After Class Enrichment Program 2020-2021
Information Sheet and Registration Form

Registration for the After Class Enrichment (ACE) Program for interested families will begin on May 4th, 2020. A completed registration form, registration fee, and first tuition payment will be required in order to complete the enrollment of your child in the ACE program.
Parents will be notified by **e-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.

ACE is **before and after school**.
The times are as follows:
-Hilliard Station- 6:45am-school begins/end of school-6:00 pm
-Hilliard Tharp- 6:45am-school begins/end of school-6:00 pm

***Registration Fees are assessed annually**:
$30 per child per year / $40 for families with more than one child per year (including students enrolled in SACC)

*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:
Before school: 6:45 a.m.- beginning of school day
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**	
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 SESSSION	$108 biweekly
*** PART TIME RATES (1-3 days per week)**		**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 or less days 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.

Questions Regarding ACE Program

1. How flexible is the part time status?	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 10th a refund may be requested if your child care needs change. The requests must be received **by the close of business, August 14, 2020**.
8. Will the ACE program work with my child's 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.

Hilliard City School District
ACE Program Registration 2020-2021

ACE Site where you are registering child or the school your child will attend in the fall:

→ *Please mark the box below the school your child will be attending* ←

☐ Station Sixth Grade OR ☐ Tharp Sixth Grade

CHILD FIRST & LAST NAME	AGE	GRADE 20-21	DATE OF BIRTH	GENDER

Full Time AM/PM	☐	**12 Flex AM/PM**	☐
Full Time AM	☐	**Part Time PM**	☐
Full Time PM	☐		

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	
Email		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)			
2)			
3)			
4)			

MEDICAL RELEASE

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

***Typing your name on this form is your digital signature and gives us authorization to ensure appropriate medical care for your child.**

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

List Any Medical Conditions Requiring Special Attention

SACC Program does not have access to the school's medical records or medication.

	Child's Name	Child's 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. **Typing your name on this form is your digital signature and gives us authorization photograph your child.**

AUTHORIZED SIGNATURE DATE