



Every Student Every Opportunity Every Day

Welcome and thank you for selecting the Springfield City School's School Age Child Care Program for the 2018-2019 school year!

This packet contains all the registration materials you will need to register your child for this program. **Please read all materials carefully.** Completed registration materials must be in the SACC Office two working days before your child may begin the program. If your child will attend a site that requires transportation we need the completed registration forms three working days prior to your child's start date. This insures that all registration materials are in place in the SACC office, the site your child will attend and the transportation office if applicable.

The forms that must be completed and returned with parent's original signature include:

1. Registration Form (More than 1 child may be listed on this form)
2. Emergency Medical Form (only 1 form per child)
3. Medication Administration Form (only if we will be giving your child medication)
4. Rate Plan Agreement Form (1 per family)
5. Title XX Guidelines Form (if receiving financial assistance through the Department of Job and Family Services)
6. Parent Handbook Acknowledgement Form (1 per family)

In addition to the registration material, a Parent Handbook is enclosed. This handbook includes important information on program hours of operation, fees, payment due dates, the program calendar, the type activities your child might participate in, discipline and exclusion policy, parent responsibilities, etc. **Please be sure to complete the 'Parent Handbook Acknowledgment' with your registration materials.**

Each SACC site phone number is listed in your Parent Handbook. The phones are equipped with voice mail, so you will be able to leave a message when the program is closed.

Our office is located at The Dome, 700 S. Limestone Street, Suite A, Springfield OH 45505. Please use the CareerConnectED entrance.

Should you have any questions or concerns, please contact the Team Leader at your student's program site, the SACC office or me directly. The SACC office can be reached at 505-2818, and during the school year our office is open 8:00 am – 4:00 p.m.

Sincerely,

Handwritten signature of Karri Kiss in black ink.

Karri Kiss  
SACC Program Director  
Springfield City School District

Handwritten signature of Raya Anderson in black ink.

Raya Anderson  
SACC Administrative Assistant  
Springfield City School District

School Age Child Care

700 S. Limestone Street – Suite A / Springfield, Ohio 45505 / 937.505.2818 / fax 937.505.2994 / [www.scsdoh.org](http://www.scsdoh.org)





Every Student | Every Opportunity | Every Day

# SCHOOL AGE CHILD CARE PROGRAM (SACC)

## REGISTRATION FORMS

2018 - 2019



# SCHOOL AGE CHILD CARE PROGRAM (SACC) REGISTRATION GUIDELINES 2018-2019

*(Please read all materials carefully)*

1. Registration paperwork must be completed at the beginning of every school year and at the beginning of summer camp (if applicable). No child may stay in our care if we do not have current forms and the paid registration fee in our possession. Keep in mind the registration fee is valid from the first day school opens to the last day of summer camp each year. For the 2018-2019 school year, the registration fee is \$25.00 for one child and \$40.00 for two or more children.
2. Complete registration paperwork and turn in completed forms to the SACC Program Staff at least two working days prior to your child's attendance in the program. If your child requires transportation to or from the child care site we will need three working days to process the registration forms.
  - A. Registration Form
  - B. Rate Plan Agreement Form
  - C. One Emergency Medical Authorization (EMA) Form for each child
  - D. Medication Administration Release Form (*only if we need to administer medication to your child*)
  - E. Title XX Guidelines Form (*if you receive child care assistance through DJFS*)
  - F. Parent Handbook Acknowledgement Form
3. **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. All registration forms must be completed in Black Ink.**
4. Completed registration forms and the registration fee will only be accepted by:  
*(Please do not return the completed SACC registration forms to your child's teacher or school office.)*
  - A. The School Age Child Care Program Office  
700 S Limestone Street, Suite A  
Springfield, Ohio 45505  
937-505-2818
  - B. The SACC Team Leader at your student's program site during our hours of operation.
5. Please make checks or Money Orders payable to the **Springfield City School District**. The preferred method of payment is check or money order. Cash is accepted, however, we cannot make change.

6. If you are enrolling a child with special needs, please set up a meeting with the SACC office to discuss your child's needs prior to their attendance in the program. We would like to be prepared to best serve your child so that we can ensure a positive experience for them.
7. For families receiving child care assistance through the Department of Job and Family Services Title XX program, a current authorization form from DJFS must be received by the SACC Office prior to your child's attendance in the program. You must also sign the Title XX Guidelines Form found in this packet. If you send your child to our program and we do not have a current authorization on file, you will be charged the drop in rate. The DJFS staff have told us they do not approve child care retro-actively to an earlier date. Please read the enclosed information carefully and follow all guidelines so that you do not risk losing your financial assistance.
8. All information must be kept accurate and up to date. It is imperative that you notify us immediately of changes in phone numbers, address, employment etc. Providing false information or failure to update information may jeopardize your child's safety and could lead to exclusion from the SACC Program.
9. If at any time you have questions, please feel free to call the School Age Child Care office at 505-2818 or ask the SACC staff where your child attends.

