

Marysville Exempted Village Schools 2026-27 School Age Child Care (SACC) Enrollment Form

Please Complete Both
Sides

Student's
Name

Select the programs below for enrollment,
checking all boxes that apply:

Enrollment Fee

A non-refundable school-year enrollment fee is charged per family. A non-refundable summer enrollment fee is charged per student. Pre-registration is required for all programs. For questions on registration policies please consult the SACC Parent Handbook.

☐

School Year-\$30 per family

☐

Summer-\$30 per student

Emergency Weather Days Program (EWD)

Operates from 6:30 a.m. - 6:00 p.m. when school is unexpectedly cancelled due to a weather emergency. "Currently attending" fee \$28/student/day. BILLING NOTE: Upon enrollment, your account is charged for every school cancellation, regardless of student's attendance.

☐

Accept Enrollment

☐

Decline Enrollment

Please see line 3 on the payment agreement form (reverse side)

School Days Off Program (SDO)

Operates from 6:30 a.m. - 6:00 p.m. on certain scheduled days. Please consult page 18 of the parent handbook for dates and information on registration. Spaces are limited, "Currently attending" fee \$45/student/day.

Registration for all SDO's begins two weeks prior to the date through an email that will be sent to all SACC students' families. This includes the Super SDO's which operate concurrently with the staggered start first week of school.

Before and After School Program

Operates from 6:30 a.m. until school begins and from dismissal until 6:00 p.m. at all Elementary and Intermediate Schools. Delays and early dismissals are automatically included in this program with a \$8/student/day fee assessed. A healthy breakfast and afternoon snack are provided.

☐

Before + After Full Time (FT)

3 - 5 Days Per Week \$80/student/week

☐

Before + After Part Time (PT)

1-2 Days Per Week \$43/student/week

☐

Before ONLY Full Time (FT)

3 - 5 Days Per Week \$65/student/week

☐

Before ONLY Part Time (PT)

1-2 Days Per Week \$34/student/week

☐

After ONLY Full Time (FT)

3 - 5 Days Per Week \$65/student/week

☐

After ONLY Part Time (PT)

1-2 Days Per Week \$34/student/week

Summer Day Camp

10 Weeks: June 1, 2026 - August 7, 2026

Operates from 6:30 a.m. until 6:00 p.m. Monday through Friday. Day Camp rate \$160/camper/week. Includes Field Trips, breakfast snack and afternoon snack.

☐

Register for ALL WEEKS: WEEK 1 - WEEK 10

(NOTE: A \$10 Change of Enrollment Status Fee will apply to all changes after enrollment.)

☐
☐
☐
☐
☐

WEEK 1: June 1-June 5

WEEK 2: June 8-12

WEEK 3: June 15-19

WEEK 4: June 22-26

WEEK 5: June 29- July 3

NO CAMP JUNE 19

NO CAMP JULY 3

☐
☐
☐
☐
☐

WEEK 6: July 6- July 10

WEEK 7: July 13-17

Week 8: July 20-24

WEEK 9: July 27-31

WEEK 10: August 3-7

Marysville Exempted Village Schools 2026-27

School Age Child Care (SACC) Payment Agreement Form

Please read and initial each section below:

- _____ **PAYMENT DATES:** Payment is expected in advance of services. Monthly payments are preferred, but payments will also be accepted weekly or bi-weekly. (Parent Handbook, page 13).
- _____ **SCHOOL DAYS OFF:** School Days Off fees are expected at registration. Students who attend the Before and After School program can include payment with their regular payment. Payments for School Days Off will also be accepted at the SACC Office and at the School Days Off Program site the day of the event. (Parent Handbook, pages 18).
- _____ **EMERGENCY WEATHER DAYS:** Emergency Weather Days are an exception to the rule. Payment for these services is expected to be included in your next SACC payment, or within 14 days of occurrence, whichever comes first. As a reminder, upon registration for Emergency Weather Days your account will be billed for each EWD regardless of attendance. (Parent Handbook, page 10-11)
- _____ **LATE PAYMENTS:** A \$5.00/week fee will be assessed to accounts not current. (Parent Handbook, page 13)
- _____ **MAKING PAYMENT:** Payments with Procure (Tuition Express) is preferred, but cash and checks will also be accepted at the SACC site. (Parent Handbook, page 13)
- _____ **PARENT HANDBOOK:** Detailed information regarding SACC billing procedures, payment policies, extra charges, and more is in the SACC Parent Handbook. Every family receives a copy of the Parent Handbook upon registration. Please read through it and familiarize yourself with the contents. Accounts are billed according to these policies. If you have questions, please make sure to ask someone in the SACC Office.

