## Hilliard City School District School-Age Child Care Program

OPEN REGISTRATION FOR INTERESTED FAMILIES NEW TO SACC/6<sup>th</sup> Grade A.C.E. TO BEGIN ON April 29<sup>th</sup>, 2024

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 or 6<sup>th</sup> Grade A.C.E. program. Parents will be notified by e-mail to confirm their registration.

ALTON DARBY HILLIARD HORIZON

BEACON JW REASON BROWN SCIOTO DARBY

DARBY CREEK HILLIARD CROSSING

HILLIARD THARP 6<sup>th</sup> GRADE A.C.E. HILLIARD STATION 6<sup>th</sup> GRADE A.C.E.

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

Beginning APRIL 29th 2024, 2024-2025 registration forms can be obtained by:

-Logging on to the SACC website @ http://www.hilliardschools.org/sacc

SACC PROGRAMS LOCATED AT THE FOLLOWING SCHOOLS WILL BE ACCEPTING STUDENTS FOR THE 2024-2025 SCHOOL YEAR AS SELECTED BY LOTTERY DRAWING:

AVERY
HOFFMAN TRAILS
BRITTON-NORWICH LEARNING CAMPUS SACC
RIDGEWOOD
WASHINGTON

THE LOTTERY ELIGIBILITY PERIOD WILL BE OPEN **APRIL 29th – MAY 3rd 2024**<u>However, **SPACES WILL BE LIMITED.**</u>

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

Upon selection, parents of lottery schools will be notified by phone. A registration fee and the first tuition payment will be required in order to complete the enrollment of your child in the SACC program.

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

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

#### 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 (6th 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 SACC Program** 

Questions Regarding 5	5ACC 1 logiani
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	Kindergarten students may attend both the AM & PM sessions of our program.
SACC provide to	
Kindergarten students?	
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 <b>not</b> 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 <b>group</b> . 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?	

To complete your registration in a non-lottery school, 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.
For lottery schools, only the registration form is needed up front.

# The Hilliard City School District School-Age Child Care Program Registration 2024-2025

Office	Use: Da	te	
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.
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\*Please, complete each blank. Write N/A if items is not applicable

<u>SCHOOL NAI</u>					Start	Date:
	more than	one SACC site, y	ou must pay	y 2 registration fees)		
l ) Child First & Last Nam			 ge Grade 2	4/25 Date of Birth	Gender	student ID#
Please check the squ			50 014402	July 23 Butte of Birth		student ibn
Full Time Ad		Full Time Plan to attend ever	—	Full Time PM Plan to attend every afternoon	on On	
12 Flex A& Plan to attend no more that in two weeks.		Part Time Plan on attending mornings per	3 or less	Part Time PM Plan on attending 3 or less afternoons per week		
2)Child First & Last Nam		A <sub>{</sub>			Gender	student ID#
Full Time A	&P	Full Time	AM	Full Time PM Plan to attend every afterno	on	
12 Flex A& Plan to attend no more the in two weeks	aan 12 times	Part Time Plan on attending mornings per	g 3 or less r week	Part Time PM Plan on attending 3 or less afternoons per week		
Child lives with Primary Contact	Both Paren	ts Mother [	Father Se	Guardian  Shared  Scondary Contact	Parenting	
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 En	nail			<b>Secondary Contact Em</b>	nail	
<b>Party responsible f</b> ow would you like a measure.	onthly recei	pt mailed to pri authorized to	imary contac <mark>pick up you</mark>	child other than pare	<mark>nts or guardi</mark>	
To deny a non-custod				<mark>IIRED</mark> to process your a d, copies of the court ord	• •	
Name			Phone		Relationship t	
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.

<u>AUTHORIZED SIGNATURE</u>	DATE

\*\*The following Information is REQUIRED to process your application:\*\*

Physician Name		Phone	
	n/a	Number	n/a
Dentist Name		Phone	
	n/a	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 DA	ATE
AUTHORIZED SIGNATURE DI	MIL

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Hilliard, OH 43026

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