

Hilliard City School District

School-Age Child Care Program

Information Sheet and Registration Form 2021-2022

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.

BEACON
JW REASON

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

SACC PROGRAMS LOCATED AT THE FOLLOWING SCHOOLS ARE FULL FOR THE 2021-2022 SCHOOL YEAR AND ARE ACCEPTING STUDENTS ON A WAITING LIST ONLY:

ALTON DARBY
AVERY
BRITTON-NORWICH LEARNING CAMPUS
BROWN
DARBY CREEK
HILLIARD CROSSING
HILLIARD HORIZON
HOFFMAN TRAILS
RIDGEWOOD
SCIOTO DARBY
WASHINGTON

***** *Forms should be mailed to: PO Box 877, Hilliard, OH 43026* *****

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

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

Registration Fee: \$30.00 per child or \$40.00 per family

Tuition Fees are assessed bi-weekly:

* FULL TIME RATES		Second child in the Family	
SACC/ACE AM&PM SESSIONS	\$150 biweekly	SACC/ACE AM&PM SESSIONS	\$136 biweekly
SACC AM SESSION	\$108 biweekly	SACC AM SESSION	\$98 biweekly
ACE AM SESSION	\$54 biweekly	ACE AM SESSION	\$54 biweekly
SACC PM SESSION	\$120 biweekly	SACC PM SESSION	\$108 biweekly
ACE PM SESSION	\$120 biweekly	ACE PM SESSION	\$108 biweekly
* PART TIME RATES		Second child in the Family	
SACC AM SESSION	\$91 biweekly	SACC AM SESSION	\$89 biweekly
ACE AM SESSION	\$54 biweekly	ACE AM SESSION	\$54 biweekly
SACC PM SESSION	\$99 biweekly	PM SESSION	\$96 biweekly
ACE PM SESSION	\$99 biweekly	ACE PM SESSION	\$96 biweekly
SACC/ACE 12 FLEX SESSION AM/PM	\$129 biweekly	SACC/ACE 12 FLEX SESSION AM/PM	\$118 biweekly

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 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.

To complete your registration, mail the completed form along with a check for the registration fee and 1st 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
2021-2022**

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

Only For Students Enrolled in HCSD

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: _____ Start Date: _____

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

1) _____
Child First & Last Name Age Grade 21/22 Date of Birth Gender student ID#

Please check the square to indicate status

Full Time A&P Plan to attend before and after school	<input type="checkbox"/>	Full Time AM Plan to attend every morning	<input type="checkbox"/>	Full Time PM Plan to attend every afternoon	<input type="checkbox"/>
12 Flex A&P Plan to attend no more than 12 times in two weeks.	<input type="checkbox"/>	Part Time AM Plan on attending 3 or less mornings per week	<input type="checkbox"/>	Part Time PM Plan on attending 3 or less afternoons per week	<input type="checkbox"/>

2) _____
Child First & Last Name Age Grade 21/22 Date of Birth Gender student ID#

Please check the square to indicate status

Full Time A&P Plan to attend before and after school	<input type="checkbox"/>	Full Time AM Plan to attend every morning	<input type="checkbox"/>	Full Time PM Plan to attend every afternoon	<input type="checkbox"/>
12 Flex A&P Plan to attend no more than 12 times in two weeks.	<input type="checkbox"/>	Part Time AM Plan on attending 3 or less mornings per week	<input type="checkbox"/>	Part Time PM Plan on attending 3 or less afternoons per week	<input type="checkbox"/>

Child lives with Both Parents Mother Father Guardian Shared Parenting

Primary Contact

Secondary 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 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	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 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

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PO Box 877 Hilliard, OH 43026