

FALL

HAMILTON COUNTY DEPARTMENT OF EDUCATION SCHOOL AGE CHILD CARE PROGRAM REGISTRATION FORM FALL 2018-2019

18-19

REGISTRATION FORM PROCESSED <input type="checkbox"/>	DATE FORM RECEIVED _____	ENGAGE EACH CHILD EVERY DAY
SIGN IN/OUT SHEET <input type="checkbox"/>	DATE OF ADMISSION _____	
ATTENDANCE LOG <input type="checkbox"/>	SCHOOL _____	

A \$10.00 non-refundable fall registration fee (per child) will be billed to your child's account upon submission of this form

CHILD TO BE ENROLLED
(Use one form for each child)

Child's Last Name _____ Child's First Name _____ Child's Teacher _____ Child's Grade _____

School Attended During School Year 2017-2018 _____ Child's Birthdate: _____

List any brothers or sisters enrolled in program: _____

Make checks payable to the Hamilton County Department of Education. 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.
 A convenience fee will be applied to each transaction.
 You may also pay online at <https://sacc.hcde.org/>
 An online convenience fee of \$2.50 will be applied to each online transaction.
Weekly fees must be pre-paid on Monday for the current week.

Name of Mother	Home #	
Address	Cell #	
City/Zip	Other #	
Employer	Work #	Work Hours __ to __
E-Mail		
Name of Father	Home #	
Address	Cell #	
City/Zip	Other #	
Employer	Work #	Work Hours __ to __
E-Mail		

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 _____

ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN AUTHORIZED ADULT. A FULL AND LEGIBLE SIGNATURE ALONG WITH THE TIME IS REQUIRED. THIS IS A STATE REGULATION.

PLEASE COMPLETE THE BACK OF THIS FORM

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.

EMERGENCY INFORMATION

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

Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Where Employed: _____ Work Hours: _____

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: _____

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): _____

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 _____

FEES

Weekly fees must be pre-paid on Monday for the current week in order to avoid a \$5.00 late payment fee.

FAILURE TO MAKE WEEKLY FEE PAYMENTS WILL RESULT IN THE CHILD (REN'S) DISMISSAL FROM SCHOOL AGE CHILD CARE PROGRAM.

RATES *(subject to change):*

Morning Session Only \$4.00 After School Session Only \$6.00 Both Sessions \$10.00

Full-Day Session (includes inclement weather days and in-service days) \$15.00

NOTE: HALF PRICE SIBLING DISCOUNT APPLIES ON ABOVE RATES ONLY IF SIBLINGS ARE IN ATTENDANCE ON THE SAME DAY. There is an additional charge for field trips.

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. I understand that by registering the child named above, I am assuming responsibility for all fees due for child care services.
3. A copy of the SACC Parent Manual and Summary of Licensing Requirements is online at www.hcde.org/SACC
4. I understand that the program closes promptly at 6:00 P.M. I understand that I am responsible for a late pick-up fee. I also understand continued late pick-ups could result in dismissal from the program.

Signature of Parent/Guardian _____

My child has permission to take walks, which may involve leaving campus. Any trip involving transportation will be dealt with on a separate permission form.

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 _____