Hilliard City School District School-Age Child Care Program Information Sheet and Registration Form 2018-2019

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 e-mail to confirm their registration.

ALTON DARBY BEACON BROWN HILLIARD HORIZON JW REASON

Forms should be mailed to: HILLIARD SACC PO BOX 877, Hilliard OH 43026

SACC/ACE PROGRAMS LOCATED AT THE FOLLOWING SCHOOLS ARE AT CAPACITY FOR THE 2018-2019 SCHOOL YEAR AND ARE CURRENTLY ACCEPTING NAMES FOR WAITING LIST STATUS ONLY:

AVERY BRITTON DARBY CREEK HILLIARD CROSSING HOFFMAN TRAILS NORWICH RIDGEWOOD SCIOTO DARBY WASHINGTON STATION 6th GRADE ACE THARP 6th GRADE ACE

<u>*** Forms should be mailed to: PO Box 877, Hilliard, OH 43026 ***</u>

VISIT OUR WEBSITE @ www.hilliardschools.org/sacc for additional information.

<mark>***ALL CHILDREN ENROLLING IN SACC MUST BE REGISTERED HILLIARD CITY SCHOOLS STUDENTS IN ORDER TO QUALIFY FOR SACC ENROLLMENT***</mark>

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		Additional children in the Family	
A&P SESSIONS	\$150	A&P SESSIONS	\$136
AM SESSION	\$108	AM SESSION	\$98
AM SESSION (6 th GRADE ACE)	\$54	AM SESSION (6th GRADE ACE)	\$54
PM SESSION	\$120	PM SESSION	\$108
* PART TIME RATES		Additional children in the Family	
AM SESSION (SACC)	\$91	AM SESSION (SACC)	\$89
PM SESSION	\$99	PM SESSION	\$96
*12 FLEX SESSION AM/PM	\$129	12 FLEX SESSION AM/PM	\$118
6 FLEX SESSION (ACE ONLY)	\$99	6 FLEX SESSION (ACE ONLY)	\$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 12 sessions or fewer per pay period. Families enrolling in the 12-flex are required to give a monthly schedule. A calendar with the payment due dates will be available in the fall.

Questions Regarding	
1.How Flexible is the part	Part time is only flexible in which days of the week you child can attend. Only if you are enrolled for 12
time status?	flex can your child come both mornings and afternoons.
2. What service does	If your child attends AM Kindergarten, they may only attend AM SACC; If your child attends PM
SACC provide to	kindergarten, they may only attend PM SACC. If your child attends a full day kindergarten program
Kindergarten students?	they may attend both the AM & PM sessions of our program.
3. Is there a limit on the	Yes. While the SACC Program is a service offered by the Hilliard City School District, it is governed by
number of children in	the State Department of Education. There are policies and regulations regarding the amount of space,
each program?	our teacher-child ratio and the number of children that may participate.
4. Is there childcare	The SACC Program follows The Hilliard City School District calendar.
provided when schools	The program is closed whenever schools are not in session, including calamity days (snow days or
are closed?	building emergencies, etc). Tuition will not be pro-rated for calamity days.
5. What if my child	You may leave the program at any time during the school year. However it is advised to notify the Site
care needs change	Coordinator at your child's school prior to a tuition due date to avoid additional tuition charges. This
during the year?	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	The total cost of providing care is divided into 19 equal payments for service of the 177 school days.
payments determined?	Holidays and other scheduled school days off are <u>not</u> included in the calculation of the tuition rate.
7. What happens with my	On the rare occasion that the district alters the beginning or end of the school day, SACC will <u>not</u> be able
childcare when the school	to provide care for your child. Parents are advised to have alternate plans on file with the school office in
district declares a two-	the case of an early dismissal.
hour weather delay, or an	
early dismissal?	
8. How does your	All children are welcome to attend the SACC Program. All children must be able to participate as a
program accommodate	member of a group . If your child requires one on one attention, the SACC Program is not a good option
children with special	for childcare. SACC will make every reasonable effort to service a child with a disability regardless of
needs?	the disability.
9. What is the refund	The registration fee is non-refundable in EVERY circumstance.
policy if childcare needs	
change over the summer?	
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Questions Regarding SACC Program

To complete your registration, mail the completed form along with a check for the registration fee $+ 1^{st}$ two-week tuition payment to:

Hilliard City School District SACC PO Box 877 Hilliard, OH 43026 Make checks payable to Hilliard City School District Please call 614-771-2267 with any questions.

The Hilliard City School District School-Age Child Care Program Registration 2018-2019

Only For Students Enrolled in HCSD

Office Use: Date							
Check	#	Amount	_				
BKLR		Entered					

Start Date:_____

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 than one SACC site, you must pay 2 registration fees) 1)

1)							
Child First & Last Name		Age	Grade 1	.8/19 Date of Birth	Ge	nder student ID#	
Please check the square to ind	licate	e status					
Full Time A&P Plan to attend before and after school		Full Time AM Plan to attend every morr		Full Time PM Plan to attend every afternoon		Full Time PM Plan to attend every afternoon	
12 Flex A&P Plan to attend no more than 12 times in two weeks.		Part Time AM Plan on attending 3 or le mornings per week	ess	Part Time PM Plan on attending 3 or less afternoons per week		Part Time PM Plan on attending 3 or less afternoons per week	
2)							
Child First & Last Name		Age	Grade 1	.8/19 Date of Birth	Ge	nder student ID#	

Child First & Last Name

4)

Please check the square to indicate status

Full Time A	А&Р		Full Time	AM		Full Time PM		Full Time PM		
Plan to attend before and	l after school		Plan to attend even	ry morning		Plan to attend every afternoo	n	Plan to attend every afternoon		
12 Flex Ad	&Р		Part Time	AM		Part Time PM		Part Time PM		
Plan to attend no more t	han 12 times		Plan on attending	~		Plan on attending 3 or less		Plan on attending 3 or less		
in two weeks	8.		mornings per	week		afternoons per week		afternoons per week		
Child lives with	Both Pare	ents	Mother	Father		Guardian 🗌 Shared P	arentir	ng		
Primary Contact	1			S	Sec	ondary Contact				
First Name						First Name				
Last Name						Last Name				
Primary Phone				Primary Phone						
Address				Address						
City/State/Zip				City/State/Zip						
Employer Name				Employer Name						
Work Phone				Work Phone						
Primary Contact Er	nail									
Party responsible f				-			act			
Would you like a m	•	•		•						
						hild other than paren	-			
•	dial parent t	the a	authority to pic		nild,	copies of the court orde				
Name				Phone		R	elations	ship 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	

I hereby authorize SACC staff, trained in first aid, to act on behalf in providing appropriate care. In the event of an illness or injury, which requires emergency treatment SACC staff has my permission to secure emergency transportation for my child. The emergency transportation service will determine the facility to which my child will be transported. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, who concur, are obtained prior to the performance of such surgery. I understand I am responsible for updating my contact information.

		_AUTHORIZED SI	IGNATURE	DATE
			1	
Physician Name		Phone		
	n/a	Number		n/a
Dentist Name		Phone		
	n/a	Number		n/a
Preferred				
Hospital				n/a
	List Any Medical Condi		-	
SACC Students N	Program does not have access		nedical records or mee Students Name:	dication.
Students N				
Allergies				
		n/a		n/a
				,
Diet Considerations				
		n/a		n/a
Medications				
		n/a		n/a
Special consideration	S			
in the care of				
your child/ren		n/a		n/a
Your Child/ren Specia	1			
August of last success				
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

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