

After Class Enrichment Program 2016-2017 Information Sheet and Registration Form

Registration for the After Class Enrichment (ACE) Program for interested families will begin on May 2, 2016. A complete registration form, registration fee and the first tuition payment will be required in order to complete the enrollment of your child in the ACE program. Parents will then be notified by mail to confirm their registration.

Mail forms and payments to:
Hilliard SACC
PO BOX 877
Hilliard, OH 43026

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The ACE program is available at both 6th grade buildings, Hilliard Tharp and Hilliard Station, starting the 2016-2017 school year.

ACE is **after school** only. Each program will start at the end of the school day after the last bell rings. The times are as follows:

- Hilliard Station- 2:15pm to 6:00 pm
- Hilliard Tharp- 2:30pm to 6:00pm

*Tuition rates and additional information regarding the ACE program can be found on the back of this paper.

ACE is an extension of the SACC program.



HILLIARD CITY SCHOOLS
Ready For Tomorrow

6th GRADE A.C.E. PROGRAM INFORMATION SHEET

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:

* FULL TIME RATES		Second child in the Family	
PM SESSION	\$120	PM SESSION	\$108
* PART TIME RATES		Second child in the Family	
PM SESSION	\$99	PM SESSION	\$96
*6 FLEX SESSION	\$99	6 FLEX SESSION AM/PM	\$96

Full Time Registration is defined as children attending 4 or 5 days per week. Part Time Registration is defined as children attending 3 days or fewer per week.

Flex Rate 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 ACE Program

1. How flexible is the part time status?	Part time status is defined as children attending 3 or fewer days per week. Part time is only flexible in which days of the week your child can attend.
2. Is there childcare provided when schools are closed?	The ACE 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 177 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 an early dismissal?	On the rare occasion that the district alters the end of the school day, ACE will not 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 ACE Program. All children must be able to participate as a member of a group . If your child requires one on one attention, the ACE Program is not a good option for childcare. ACE 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 EVERY circumstance. If the first tuition payment is received prior to August 12 a refund may be requested if your child care needs change. The requests must be received by the close of business, August 12, 2016 .
8. Will the ACE program work with my child's after school extracurricular activities?	The ACE program will help accommodate your child's extracurricular activities when able. Please meet with your site coordinator to go over activities, times, and days to make sure we are able to best meet your needs and be there for the safety of your child.
9. Is there a limit on the number of children in each program?	Yes. While the ACE Program is a service offered by the Hilliard City School District, it is governed by the State Department of Education. There are policies and regulations regarding the amount of space, our teacher-child ratio and the number of children that may participate.

Hilliard City School District SACC

PO Box 877

Hilliard, OH 43026

Make checks payable to Hilliard City School District

Please call 771-2267 with any questions.

www.hilliardschools.org/SACC

Office Use: Date _____
Check # _____ Amount _____
BK _____ LR _____ Entered _____

→ Please circle below the school your child will be attending ←

Please check the square to indicate status

Full Time PM		6 Flex PM	
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Party responsible for payment ☐ Both ☐ 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	

Financial information will be emailed to this address.

Would you like a monthly receipt mailed to primary email? ☐ Yes ☐ No

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	n/a
2) n/a	n/a	n/a
3) n/a	n/a	n/a
4) n/a	n/a	n/a

Scheduled After school activities:

Please provide the Site Coordinator with the appropriate schedule.

Please complete both sides of this form.

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

Physician Name	n/a	Phone Number	n/a
Dentist Name	n/a	Phone Number	n/a
Preferred Hospital	n/a		

List Any Medical Conditions Requiring Special Attention

SACC Program does not have access to the schools medical records or medication.

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