CLICK ENABLE EDITING /\

SUMMER HAMILTON COUNTY DEPARTMENT OF EDUCATION SCHOOL AGE CHILD CARE PROGRAM REGISTRATION FORM SUMMER 2017 2017

PAYMENT SCHEDULE ☐	REGISTRATION FEE PAID DATE FORM RECEIVED_____
SIGN IN/OUT SHEET ☐	
COLLECTION LOG ☐	Date_____ Cash_____ Check # _____MO #_____
ATTENDANCE LOG ☐	

DATE OF ADMISSION **SCHOOL:** WOLFTEVER CRK ELEMENTARY

DEADLINE FOR SUMMER REGISTRATION IS APRIL 14, 2017.
ALL CHILDREN REGISTERED AFTER THIS DATE WILL BE PLACED ON A WAITING LIST FOR ADMISSION.

A $10.00 non-refundable Summer Registration fee (per child) is required to be submitted with this completed form.

CHILD TO BE ENROLLED **Date child will begin:** _____
(*Use one form for each child)*

_____ _____ **Child's Grade (entering in fall):** 8th
Child's Last Name **Child's First Name**
School Attended During School Year 2016-2017 WOLFTEVER CREEK ELEMENTARY **Child's Birthdate:** _____
List any brothers or sisters enrolled in program:

_____

SUMMER RATES - Full-day session $15.00 per day

NOTE: HALF PRICE SIBLING DISCOUNT APPLIES ON ABOVE RATE
There is an additional charge for field trips. ** (No discounts on field trips)

PARENTS ARE RESPONSIBLE FOR PROVIDING LUNCH FOR THEIR CHILD / CHILDREN

Make checks payable to the Hamilton County Department of Education. Please write your child's name on all checks. **Parents are responsible for keeping all receipts/checks for child care fees to total and report on Income Tax forms.**
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**
E-Mail				__ to __
Name of Father		**Home #**		
Address		**Cell #**		
City/Zip		**Other #**		
Employer		**Work #**		**Work Hours**
E-Mail				__ 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** _____

ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN AUTHORIZED ADULT. THIS IS A STATE REGULATION.
PLEASE COMPLETE THE BACK OF THIS FORM

INSURANCE

The 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

Make checks payable to the Hamilton County Department of Education. Please write your child's name on all checks. **Parents are responsible for keeping all receipts/checks for child care fees to total and report on Income Tax forms. 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)***:**

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. **I have received a copy of the SACC Parent Manual and Summary of Licensing Requirements.**
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_____