

SCHOOL AGE CHILD CARE SUMMER DAY CAMP REGISTRATION GUIDELINES

1. Summer Camp registration paperwork must be completed prior to your child's attendance at summer camp.
2. Complete and turn in to School Age Child Care Program Staff the following forms along with your registration and activity fees at least two weeks prior to your child's attendance in the program.
 - A. Summer Camp Registration Form
 - B. Summer Camp Rate Plan Agreement Form
 - C. **One** Emergency Medical Authorization (EMA) Form for **each child (Contact SACC office for additional forms)**
 - D. Medication Administration Release Form only if we need to administer medication to your child. If your child is permitted to carry an inhaler with them, it must be stated on the Medication Administration Release Form from the prescribing Physician. **(Contact SACC office for form)**
3. Use BLACK or BLUE ink to complete. **Please complete each line of every form. Do not leave any blanks. You may draw a dash (-) or put n/a if something is not applicable.**
4. Completed registration forms and the fee's and deposit will be accepted by:
*(Please **do not** turn the completed forms in to your child's teacher or school office.)*
 - A. The School Age Child Care Administrative Office at 700 S. Limestone Street, Suite A, Springfield, OH 45505. We are open Monday - Friday 8:00 am until 4:00 pm.
 - B. The before or after school program staff during program hours of operation. The staff will be located in the cafeteria at the following buildings from school dismissal to 6:00 pm on school days: Fulton, Kenton, Lagonda, Mann, Perrin Woods, and Snowhill.
 - C. During summer break, the summer camp staff will be located in the cafeteria at Lagonda Elementary. 6:30 am - 6:00 pm; Monday through Friday. Use the entrance to the left of the cafeteria windows.
5. Please make checks or money orders payable to **Springfield City School District**. The preferred method of payment is check, money order or cash. We do not accept debit or credit cards.
6. For families receiving financial assistance through the Department of Job and Family Services, an authorization form from DJFS must be received by the SACC Office prior to your child's attendance in the program. Your child may not start until we receive authorization. **Make sure you are approved at Lagonda for full time hours.**
7. **All fees for the school year program must be paid in full before your child may attend the summer program.**
8. If at any time you have questions please feel free to call the School Age Child Care Administrative Office at 505-2818.

Thank you for using the Springfield City School District School Age Child Care Program.

SPRINGFIELD CITY SCHOOLS SCHOOL AGE CHILD CARE SUMMER CAMP REGISTRATION FORM

Child's Name: _____	DOB: _____	Grade Completed: _____	Shirt Size: _____
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My child drop off my child at approximately: _____ **I will pick up my child at approximately:** _____

My child will attend on the following days: Monday Tuesday Wednesday Thursday Friday

I require child care on the following weeks (Circle each week that applies):

Wk #1 Wk #2 Wk #3 Wk #4 Wk #5 Wk #6 Wk #7 Wk #8

PERSONS AUTHORIZED TO CALL FOR YOUR CHILD: Students must be picked up and signed out by an authorized individual 18 years of age or older (Photo ID required). List the names and phone numbers of all individuals who have permission to pick up your child (**3 minimum**).

We cannot release your child to anyone not included on the list below.

- | | | |
|----------|---------------------|--------------|
| 1. _____ | Relationship: _____ | Phone: _____ |
| 2. _____ | Relationship: _____ | Phone: _____ |
| 3. _____ | Relationship: _____ | Phone: _____ |
| 4. _____ | Relationship: _____ | Phone: _____ |
| 5. _____ | Relationship: _____ | Phone: _____ |

EMERGENCY INFORMATION

Name of primary parent(s) or guardian(s) with whom child resides: _____

Relationship to students: _____

Home Address: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone: _____

Name of secondary parent/guardian/contact person: _____

Relationship to students: _____

Home Address: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone: _____

Please provide us with a password in case you would want to make changes to the above information either by phone or e-mail:

My child has permission to participate in all activities and field trips including water activities. I understand that there will be adequate supervision and transportation will be provided by the Springfield City Schools' Transportation Department. I understand I am to pay a \$10.00 activity fee per child at the time of registration. Weekly camp fees will be due at the beginning of each care week. I also understand that I will not be able to leave my child at camp if fees are not paid in full as indicated on the Summer Rate Plan Agreement Form. I/we agree that no claim or demand will be made against Springfield City Schools, their agents and employees, in the event of an accidental occurrence. I understand further that providing **false information** may result in removal from the SACC Program.

Parent/Guardian Signature and Date: _____

Summer Day Camp Fees & Rates:

REGISTRATION FEE: \$25.00 for one child or \$40.00 for a family is required at the time of Summer Camp registration. This registration fee is non-refundable and non-transferable.

ACTIVITY FEE: One time activity fee of \$10.00 per child is required at the time of registration. This activity fee is non-refundable and non-transferable and is required at the time of Summer Camp registration.

DEPOSIT FEE: A non-refundable, non-transferable deposit of \$10.00 per child, per week is required at the time of registration. The weekly balance must be paid in advance and no later than on the first day you drop your child off at the program each week. The deposit is part of the total fee for the week and not an additional charge.

RATE PLANS: (*Select one*)

_____ **WEEKLY RATE PLAN:**

\$125.00 per week, per child. A 10% discount will be applied for additional siblings enrolled and actively attending. Fees must be paid in full at the beginning of each week

_____ **DAILY RATE PLAN:**

\$31.00 per child, per day. If you choose the daily rate plan you will need to indicate the day(s) your child will attend at the time of registration. You will be charged for those days, even if your child does not attend. *No sibling discount applies for the daily rate.*

_____ **TITLE XX APPROVED:**

If you qualify for assistance from the Department of Job and Family Services **the SACC office must have a copy of your current authorization form before your child may attend. Any assigned co-pay must be paid in full each week. All attendance must be completed and accurate in the TAP system within 2 weeks of the attendance date. Failure to comply with any of the above will result in removal from the program.**

If you choose to use our Summer Day Camp, be sure to notify your caseworker that you need authorization for Lagonda. And make sure it is for the correct number of hours.

If for any reason DJFS does not pay us for your child's attendance in the program, you will be responsible for the fees.

Rates are not pro-rated for any reason including holidays, illness, family vacations or non-use. **Reminder, registration and activity fees are non-refundable and non-transferrable.**

STUDENT(S) NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____