

Stillwater Area Community Services Center, Inc.
School-Age Child Care Program
SUMMER PROGRAM PACKET

TO REGISTER

- ✓ Complete a School-Age Child Care Registration Packet- one per child.
- ✓ Attach an annual \$25.00 non-refundable registration fee per child and payment.
- ✓ Sign and return "Parent's Statement of Understanding and Agreement" with completed registration.
- ✓ Complete the CACFP meal reimbursement form.
- ✓ Refer to the Handbook for all policies and procedures.

T-Shirt Size: child /adult S M L
 (circle)

**T-SHIRT MUST BE WORN FOR ALL
 SWIM TRIP & FIELDTRIP DAYS**

Additional or lost shirts may be purchased for \$6.00 each. Please include a separate payment for additional shirts.

REGISTRATION INFORMATION

(Must be completed by Parent/Guardian & returned with payment)

Program hours: 7am-6pm, Monday - Friday

CHECK DAYS AND WEEKS THAT APPLY

	MON.	TUES.	WED.	THURS.	FRI.	Extended Care (up to 12 years of age) Weeks #2-7 Only
<u>Week #1</u> June 27- July 1						N/A
<u>Week #2</u> July 4- July 8	N/A					
<u>Week #3</u> July 11- July 15						
<u>Week #4</u> July 18-July 22						
<u>Week #5</u> July 25- July 29						
<u>Week #6</u> August 1- August 5						
<u>Week #7</u> August 8-August 12						
<u>Week #8</u> August 15- August 19						N/A
<u>Week #9</u> August 22- August 26						N/A

FEES

**Annual Registration
 per child- \$25.00
 (This includes 1 shirt)**

1 Day- \$50.00

2 Days- \$90.00

3 Days- \$120.00

4 Days- \$145.00

5 Days- \$160.00

**Extended Care-
 \$15.00/day**

(For participants in the Free Summer Program up to 12 years of age)

20% Second Child Discount

FIELDTRIPS & SWIM TRIPS ARE INCLUDED IN THE FEES

Time of Arrival: _____

Time of Departure: _____

PAYMENT INFORMATION

- Weekly payments must be made in advance by the Friday prior to each upcoming week.

Make checks payable to the: Stillwater Area Community Center

The School-Age Child Care Program serves a nutritious breakfast (7am-9am) and a snack (3pm-4pm) each day in accordance with the NYS Department of Health's Child and Adult Care Food Program.

Stillwater Area Community Center, School-Age Child Care Program, P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170

Ph: 518-664-2515

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ENROLLMENT INFORMATION

CHILD INFORMATION:

Child's Name: _____ Male Female
Age: _____ Date of Birth: _____/_____/_____ Grade: _____
Home Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Siblings Names: _____ Ages: _____ Enrolled in program: _____

PARENT/GUARDIAN INFORMATION:

(1) Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ E-mail: _____

(2) Parent/Guardian: _____
Address: _____
City: _____ Zip Code: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ E-mail: _____

PARENT'S MARITAL STATUS: Married Separated Divorced Single Widowed
If separated or divorced who has legal custody? _____
Is the child's time divided between parents because of divorce or separation? Yes No
If so, how is it divided? _____

Note: Court orders are needed if parent is denied access to child.

<p><u>MEDICAL</u> <u>*Additional forms must be completed for administration of medication*</u></p> <p>1. Known Allergies: _____</p> <p>2. In case of an allergic reaction what action should be taken? _____</p> <p>3. Chronic or recurrent illness or disorders: _____</p> <p>4. Name of medications and dosage child is presently taking: _____</p> <p>_____</p> <p>5. Will medication need to be given during program hours? If yes, when: _____</p> <p>6. What should be done if your child has a problem related to the medical condition during program hours? _____</p> <p>_____</p> <p>7. Date of last tetanus shot: ____/____/____</p> <p>8. Does your child have any disabilities? <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Seizures <input type="checkbox"/> Other Describe other: _____</p> <p>9. Physical handicaps: _____</p> <p>10. Services received through school: _____</p>
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PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

- I understand that I am enrolling my child for the current summer program. I will submit the completed registration packet with all required forms, the registration. I will ensure this information is kept accurate as outlined in the Handbook.
- I agree to adhere to all policies, procedures, and guidelines printed in the Stillwater Area Community Services Center (SACSC) School-Age Child Care Program Handbook and give my child permission to participate fully in the program. I have attached the annual \$25.00 non-refundable registration fee.
- I understand that the program is open according to the official school calendar of the Stillwater Central School District, and is open during vacation, inclement weather days, for the summer program, and closed for certain Holidays as stated in the Handbook.
- If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.
- I must pay all fees on time. I am responsible for payment of weekly fees that may be reserved for the entire month at the beginning of each month or by the Friday prior to each upcoming week.
- If my payments are past due I will be subject to a 10% late fee as stated in the Handbook.
- If my child care payments are past due my child may be discharged from the program.
- I must give the SACSC 2 weeks written notice prior to the time I may choose to withdraw my child from the program.
- Children must be picked up by 6pm, the close of program. There is a late fee of \$5.00 per child for the first 5-15 minutes the parent/guardian is late in picking up. Each additional minute is \$1.00/minute per child.
- Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.
- The SACSC is not responsible for items brought to the School-Age Child Care Program. Please clearly label all of your child's items.
- Any medication, either over-the-counter or prescription, must be accompanied with all written medical forms and be in the original, labeled container and submitted to the program director only.
- I am responsible for any Health/Accident costs.
- I must notify SACSC staff if my child is going to be absent from the program. There will be no refunds.
- Please do not send a child to the program if they are ill and unable to participate.
- I understand that the SACSC staff and volunteers cannot transport my child any time at the program.
- The program staff will assume full responsibility for my child from the time s/he arrives at the program until my child leaves the program.
- I understand that I am not to leave my child at the program unless a program staff member or program volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the School-Age Child Care Summer Registration Packet and present photo identification.
- I understand that the SACSC is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give the SACSC School-Age Child Care Program, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- I give the SACSC permission to take of myself and/or my child videos/photographs/appear in media coverage approved by the SACSC.
- I give permission for my child to participate in all off-site activities and trips by either walking or being transported by the Brown Transportation buses.
- I understand lifeguards will be on duty at all swim areas. Children will remain in areas appropriate for their ability and staff are present for assistance.
- I will send sunscreen labeled with my child's name daily and give permission for application throughout the day.
- I understand transportation is provided to and from the Stillwater Area Community Center by Brown Transportation buses. I understand there will be a counselor at the door when children arrive and depart on the bus. All transportation of children will be in compliance with NYS Regulations, Part 414.6, as well as the requirements of SACSC.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature: _____ Date: _____

CHILD'S BEHAVIOR CONTRACT

I, _____ a participant in the School-Age Child Care 2011 Summer Program agree to the following rules:

RAD RULES

- R-** Respect all counselors, other children, and the community center property
- A-** Ask my counselor if I can leave a designated area
- D-** Decide to make everyday a good day!

I understand that if I disrespect counselors or other children, break any of the rules above, or act in an inappropriate manner, my parents will need to come and pick me up from the program. I also understand that if I continue to do any of those things that I may be asked to leave the program for the summer of 2011.

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