PAYMENT FREQUENCY OPTIONS Please check the appropriate box:

- ☐ I will pay monthly and I agree to make my payments *before or on the first of the month.*
- ☐ I will pay bi-weekly (every other week) and I agree to make my payment *before or on Friday for the following 2 weeks.*
- ☐ I will pay weekly and I agree to make my payment *before or on Friday for the following week.*

PAYMENT LOCATION OPTIONS Please check the appropriate box:

- ☐ I will pay online via Procure (Tuition Express)
- ☐ I will pay at my student's SACC site.
- ☐ I will pay at the SACC Office or via mail.

E-Mail Address

Staff Use:

Registration Fees, SUB - TOTAL:

Before & After School Fees, SUB - TOTAL:

Summer Camp Fees SUB - TOTAL:

School Days Off Fees SUB - TOTAL:

Other Fees SUB - TOTAL:

TOTAL:

In signing this form I agree that I am enrolling my student in the Marysville Schools SACC program, have reviewed the policies as listed above (verified by my initials) and agree to comply with the procedures and policies as outlined in the SACC Parent Handbook.

Parent Signature

Date

MEVSD SACC Program 2026-27 Registration Forms

PRINT NEATLY! PLEASE COMPLETE EVERY SPACE ON THIS FORM. AN * INDICATES A REQUIRED FIELD.

CHILD INFORMATION	*		*		M F
	Student's Name		Birthdate	Age	Sex (circle)
	*		*	*	*
	Full Address - House Number and Street		City	State	Zip
	()	Mother Father Both Other	* YES NO	If yes, file documents with SACC (see parent handbook pgs 9/23)	
Home Phone		Student Resides With (circle)	Shared Parenting Agreement	Court Custody Agreement	
2025-26 School Year Information					
School		Teacher (leave blank if unknown)	Grade	First Date of SACC	

PARENT/GUARDIAN INFORMATION	FIRST PARENT/GUARDIAN	*	* ()	* ()	
		Parent/Guardian's Name		Home Phone	Cell Phone
				* ()	
		First Parent's E-Mail (for communication and billing)		Work Phone	
		☐ Same as student	*	*	*
	Full Address - House Number and Street		City	State	Zip
	*	*	*	*	
	Employer	Full Address - House Number and Street	State	Zip	
	SECOND PARENT/GUARDIAN	*	* ()	* ()	
		Parent/Guardian's Name		Home Phone	Cell Phone
		* ()			
Second Parent's E-Mail		Work Phone			
☐ Same as student					
Full Address - House Number and Street		City	State	Zip	
Employer	Full Address - House Number and Street	State	Zip		

EMERGENCY CONTACTS	Please list 3 persons, other than parent/guardians listed above, who can be reached in an emergency and are authorized to pick up your student from SACC.			
	*	*	* ()	* ()
	Name	Relationship to Student	Phone	Phone
	*	*	* ()	* ()
	Name	Relationship to Student	Phone	Phone
	*	*	* ()	* ()
Name	Relationship to Student	Phone	Phone	

SUNSCREEN	Many of our summer activities take place outdoors, we want to ensure that all children are protected from sunburn. Please help us to protect your child, and ensure that your child has a bottle of sunscreen at Summer SACC at all times. SACC staff will encourage your child to apply his/her sunscreen any time that they will be exposed for long periods of time to the sun. If your student has a special medical condition that requires modification of this practice (allergy, medical condition that prohibits the use of sunscreen) please indicate this on the Medical Needs section of the Student Needs Form.	
	* _____ Parent/Guardian Signature	* _____ Date