**Thank you again for selecting the Springfield City School District's School Age Child Care Program. We look forward to a fantastic year!**

**SPRINGFIELD CITY DISTRICT BEFORE & AFTER SCHOOL PROGRAM REGISTRATION FORM 2018-2019**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

PROGRAM SITE: \_\_\_\_\_

PROGRAM START DATE: \_\_\_\_\_

**My child will attend:** (circle choices):

REGULARLY \_\_\_\_\_ M T W Th F MORNING AFTERNOON

OCCASIONALLY \_\_\_\_\_ M T W Th F MORNING AFTERNOON

My child will arrive at (approximately) \_\_\_\_\_ am/pm I will pick up my child at \_\_\_\_\_ pm

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENTS OR GUARDIANS:** Students must be picked up and signed out by an adult (18 years of age or older). 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

Primary Parent/Guardian Contact Person: \_\_\_\_\_ Relationship to students: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer or School: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Secondary Parent/Guardian Contact Person: \_\_\_\_\_ Relationship to students: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer or School: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

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

\_\_\_\_\_

I have read all of the information pertaining to the School Age Child Care Program, including the fee schedule and payment procedures. I understand that my account is to have a zero balance at the end of every 2 weeks. If fees are not paid in full at the time they are due my child may not return to the program until such time that all fees are paid in full and up-to-date, including all late and/or additional fees. I also give consent for my child to participate in all scheduled activities. I/we agree that no claim or demand will be made against the Springfield City School District, their agents and employees, in the event of an accidental occurrence. I understand further that providing false information may result in removal from the program.

Parent/Guardian Signature and Date: \_\_\_\_\_





## Emergency Medical Authorization

**Purpose:** To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

### Student Information

Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Contact Information

Primary Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Legal Guardian:  Yes  No  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list two (2) additional people who may be contacted in the event of a medical emergency.  
**Please DO NOT re-list the parent/guardian.**

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Legal Guardian:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to pick student up?  Yes  No

Other Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to pick student up?  Yes  No

**PLEASE INDICATE IF YOUR CHILD HAS ANY OF THE FOLLOWING:**

Allergies to medicine?  Yes  No

If yes, please list: \_\_\_\_\_

Allergies to food?  Yes  No

If yes, please list: \_\_\_\_\_

Environmental Allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child require medication on a regular basis?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child require medication during school hours?  Yes  No

If yes, please list (including Inhalers): \_\_\_\_\_

*Please Note: If yes, medications are administered in compliance with the Board of Education policy JHCD. Form D-35/D-35A Release for Administration of Medication, must be completed.*

Are there any medical concerns/conditions you feel may impact your child's performance at school?  Yes  No

If yes, please list: \_\_\_\_\_

**CONSENT: PART 1 or PART 2 MUST BE COMPLETED:**

**PART 1: I GRANT CONSENT FOR TREATMENT:**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: REFUSAL TO GRANT CONSENT**

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authority to take the following actions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Give Prescribed and/or Over the Counter Medication

**2018-2019**

Dear Parent/Guardian:

This form is regarding **prescribed and over the counter medications** given during the school day. **All medication should be given at home when possible.** However, if given at school, the medication will most likely be administered by trained, unlicensed SCSD personnel. In order for school personnel to administer any type of medication to your child, **we must have a signed authorization form on file**, which can be obtained from the school nurse or secretary.

**Also, for over the counter medication to be given, a Health Care Provider's signature is required.**

As a reminder, the first dose of any new medication should not be given at school. Also, before sending any medication(s) to school, please read and follow the directions below:

- **All information below must be completed before returning it to school.**
- **A separate Authorization to Give Prescribed and/or Over the Counter Medication Form must be completed for each medication to be given at school.**
- **The medication must be sent to school in the original labeled container.**
- Medications should be brought to school by parent/guardian and will be counted with a trained SCSD staff member. If you cannot personally bring the medication to school, it must be sent in a sealed envelope with the student's name written on the outside. A follow-up call should be made to the school office staff to inform them your child is bringing their medication and to confirm the number of pills. School staff should have another SCSD staff member witness the phone call and the number of pills will be noted on the Medication Administration Records (MAR) and medication receipt slip. If the envelope is open, NO medication should be given and the parent must come to the school and confirm medication and number of pills. **If medication is sent to school in an envelope, the parent accepts all responsibility while medication is in transit from home to school.**
- **At the end of the school year, you will be requested to pick up any unused medication. If medication is not picked up as requested, medication will be appropriately disposed of by school staff and/or district nurses and a witness.**
- **Medication may be given 30 minutes before to 30 minutes after the time medication is ordered.**
- **If a medication is stopped prior to the "date to stop medication" indicated on the form, you must send a physician's order to the school informing them.**
- **The form expires at the end of the school year; however, when there are changes to the medication, times, or dosages you will be required to complete a new Authorization to Give Prescribed and/or Over the Counter Medication Form.**

