, please call Mrs. Cynthia Dockray, SACC Director, at (973)-427-5069.

SACC PRELIMINARY REGISTRATION FORM

CHILD'S NAME	GRADE/ TEACHER	CIRCLE DAYS NEEDED
_____	_____	M T W T F
_____	_____	M T W T F
_____	_____	M T W T F

SCHOOL CHILD ATTENDS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

Cell PHONE: \_\_\_\_\_ (Mother)

EMAIL \_\_\_\_\_

\_\_\_\_\_ (Father)

# HAWTHORNE SACC EMERGENCY FORM

## STUDENT INFORMATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

IS THERE ANY SPECIAL MEDICAL, HEALTH, OR PERSONAL INFORMATION WE NEED TO KNOW ABOUT YOUR CHILD?

\_\_\_\_\_

**\*\*PLEASE NOTE THAT THE SACC STAFF CANNOT ADMINISTER ANY MEDICATION\*\***

## PARENT/GUARDIAN WITH WHOM CHILD RESIDES

\*\*MOTHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

\*\*FATHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

***EMERGENCY INFORMATION: Please give the name, address & phone number of 2 people who may be notified in case of emergency, illness, or school closing if the parent or guardian cannot be reached. These contacts must be in the vicinity of the school district during the hours of the program. Please make sure they are aware that they are our contacts.***

\*\*NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\*\*NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## AUTHORIZATION TO PICK UP YOUR CHILD (You may list additional people on the back)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL-AGED CHILD CARE PARENT CONTRACT**

In consideration of my child's participation in the SACC program, I agree to the following:

1. I agree to pay a non-refundable fee of \$25.00
2. I agree to remit each month's tuition by the twentieth of each month preceding my child's attending the program. There will be a \$15.00 late charge for all payments not received by the 20<sup>th</sup>.
  - **IF PAYMENT IS NOT RECEIVED BY THE 1<sup>ST</sup> OF THE MONTH, YOUR CHILD WILL BE UNABLE TO CONTINUE IN THE PROGRAM UNTIL TUITION HAS BEEN PAID UP TO DATE.**
3. The cost of the program is based on how many days per week my child will attend and is paid on a monthly basis. There will be no refunds or substitutions for absences or vacations scheduled in the school year. Any change in your child's schedule must be put in writing.
4. I agree to have an authorized list of people allowed to pick up my child or I will put in writing if there will be a change for that day.
5. I agree to have my child picked up by 6:00 p.m. or I understand that I will be charged \$15.00 for every 15 minutes I am late. I agree to have alternative arrangements if I am not available that day.
6. I understand that in the event of continued late payments of tuition or continued late pick up of my child, SACC reserves the right to request removal of my child from the program.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_