



SCHOOL AGE CHILD CARE PROGRAM  
REGISTRATION FORM

FALL 23-24

All children thrive and experience a future without limits.	DATE FORM RECEIVED _____	REGISTRATION FORM PROCESSED <input type="checkbox"/>
	<i>Site Director Use Only</i>	REGISTRATION FEE ASSESSED <input type="checkbox"/>
		SIGN IN/OUT SHEET <input type="checkbox"/>
		ATTENDANCE LOG <input type="checkbox"/>

**A \$20 non-refundable fall registration fee (per child) is required upon submission of this form.**

**CHILD TO BE ENROLLED** (Use one form for each child) **SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Teacher</b>	<b>Grade</b>

School Attended During 2022-2023 School Year: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

List any siblings enrolled in the program: \_\_\_\_\_

<b>Name of Mother</b>		<b>Cell #</b>	
<b>Address</b>		<b>Work #</b>	
<b>City/State/Zip</b>		<b>Employer</b>	
<b>E-Mail</b>		<b>Work Hours</b>	_____ to _____
<b>Name of Father</b>		<b>Cell #</b>	
<b>Address</b>		<b>Work #</b>	
<b>City/State/Zip</b>		<b>Employer</b>	
<b>E-Mail</b>		<b>Work Hours</b>	_____ to _____

If parents are divorced, which parent is the custodial parent? \_\_\_\_\_

Is there a restraining order preventing one parent from having access to the child(ren)? Yes \_\_\_ No \_\_\_  
**If yes, a copy of the order must be on file with the SACC Program for compliance.**

List person(s) and phone numbers to whom your child MAY BE released to or contacted if you cannot be reached (excluding guardian/parents):

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_ Phone \_\_\_\_\_
5. \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of person, other than parent, authorized to act for parent in an emergency:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THIS FORM**

**HEALTH INFORMATION**

Child's health is: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Does your child have a disability that may require assistance or accommodations? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

If accommodations are needed, a supervisor will notify you to schedule a meeting before your child attends.

Other medical conditions/medications required: \_\_\_\_\_

Does your child have allergies (including bee stings)? \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital preference (In case of emergency): \_\_\_\_\_

**INSURANCE**

HCDE does not provide accident insurance coverage for participants. All children in the program are encouraged to have medical insurance in case of an accident.

I give permission for SACC to obtain medical treatment and procedures as may be appropriate in an emergency circumstance including treatment by a physician, hospital, and other appropriate health care provider, when and if parents, guardian or emergency contacts do not respond.

Signature of Parent/Guardian \_\_\_\_\_

SACC Rates: \$6 AM Care \$9 PM Care \$10 Half Day Care \$20 Full Day Care

Half price sibling discount applies on above rates if all children attend on the same day.

Make checks payable to the Hamilton County Schools. Please write your child's name on all checks.

You can also pay by cash, debit card and credit card at each of the child care sites or online at <https://sacc.hcde.org/>

A convenience fee of \$3.00 will be charged on each credit/debit card or online transaction.

Please sign below acknowledging the following:

1. Child's immunizations are up-to-date and are on file at the school listed on the front of this form.
2. A copy of the SACC Parent Handbook and Summary of Licensing Requirements is available on the HCDE website.
3. I understand that by registering the child named above, I am assuming responsibility for all fees due for child care services.
4. I understand there will be a \$10 late payment fee applied to my child's account if weekly fees are not pre-paid on Monday or the first day of attendance for the current week.
5. I understand that failure to make weekly fee payments will result in the child(ren)'s dismissal from the School Age Child Care Program.
6. I understand that the program closes promptly at 6:00 P.M. I understand that I am responsible for a late pick-up fee. If you arrive after 6:00 PM, you will be charged an additional fee of \$5 for each 15 minutes per child or a portion thereof. If you arrive after 6:15 PM, you will be charged an additional fee of \$1 per minute per child. I also understand continued late pick-ups could result in dismissal from the program.
7. A full legible signature with the time is required when signing a child in/out of the program.
8. Children are eligible to attend until completion of the eighth grade or their 14<sup>th</sup> birthday, whichever comes first.

Signature of Parent/Guardian \_\_\_\_\_

I grant permission for my child to be shown and/or identified in a film, videotape or photograph made by, or for the HCDE while participating in the School Age Child Care Program.

Signature of Parent/Guardian \_\_\_\_\_