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**SCHOOL AGE CHILD CARE PROGRAM (SACC)  
2018-2019 SCHOOL YEAR RATE PLAN AGREEMENT FORM**

Name of children who are enrolled in the SACC program: \_\_\_\_\_

**Please check the rate plan option that you wish to participate in:**

\_\_\_\_\_ **WEEKLY RATE PLAN: Fees must be paid in advance of the care week.**  
There will be no additional charge on delay days or early dismissal days. There will be a 10% multiple child discount for families with 2 or more children. Tuition is not pro-rated for any reason including holidays, illness or family vacations. If the SACC office receives notice of vacation or extended medical leave in writing 7 calendar days in advance the family will not be charged for the reported absence. (If the SACC program is open 3 or fewer days the drop in rate will automatically be charged)

_____ Option 1:	Before School only:	\$30.00 per week	6:00-8:00 am
_____ Option 2:	After School only:	\$45.00 per week	3:00 – 6:00 pm
_____ Option 3:	Before & After School:	\$70.00 per week	6:00-8:00 am & 3:00-6:00 pm

\_\_\_\_\_ **DROP-IN RATE PLAN: Fees are to be paid in full no later than Friday of the current care week.**  
If fees are not paid in full at the end of each care week you child or children may not attend until such time that fees are paid in full. Fees may be paid in advance and we will carry a credit balance forward. There will be a 10% multiple child discount for families with multiple children enrolled and actively attending. The discount will only be credited if more than one child is in attendance. For example: Child 1 attends Monday, Wednesday and Friday; Child 2 attends only on Wednesday. The one child rate will be charged on Monday and Friday and the discounted multiple child rate will be charged for Wednesday. When choosing the drop-in rate plan the before and after school program fees are separate. For example: If a child attends 1 hour before school and 1.5 hours after school the fees would be \$5.00 for before school care paid to the morning program and \$7.50 for after school care paid to the afternoon program.

\$5.00 per child for 0 – 60 minutes  
\$7.50 for child for 61 minutes to 2 hours  
\$10.00 per child for 2 hours, 1 minute to 3 hours

\***Minimum Fee Charge:** \$5.00 per child from the second your child walks in to the designated child care area.  
\*\***Late Fee Charge:** 1-15 minutes \$15.00 per child/family; Over 15 minutes \$1.00 per minute per child/family.  
For example: Child is picked up at 6:17 pm, a late fee charge of \$17.00 would be due immediately at pick-up.

\_\_\_\_\_ **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. The new system requires that families pay their co-pay on a weekly basis. If the co-pay is not paid, the child may not attend the program. **It is your responsibility as the Parent/Guardian to see that all swipes are completed within 7 days of attendance.** If DJFS does not pay for your child's care you will be charged the drop in rate.

**I agree to the payment terms associated with the rate plan I have chosen. I understand that failure to pay as indicated will result in loss of care until all fees are paid in full.**

Parent Signature and Date: \_\_\_\_\_



## **Guidelines for Families Receiving Financial Assistance Through The Department of Job and Family Services (DJFS) Title XX Funds**

As with all Government Agencies there are many regulations that must be followed in order to receive assistance. Keep in mind that all regulations must be followed as directed by the Department of Job and Family Services including any new regulations that may be added throughout the year. Failure to follow the regulations will result in loss of child care with the Springfield City School District's School Age Child Care (SACC) Program and may result in loss of child care benefits through the Department of Job and Family Services.