MOVIE	On occasion the SACC program may show a G or PG rated movie for a reward, a special event, a school delay or early dismissal, a full day program or during Summer Day Camp. More information about movie selection will be available at the Parent Table and/or in SACC newsletters. Please sign below to indicate permission for your student to view a G or PG rated movie during SACC.	
	* _____ Parent/Guardian Signature	* _____ Date

SWIM PERMISSION	SACC will take field trips to the Marysville Municipal Pool (500 Park Avenue) during the summer and School Days Off. Please indicate your child's swimming level, without floating devices, and sign below indicating that you grant permission for your student to participate in swimming activities. Swimming level may be adjusted with written permission from the parent/guardian.		☐	RED = Non-Swimmer No Deep Water
			☐	YELLOW = Deep Water Swimmer with Sliding Board Privileges
			☐	GREEN = Deep Water Swimmer with Diving Board Privileges
	Notes: _____			
	* _____ Parent/Guardian Signature	* _____ Date		

HANDBOOK	The School Age Child Care (SACC) Parent Handbook has been compiled by the SACC Office and lists all the policies, procedures and guidelines pertaining to the SACC Program. It is issued to every new family upon registration for policy reference. In signing this form I am agreeing that I have received a copy of this handbook.	
	* _____ Parent/Guardian Signature	* _____ Date

EMERGENCY MEDICAL	* _____ Student's Physician	* () _____ Phone Number	* _____ Student's Dentist	* () _____ Phone Number
	* Please sign part A OR part B. Do NOT sign both !			
	A. PERMISSION TO ADMINISTER EMERGENCY MEDICAL CARE: In the event of a medical emergency and I can not be contacted, I hereby authorize the SACC program, it's staff and agents to act in my behalf in granting permission for my student to receive first aid, medication and/or to be transported to an emergency care facility.			
	* _____ Parent/Guardian Signature	* _____ Date		
	B. REFUSAL OF PERMISSION TO ADMINISTER EMERGENCY MEDICAL CARE: In the event of a medical emergency and I can not be contacted, I do not grant permission for the SACC program to seek emergency medical care. In such a case, I wish the following actions to be taken:			
	* _____ Parent/Guardian Signature	* _____ Date		

MEVSD SACC Student Needs Form 2026-27

Student's Name: _____

ABOUT YOUR CHILD

Marysville SACC strives to provide outstanding youth development programs that serve children of all grades, genders, ethnic backgrounds, abilities and needs. It is the intention of SACC to work with students, parents, school staff, and outside agencies that the parent may request to understand each individual youth. We ask that parents complete this form to provide information that will allow us to best understand how to develop a relationship with your family and your child. Please be aware that prior to enrollment a meeting may be requested which may include any of the following: SACC Staff, teachers, school counselors, principal, parents and student. Meetings of this nature are to determine the needs of your child as well as SACC's capacity to meet those needs, and if SACC will be a "fit" for your family. See pages 20 of the SACC Parent handbook for more information.

Describe other youth development programs your child has experienced in the past. This may include sports, clubs, scouts, church groups, camps, etc. _____

Tell us about some of the things that your child enjoys outside of school: _____

What coping skills does your child use when he/she is anxious, angry or upset? _____

Are there any special circumstances at home or at school currently occurring or about to occur in your child's life that you'd like to share with the SACC staff? _____

MEDICAL NEEDS

Please indicate below any medical needs that SACC staff should know to provide care for your child. The SACC Medical Needs Policy is located on page 12 of the SACC Parent Handbook.

☐ * Allergies: _____

* Reactions: _____

☐ * Dietary Restrictions _____ ☐ Medical

* Reactions: _____ ☐ Dietary Choice / **NOT** Life Threatening

☐ * Activity Restrictions: _____

* Reactions: _____

☐ * Medications Taken: _____

* Known Side Effects: _____

☐ **YES**, My child will require medication during SACC *Please see Parent Handbook Page 12.

☐ **No**, My Child has no medical needs

BEHAVIORAL NEEDS

Please indicate below if your student is being evaluated for or receiving services from Marysville Schools or from a private provider. Parents should notify the SACC Office immediately if this status changes at any time.

