

# School-Age Child Care A.C.E. Program 2014 -2015

## Information Sheet and Registration Form

### Program Hours:

After School: The end of the school day – 6:00 p.m.

### Registration Fees are assessed annually:

\$30 per child per year / \$40 for families with more than one child per year

Tuition Fees are assessed bi-weekly:

TUITION RATES		Second child in the Family	
PM SESSION	\$120	PM SESSION	\$108
*6 FLEX SESSION	\$99	*6 FLEX SESSION	\$96

Full Time Registration is defined as children attending 4 or 5 days per week.

6 Flex Registration is defined as children attending 6 sessions or fewer per pay period. Families enrolling in the 6-flex rate are required to give a monthly schedule.

### Questions Regarding A.C.E. 6<sup>th</sup> Grade Program

1. How flexible is the 6 flex status?	6 Flex status is defined as children attending 6 sessions within a two-week period. This can be any combination of days <b>not</b> exceeding 6 within the given two-week period.
2. Is there childcare provided when schools are closed?	The A.C.E. Program follows The Hilliard City School District calendar. The program is closed whenever schools are not in session, including calamity days (snow days or building emergencies, etc). Tuition will not be pro-rated for calamity days.
3. What if my child care needs change during the year?	You may leave the program at any time during the school year. However it is advised to notify the Site Coordinator at your child's school prior to a tuition due date to avoid additional tuition charges. This also applies for status changes you may need to make for your child. Tuition is not pro-rated for withdrawals or status changes.
4. How are my tuition payments determined?	The total cost of providing care is divided into 19 equal payments for service of the 179 school days. Holidays and other scheduled school days off are not included in the calculation of the tuition rate. A calendar with the payment due dates will be available in the fall.
5. What happens with my childcare when the school district declares a two-hour weather delay, or an early dismissal?	On the rare occasion that the district alters the end of the school day, A.C.E will <b>not</b> be able to provide care for your child. Parents are advised to have alternate plans on file with the school office in the case of an early dismissal.
6. How does your program accommodate children with special needs?	All children are welcome to attend the A.C.E. Program. All children must be able to participate as a member of a <b>group</b> . If your child requires one on one attention, the A.C.E. Program is not a good option for childcare. A.C.E. will make every reasonable effort to service a child with a disability regardless of the disability.
7. What is the refund policy if childcare needs change over the summer?	The registration fee is non-refundable in <b>EVERY</b> circumstance. If the first tuition payment is received prior to December 19 <sup>th</sup> a refund may be requested if your child care needs change. The requests must be received <b>by the close of business, December 19th, 2014</b> .
	<b>Hilliard City School District SACC</b> <b>PO Box 877</b> <b>Hilliard, OH 43026</b> <b>Make checks payable to Hilliard City School District</b> <b>Please call 771-2267 with any questions.</b> <b><a href="http://www.hilliardschools.org/SACC">www.hilliardschools.org/SACC</a></b>

**The Hilliard City School District SACC**  
**6<sup>th</sup> Grade After Class Enrichment (A.C.E.)**  
**Program Registration 2014-2015**

Office Use: Date \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 BK \_\_\_\_\_ LR \_\_\_\_\_ Entered \_\_\_\_\_

**\*Please complete each blank. Write N/A if items is not applicable**

Please circle the school your child will be attending

## Station Sixth Grade / Tharp Sixth Grade

1) \_\_\_\_\_  
 Child First & Last Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**Please check the square to indicate status**

<b>Full Time PM</b>		<b>6 Flex PM</b>	
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Child lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Shared Parenting

**Primary Contact**

**Secondary Contact**

First Name		First Name	
Last Name		Last Name	
Home Phone		Home Phone	
Address		Address	
City/State/Zip		City/State/Zip	
Employer Name		Employer Name	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

Primary Contact Email \_\_\_\_\_

Party responsible for payment ☐ Both ☐ Primary Contact ☐ Secondary Contact

Would you like a monthly receipt mailed to primary contact. ☐ Yes ☐ No

**Persons authorized to pick up your child other than parents or guardians.**

**To deny a non-custodial parent the authority to pick up your child, copies of the court order must be on file.**

Name	Phone	Relationship to Child
1) _____	n/a	n/a
2) _____	n/a	n/a
3) _____	n/a	n/a
4) _____	n/a	n/a

### MEDICAL RELEASE

IF MEDICAL CARE IS DEEMED NECESSARY & I CANNOT BE CONTACTED, I AUTHORIZE THE CHILD CARE STAFF, TRAINED IN FIRST AID, TO ACT ON MY BEHALF IN PROVIDING APPROPRIATE CARE. I UNDERSTAND I AM RESPONSIBLE FOR UPDATING MY CONTACT INFORMATION.

\_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE

<b>Physician Name</b>	n/a	<b>Phone Number</b>	n/a
<b>Dentist Name</b>	n/a	<b>Phone Number</b>	n/a
<b>Preferred Hospital</b>	n/a		

**List Any Medical Conditions Requiring Special Attention**  
SACC Program does not have access to the schools medical records or medication.

<b>Allergies</b>	n/a
<b>Diet Considerations</b>	n/a
<b>Medications</b>	n/a
<b>Special considerations in the care of your child/ren</b>	n/a
<b>Your Child/ren Special Area of Interest</b>	n/a

### Photographic Permission

I do give permission to have my child appear in any media coverage approved by the SACC director. I understand that the Site Coordinator and Program Director has been given authority by the SACC Advisory Board to determine appropriate requests.

\_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE

**Hilliard City School District  
A.C.E. Program Child Interest Survey**

**Part One: Tell Us About Your Child.....**

**Basic Information**

**Name of Child**\_\_\_\_\_

**Nickname**\_\_\_\_\_ **Grade**\_\_\_\_\_

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**Information About Your Child's Interests**

**First tell us about your child's favorite activities to do at home or in the neighborhood. (Check the activities that your child enjoys. Then list examples of your child's favorite activities in the space provided below)**

<input type="checkbox"/> Sports and Outdoor Games	<input type="checkbox"/> Board Games	<input type="checkbox"/> Dancing
<input type="checkbox"/> Art / Craft	<input type="checkbox"/> Playing a Musical Instrument	<input type="checkbox"/> Singing/Acting
<input type="checkbox"/> Listening to Music	<input type="checkbox"/> Exploring Nature	<input type="checkbox"/> Reading
<input type="checkbox"/> Building / Inventing	<input type="checkbox"/> Socializing with Friends	<input type="checkbox"/> Technology
<input type="checkbox"/> Cooking	<input type="checkbox"/> Working on a Special Hobby	<input type="checkbox"/> Other (list below)

**Examples of Your Child's Favorite Activities (List specific games, crafts, musical instruments, hobbies, etc.)**

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**Are there activities your child has not had an opportunity to do at home, but might like to try in the A.C.E Program? (Check yes or no) ☐ Yes ☐ No If you checked Yes, please list them here:**

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**(Part One: Tell Us About Your Child, Continued)**

**Information About Your Child's Temperament and Personal Style**

**Please tell us a little about your child's temperament and personal style so that we can provide age appropriate guidance and support.**

**For example, is your child active? quiet? shy? outgoing? Intense? easygoing? persistent? distractible? Please use the space below to tell us a little about your child's characteristics.**

**What do you think are your child's best qualities?**

**What are the most important things we can do to help your child have a positive experience in our A.C.E. Program? Are there areas where you feel your child may need any kind of help or support? If yes, please describe them.**

**Thank you for telling us about your child!**