1. The SACC program requires an annual registration fee. This fee is not covered by DJFS and must be paid at the time of registration and prior to your child's attendance in the program.
2. A Child Care Authorization Form from DJFS must be received by our office prior to your child's first day of attendance in the SACC Program. If your child switches sites be sure to notify DJFS. Be advised that this new authorization may take a few weeks. All changes must be made in writing to DJFS. A new Authorization Form from DJFS will be required prior to your child's attendance at the new location.
3. **The SACC program asks that all child care copayments are paid in full weekly.** If fees are not paid in full every two weeks your child may no longer attend the SACC Program. Collection of the copayment is an eligibility requirement and DJFS requires that all delinquent fees are reported to them when a caretaker is more than two weeks delinquent.
4. DJFS requires that all changes to your account with them be made in writing. They have developed a form entitled "Reported Change(s) for Child Care Case" that is available through their office.
5. DJFS will only authorize child care for one provider at any given time. Each of our buildings are considered separate providers. This regulation can be tricky if you use morning care at one building, afternoon care at another building and also wish to be authorized for care on an out of school day at Lagonda. Work closely with your casework to ensure proper authorization to meet your child care needs.
6. **Type of Authorization:** It is important that your children are properly authorized for care. For incoming Kindergarten students, your child should now be authorized as a school ager instead of a preschooler. It is also important that your child is authorized for the appropriate number of hours. Failure to have the proper authorization will result in additional fee charges. You are responsible for any fees not covered by DJFS.
7. One of the most important tasks for the caretaker is to properly swipe the child in and out of the program daily. Only 2 swipes per day is now required. Your child should be swiped in when they arrive at our program and swiped out when they are picked up. DJFS will automatically deduct any time the child is in school.

**Guidelines for Families Receiving Financial Assistance Through  
The Department of Job and Family Services (DJFS) Title XX Funds  
(Continued)**

8. If your child attends a before school site be sure to make an effort to back-swipe your child out of the program the next calendar day we are open. This is especially true if your child does not attend the morning program daily.
9. You should receive your swipe card within 7-14 days of your initial authorization. This gives you 7-10 days to back-swipe your child's attendance. If you do not receive your card when expected, notify DJFS.
10. Also notify DJFS as soon as you realize your swipe card is missing. There is not a lot of time to do your back-swipes, so you want to report your missing card as soon as possible in order to avoid additional charges.
11. Fees: DJFS has put the responsibility on you as the caretaker to follow all regulations including daily swipes. Excuses for not swiping properly or for not paying your fees on time will not be accepted. It is not the responsibility of the SACC staff to remind you when you or your designated pick up person failed to swipe. As the caregiver, you will be charged for the time your child was in the program at our current drop-in rate for any attendance not covered by DJFS. As we receive notification from DJFS that they are not paying for care during any given week, you will receive an invoice, and your child will not be permitted to attend the SACC program until these fees are paid in full.

Caregivers are asked to read through these guidelines and acknowledge by signing below for the receipt of these guidelines. The signed copy will be kept on file in the SACC Office. A signed copy for the parent will be available upon request. These guidelines are also located in the Parent Handbook.

This signed form is to be turned in as part of your completed registration packet.

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Child(ren) Name(s)

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Caregiver Signature

Date



Springfield City Schools  
1500 West Jefferson St..  
Springfield, Ohio 45505

PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

We (I) the undersigned who are the parent(s), foster parent(s), guardian(s), [cross out those not applicable] of the above-named student request that medication be administered to our child in accordance with the instructions of our physician

Dr. \_\_\_\_\_ (see instructions on other side of this form.)

We (I) understand that such medication will be brought to school in the original container from the pharmacist or prescribing physician.

We (I) further understand that the administration of said medication is to be done under the supervision of a member of the school staff. We (I) understand that the school personnel are not legally obligated to administer medication to any child and, therefore, we (I) agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

We (I) agree to notify the school immediately, if any of the information provided by the physician changes, or if we change physicians or medication or terminate the use of this medication for any reason.

The above-named principal or principal's designee is hereby authorized to discuss with the above-named physician conditions for administering the medication and any and all changes.

Signature of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

(OTHER SIDE, TOP SECTION -- TO BE COMPLETED BY FAMILY PHYSICIAN.)

TO BE COMPLETED BY PHYSICIAN:

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

Since medication for the student listed below cannot be scheduled for other than school hours and the administration of such medication may be supervised by medically untrained personnel, it is requested that the medication as indicated below be administered by school personnel.

1. Name of Student \_\_\_\_\_

2. Address of Student \_\_\_\_\_

3. Medication to be administered (name, quantity, time of day, and special instructions including sterile conditions and storage.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Severe adverse reactions that, if they occur, should be reported to:

\_\_\_\_\_ physician, at \_\_\_\_\_ Telephone # \_\_\_\_\_

5. Dates to begin and cease medication \_\_\_\_\_ to \_\_\_\_\_  
(date to begin) (date to cease)

6. Date of this request \_\_\_\_\_

7. Physician's signature \_\_\_\_\_

8. Physician's address \_\_\_\_\_

9. Physician's telephone number \_\_\_\_\_

TO BE COMPLETED BY SCHOOL PERSONNEL:

Persons authorized to administer medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's (or designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_