☐ **ED** Please Explain _____

☐ **Au** Please Explain _____

☐ **MD** Please Explain _____

☐ **CD/ID** Please Explain _____

☐ Other Information _____

☐ **NO**, My child is not being evaluated / receives **NO** services at this time.

X

Parent Signature: _____

Date: _____

SACC Summer Camp 2026 Permission Form

Camper's Name: _____

T-Shirt

A t-shirt is provided as part of the registration fee. T-shirts will be handed out on the first day of camp. Shirts are to be worn on all field trip days for safety!

My child is a size
(CHECK ONE)

☐

Youth
Medium

☐

Youth
Large

☐

Adult
Small

☐

Adult
Medium

☐

Adult
Large

☐

Adult
X-Large

SACC Summer Day Camp will take field trips on the dates listed. **FIELD TRIPS ARE SUBJECT TO CHANGE.** Changes will be made via email, newsletter or note at the parent table. Students are required to wear an ID wrist band, tennis shoes and sunscreen (for outdoor trips). For more details on field trip policies refer to pages 8 and 26 of the SACC Parent Handbook. In initialing this form I do hereby grant permission for my student to participate in the following field trips:

Bus Field Trip Permission

	Date	Destination	Transportation
parent initials	Wednesday, June 3	Columbus Zoo - 4850 W Powell Rd, Powell, OH 43065	Bus
parent initials	Thursday, June 4	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, June 9	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, June 10	Glacier Ridge - 9801 Hyland-Croy Rd, Plain City, OH 43064	Bus
parent initials	Thursday, June 11	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, June 16	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Thursday, June 18	Columbus Clippers - 330 Huntington Park Ln, Columbus, OH 43215	Bus
parent initials	Tuesday, June 23	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, June 24	Bellefontaine Cinema 8 - 888 E Sandusky Ave, Bellefontaine, OH 43311	Bus
parent initials	Thursday, June 25	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, June 30	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, July 1	Anthony Thomas - 1777 Arlingate Ln, Columbus, OH 43228	Bus
parent initials	Thursday, July 2	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, July 7	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, July 8	Eljer Park - 401 E 9th St, Marysville, OH 43040	Walk
parent initials	Thursday, July 9	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, July 14	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, July 15	Highbanks Metro Park - 9466 Columbus Pike, Lewis Center, OH 43035	Bus
parent initials	Thursday, July 16	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, July 21	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, July 22	Ohio Wildlife Center - 6131 Cook Rd, Powell, OH 43065	Bus
parent initials	Thursday, July 23	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, July 28	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, July 29	National Airforce Museum - 1100 Spaatz St, Dayton, OH 45433	Bus
parent initials	Thursday, July 30	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Tuesday, August 4	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43040	Bus
parent initials	Wednesday, August 5	Top Golf - 2000 Ikea Wy, Columbus, OH 43240	Bus
parent initials	Thursday, August 6	Marysville Municipal Pool - 510 Park Avenue, Marysville, OH 43041	Bus

Walking Field Trip Permission

SACC Summer Day Camp may take occasional walking field trips to **Eljer Park** (401 E 9th Sreet) and/or **Marysville Public Library/Pavilion** (231 S. Plum Street) for extended learning oppportunities and/or exercise. These trips will TYPICALLY be taken between 9:30 AM and 2:30 PM on regular camp days and will be announced via e-mail, newsletter or note at the parent table. All students are required to wear an ID wrist band, tennis shoes and sunscreen (for outdoor trips). In initialing this form I do hereby grant permission for my child to participate in these field trips.

parent initials

General Release

I am enrolling my student in a Marysville Exempted Village Schools School Age Child Care program. I understand that this is a camp program. Activities will be held both inside and outside. I understand that my student may get messy, dirty and sweaty and may be subject to many risks inherent with an outdoor camp program, including, but not limited to, falls, scrapes, bumps, bruises, as well as exposure to sun, insects, plants and other environmental allergens. Newsletters or calendars of camp activities will be provided to all parents. Some of these activities may include cooking, fishing, playing in water, gardening, sewing, sports and games, science activities, etc. I understand the risks as stated above and in signing this release I do herby agree to hold harmless and forever indemnify Marysville Exempted Village Schools, its staff and agents from liability.

parent initials

X

Parent Signature:

Date: