

## 2016-17 SCHOOL AGE CHILD CARE REGISTRATION

**NO IN-PERSON REGISTRATION OR DROP-OFFS WILL BE ACCEPTED! SPACE IS LIMITED!**

**ALL REGISTRATION PAPERWORK MUST BE RETURNED BY MAIL TO: TOWN OF SMITHTOWN SACC,  
7 NEW YORK AVENUE, SMITHTOWN, NY 11787 ATTN: MAUREEN FIORELLO.**

**Incomplete applications will not be accepted and will be returned to you.**

**CHECKLIST & PROCEDURES:** To ensure prompt handling of your registration paperwork, please be sure to include the name of the school on the lower left hand corner of the envelope. Be sure to return the following:

**ENROLLMENT FORM:** Complete this form in its entirety. It is your responsibility to keep your phone numbers, email address and authorized pick-up list current.

- Be sure to sign your name in the **two** places in the shaded area at the bottom of the form.
- Please be sure to check either **I DO** or **I DO NOT** give permission to have my child appear in any media coverage approved by the SACC Staff.

**CONTRACT:**

- Include the name of the child/children enrolling in the program.
- Refer to the 2016-17 Monthly Fee Schedule for all fees pertaining to this Program. Include the **\$135.00 Per Family Non- Refundable Registration Fee & June 2017 Tuition**, make separate checks payable to SACC and **include the name of the school on the check**. Sign your name in the shaded area at the bottom of the contract. **June's tuition is non-refundable if you choose to withdraw (fully or partially) between August 1<sup>st</sup> 2016 and January 31<sup>st</sup>, 2017.** In addition, credits will not be issued for **any withdrawals or reductions between August 1<sup>st</sup>, 2016 and January 31<sup>st</sup>, 2017.**
- Please return only the copy marked "Please Return This Signed Contract". Keep the copy marked "Retain For Your Records".
- If you participate in a Flexible Spending or Dependent Care Program, be sure to indicate this on the bottom of the contract.

**MEDICAL FORMS:** Can be downloaded from [www.smithtownny.gov](http://www.smithtownny.gov). Click on Town Departments, Click on School Age Child Care, and then click on 2016/2017 SACC Medical Forms.

- To be completed by a medical professional, other than a relative, with the name of the child and the school on the form.

If the medical form is not filled out, **DO NOT WAIT** to return the remaining pages of the registration packet. **You have until August 1<sup>st</sup> to submit the medical otherwise your child will not be able to begin the program.** It is your responsibility to notify the School Age Child Care Staff in writing of any treatment or medication your child received at home, at school, or at any time throughout the school year. Currently, the School Age Child Care Program is only able to dispense an epi-pen and an asthma inhaler, no other medications (including Benadryl). Should your child have a prescription for an epi-pen or an inhaler there are separate forms that need to be filled out and signed by the parent and a medical professional.

**PARENT HANDBOOK:** Please note **new changes in policies & procedures** (i.e. **Refunds and Credits**) Please read the Policies and Procedures outlined in this handbook and refer to it with any questions you might have regarding this program. Keep for your records.

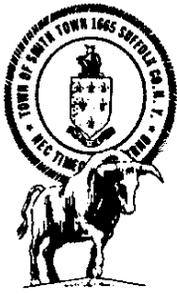
**SCHEDULE CHANGES:** **For any changes in your child's schedule or to withdraw them from the program, WRITTEN NOTIFICATION must be sent to the SACC Office NO LATER THAN THE 15<sup>TH</sup> OF EACH MONTH, TO TAKE EFFECT ON THE 1<sup>ST</sup> DAY OF THE FOLLOWING MONTH. NO OTHER CHANGES WILL BE MADE DURING THE MONTH.** You will also be responsible for the tuition within that time period.

YOU WILL BE NOTIFIED WITHIN 30 DAYS (OF RECEIPT) REGARDING THE STATUS OF YOUR REGISTRATION. **PLEASE DO NOT CALL.**

Over the summer you will receive September's "reminder calendar" via mail. It is the only calendar that is mailed. Thereafter, calendars are distributed at the program site.

**\*\*\* September's tuition, along with any changes to your child's schedule or to withdraw your child from the program, must be received in writing by this office no later than August 1<sup>st</sup>.**

After September 30, 2016, registration paperwork will be accepted in person at the SACC Office.



# TOWN OF SMITHTOWN

## SCHOOL AGE CHILD CARE

MAUREEN FIORELLO, Director

Tel: (631) 360-7517 Fax: (631) 360-7604

Email: [schoolagechildcare@tosgov.com](mailto:schoolagechildcare@tosgov.com)

Website: [www.smithtownny.gov](http://www.smithtownny.gov)

### Supervisor

Patrick R. Vecchio

### Town Council

Thomas J. McCarthy

Edward R. Wehrheim

Lynne C. Nowick

Lisa M. Inzerillo

## Please Return This Signed Contract

### SCHOOL AGE CHILD CARE PROGRAM 2016-17 CONTRACT

Registrant, as parent or guardian of \_\_\_\_\_ (name of child/children),

#### **I understand and agree to the following Policies & Procedures in this Contract:**

- To enroll my child/children in the program that begins on September 6<sup>TH</sup>, I understand that during vacation periods and days that schools are closed, delayed openings and early dismissal and cancellation of after school activities the program will not operate
- To pay a **\$135.00 per family non-refundable registration fee & June 2017 Tuition**, payable to SACC with the name of the school on the check, upon enrolling my child/children into the program. **All accounts must be paid in full by May 1, 2017 in order to register your child/children for the upcoming school year.**
- I am responsible for monthly payments of \$ \_\_\_\_\_, in a separate check, payable on the first of each month whether or not I receive a reminder calendar. **A late fee of \$35.00 will be added to the payment if not received by the 7<sup>th</sup> of the month. Removal from the program and collection may follow if the balance is carried into the second month and there has been no contact with the Director. I also agree that should any of the enclosed information change throughout the school year I will send written notification to the Director at the SACC Office.**
- There will be a **\$45.00 fee** imposed for any returned check. If there is a 2<sup>nd</sup> returned check, SACC reserves the right to require future payment by certified check or money order.
- To withdraw my child/children from the program or for any changes in the registration status, written notification must be sent to the SACC Office no later than the 15<sup>th</sup> of each month, to take effect on the 1<sup>st</sup> day of the following month. No other changes will be made during the month. I will also be responsible for the tuition within that time period. A \$25.00 processing fee will be charged when a family withdraws an re-enrolls into the SACC Program during the same school year. September's tuition is due by August 1<sup>st</sup>, in order for your child to begin the program. June's tuition is non-refundable if you choose to withdraw (fully or partially) between August 1<sup>st</sup> 2016 and January 31<sup>st</sup>, 2017. In addition, credits will not be issued for any withdrawals or reductions between August 1<sup>st</sup>, 2016 and January 31<sup>st</sup>, 2017.**
- If my child/children are having problems adjusting to the program, a conference may be arranged between the staff and myself. **Appropriate behavior is a requirement for continued enrollment, and determination of appropriate behavior shall be within the discretion of Maureen Fiorello, Director of the School Age Child Care Program** (please see Parent Handbook for behavior management policy).
- To ensure your child/children's safety we ask that you notify our staff if your child/children will be absent from the P.M. program by CALLING THE SCHOOL DIRECTLY and asking to leave a message for the SACC Staff. Failure to notify SACC may result in your child/children being removed from the bus line and sent to SACC as scheduled. If your child will be absent from school, no call is necessary. For issues other than absenteeism, communication with the School Age Child Staff can be made through the SACC Office number: 360-7517.
- The School Age Child Care Staff will assume full responsibility for my child/children from the time he/she arrives at the program until dismissal time. The PM SACC program closes promptly at **6:00 p.m.** (please arrive by 5:55 p.m. for pick up). I will adhere to the school's policies on parking in designated areas and entering and exiting the building. **It is my responsibility to arrange for authorized pick-up if I am going to be late otherwise I will be charged \$1.00 per minute late fee for the first 15 minutes, thereafter I will be charged \$2.00 for every minute late - MAXIMUM OF 3 TIMES PER SCHOOL YEAR!!! Should I reach that point, SACC reserves the right to require I make other arrangements to insure punctual pick-up or find another childcare provider. The child/children must be signed in upon A.M. arrival and signed out by an authorized person at P.M. dismissal. I understand I must notify the SACC Office in writing at least 48 hours before any additional authorized person may pick-up my child/children including any before and after school clubs.**
  - If my specified pick-up time is no later than 4:30 p.m., I understand that I must pick up my child/children by that time or I will be charged a \$1.00 per minute late fee for the first 15 minutes, thereafter I will be charged \$2.00 for every minute late - MAXIMUM OF 3 TIMES PER SCHOOL YEAR!!! Should I reach that limit SACC reserves the right to change my pickup time to 6:00 p.m. Fees will be adjusted accordingly and remain at the full-time rate for the remainder of the school year.**
- If a medical emergency arises, the School Age Child Care Staff will first attempt to contact me by telephone. If I cannot be reached, the staff will contact my emergency contacts and my child's doctor. If an emergency is such that immediate hospital attention is necessary, the staff will contact emergency personnel. I understand that I am fully responsible for any expenses for medical care or transportation incurred on my child's behalf. I understand that I am responsible to notify the SACC Office in writing of any new contact information, any treatment or medication my child/children received at home, or at school, at any time.
- If you require a duplicate Flex Spending, Dependent Care Program Statement OR any additional documents, a \$7.00 fee will be charged. Please allow a minimum of 7 days from the time we receive your written request and payment.

Are you enrolled in your Employer's Flexible Spending or Dependent Care Program? (Proof may be required) \_\_\_\_\_

I have read and I agree to abide by the Policies & Procedures in this Contract and the Parent Handbook.

Parent /Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**ENROLLMENT FORM – SCHOOL AGE CHILD CARE PROGRAM 2016-17**

**Please complete ALL information. Type or print neatly using block letters.** Office Use Only –Initial & Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Name of School: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_

Child's Name (First and Last)	Age	Gender	Date of Birth	Grade as of Sept. 2016	Epi-Pen/Inhaler
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
1. A.M. M___ T___ W___ TH___ F___	P.M. M___ T___ W___ TH___ F___	4:30 P/U	_____	_____	_____
2. A.M. M___ T___ W___ TH___ F___	P.M. M___ T___ W___ TH___ F___	4:30 P/U	_____	_____	_____
3. A.M. M___ T___ W___ TH___ F___	P.M. M___ T___ W___ TH___ F___	4:30 P/U	_____	_____	_____

Home Phone: \_\_\_\_\_ Child Lives With: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mom's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mom's Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
Dad's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Dad's Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

**SIGN OUT PROCEDURE:** Child must be signed out by an authorized person (18 yrs. or older) for both AM & PM program. Any changes in this list must be in **writing** & submitted to the School Age Child Care Office; **48-hour notice required**; **At least TWO people other than parents are required & must be local. Include any before & after school club leaders.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:** List **two local people** to be notified in case of emergency or illness when parents and/or guardian are not available. List telephone numbers where these people may be reached during program hours.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_  
**Dentist's Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**I have provided information on my child's special needs (Allergies, Diet, Disabilities and/or Medical Information) to SACC, as may be necessary to assist SACC in properly caring for my child in case of emergency.**

**Emergency Medical Release: If emergency medical or dental care is deemed necessary and I cannot be reached, I authorize the SACC staff to act on my behalf in granting permission for my child to receive emergency treatment.**

**Parent/Guardian Signature:** \_\_\_\_\_

**PHOTOGRAPHIC PERMISSION:** (check one) I DO \_\_\_ I DO NOT \_\_\_ give permission to have my child appear in any media coverage approved by the SACC staff.

**Parent / Guardian Signature:** \_\_\_\_\_