

**Hilliard City School District
School-Age Child Care Program
Information Sheet and Registration Form for 2015-2016
SACC office hours: 8:30-4:30pm
771-2267**

Open registration for interested families NEW to SACC will begin on May 4th.
For the following Schools, a completed registration form, registration fee and the first tuition payment will be required in order to complete the enrollment of your child in the SACC program. Parents will be notified by email or US mail to confirm their registration.

Alton Darby
Avery
Beacon
Britton

Brown
Darby Creek
Hilliard Crossing
Hilliard Horizon

JWReason
Ridgewood
Scioto Darby

Mail forms and registration payment to:
Hilliard City School District, SACC
PO Box 877
Hilliard Ohio, 43026

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SACC Programs located at the following schools will be accepting students for the 2015-2016 school year selected by lottery drawing:

Hoffman Trails

Norwich

Washington

THE LOTTERY ELIGIBILITY PERIOD WILL BE OPEN FROM MAY 4-MAY 7

All 2015-2016 registration forms for lottery schools must be postmarked by **Thursday May 7th**.
Only a completed registration form will be required for lottery eligibility. Forms should be mailed to:

Hilliard City School District, SACC
PO Box 877
Hilliard, Oh 43026

Families will be notified upon receiving of the completed form and again as students are selected in the lottery. The registration fee and the first tuition payment will be required in order to complete the enrollment of your child in the SACC program. Drawings will be held the week of 5/11. All notifications regarding placement will be given by 5/15

Program Hours:

Before School: 7:00 a.m. – The beginning of the school day

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

Registration Fees: \$30 for single child / \$40 for multiple children (assessed annually)

*Please find additional information regarding the SACC program on the back of this paper.

Tuition Fees are assessed bi-weekly:

* FULL TIME RATES		Second child in the Family	
A&P SESSIONS	\$150	A&P SESSIONS	\$136
AM SESSION	\$108	AM SESSION	\$98
PM SESSION	\$120	PM SESSION	\$108
* PART TIME RATES		Second child in the Family	
AM SESSION	\$91	AM SESSION	\$89
PM SESSION	\$99	PM SESSION	\$96
*12 FLEX SESSION AM/PM	\$129	12 FLEX SESSION AM/PM	\$118

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 12 sessions or fewer per pay period. Families enrolling in the 12-flex rate are required to give a monthly schedule. A calendar with the payment due dates will be available in the fall.

Questions Regarding SACC Program

1. How Flexible is the part time status?	Part time is only flexible in which days of the week you child can attend. Only if you are enrolled for 12 flex can your child come both mornings and afternoons.
2. What service does SACC provide to Kindergarten students?	If your child attends AM Kindergarten, they may only attend AM SACC; If your child attends PM kindergarten, they may only attend PM SACC. If your child attends a full day kindergarten program they may attend both the AM & PM sessions of our program.
3. Is there a limit on the number of children in each program?	Yes. While the SACC 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.
4. Is there childcare provided when schools are closed?	The SACC 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.
5. 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.
6. 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.
7. 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 beginning or end of the school day, SACC 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.
8. How does your program accommodate children with special needs?	All children are welcome to attend the SACC Program. All children must be able to participate as a member of a group . If your child requires one on one attention, the SACC Program is not a good option for childcare. SACC will make every reasonable effort to service a child with a disability regardless of the disability.
9. 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 10 th a refund may be requested if your child care needs change. The requests must be received by the close of business, August 10, 2015 .

To complete your registration, mail the completed form along with a check for the registration fee to:

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

The Hilliard City School District
School-Age Child Care Program Registration
2015-2016

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

SACC Site(s) where you are registering child/ren or the school your child/ren will attend in the fall.

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

SCHOOL NAME: _____

(If you register for more then one SACC site you must pay 2 registration fees)

1) _____
 Child First & Last Name Age Grade 15-16 Date of Birth Gender

Please check the square to indicate status

Full Time A&P	<input type="checkbox"/>	Full Time AM	<input type="checkbox"/>	Full Time PM	<input type="checkbox"/>	Previously enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>
12 Flex A&P	<input type="checkbox"/>	Part Time AM	<input type="checkbox"/>	Part Time PM	<input type="checkbox"/>	Year _____

2) _____
 Child First & Last Name Age Grade 15-16 Date of Birth Gender

Please check the square to indicate status

Full Time A&P	<input type="checkbox"/>	Full Time AM	<input type="checkbox"/>	Full Time PM	<input type="checkbox"/>	Previously enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>
12 Flex A&P	<input type="checkbox"/>	Part Time AM	<input type="checkbox"/>	Part Time PM	<input type="checkbox"/>	Year _____

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

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.

Students Name:

Students Name:

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