Hilliard City School District SACC <mark>Summer Bridge</mark> Information Sheet and Registration Form 2021

<u>Free</u>
2021 SACC Summer Bridge Program is provided at no cost.

A completed registration form will be required in order to complete the enrollment of your child in the SACC SUMMER BRIDGE PROGRAM. Parents will be notified by e-mail to confirm their registration.

<u>Sessions</u>

First Session : June 7th – June 18th, 2021

Second Session : July 19th – July 30th, 2021

<u>Time</u>

AM SACC Summer Bridge: 7:00 - 8:30 AM

PM SACC Summer Bridge: 3:00 PM - 6:00 PM

<u>Locations</u>

Summer Bridge will be held at JW Reason Elementary, Beacon Elementary, Hilliard Crossing Elementary, and Hilliard Horizon Elementary.

- JW Reason will house Washington students
- Beacon will house Ridgewood, Britton and Norwich students
- Crossing will house Scioto Darby, Avery and Hoffman Trails students
- Horizon will house Brown, Darby Creek and Alton Darby students

Forms MUST be e-mailed to: **Bill_IsomBiasella@hboe.org**

<u>SPACES WILL BE LIMITED, AND ARE ACCEPTED ON A FIRST COME, FIRST SERVE BASIS</u>.

WATCH OUR WEBSITE @ www.hilliardschools.org/sacc OR CALL THE SACC OFFICE @ 614-771-2267 FOR FURTHER INFORMATION.

The Hilliard City School District
SACC <mark>Summer Bridge</mark>
Program Registration 2021
<mark>Only for Students Enrolled in HCSD SUMMER BRIDGE PROGRAM</mark>

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

SACC BRIDGE SCHOOL NAME:_____
<mark>(JW Reason, Beacon, Crossing, or Horizon ONLY)</mark>

1)_____   _____   _____   _____   _____   _____
Child First & Last Name   Age   Grade 20/21   Date of Birth   Gender   student ID#

Please check the square to indicate status

Full Time A&P	☐	Full Time AM	☐	Full Time PM	☐
Plan to attend before and after school		Plan to attend every morning		Plan to attend every afternoon	
Session 1	☐	Session 2	☐	Session 1 & 2	☐
June 7th – June 18th		July 19th – July 30th		attending both sessions	

2)_____   _____   _____   _____   _____   _____
Child First & Last Name   Age   Grade 20/21   Date of Birth   Gender   student ID#

Please check the square to indicate status

Full Time A&P	☐	Full Time AM	☐	Full Time PM	☐
Plan to attend before and after school		Plan to attend every morning		Plan to attend every afternoon	
Session 1	☐	Session 2	☐	Session 1 & 2	☐
June 7th – June 18th		July 19th – July 30th		attending both sessions	

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_____

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	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 SIGNATURE _____DATE

Physician Name		**Phone Number**	
Dentist Name		**Phone Number**	
Preferred Hospital			

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

	Students Name:	Students Name:
Allergies		
Diet Considerations		
Medications		
Special considerations in the care of your child/ren		
Your Child/ren Special Area of Interest		

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

Handbook/Late Pick Up Policy
I acknowledge that I have read the parent handbook and late pick up policy on the website hilliardschools.org/sacc.

_____AUTHORIZED SIGNATURE _____DATE