

# Hayfield SACC Summer Registration

Office Use Only
Account Updated <input type="checkbox"/>
Email Updated <input type="checkbox"/>
Registration Fee Pd <input type="checkbox"/>

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

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

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

Days of the week, your child will be attending SACC: (please circle)

M T W T F Drop-in

Anticipated AM drop off time: \_\_\_\_\_

Anticipated PM pick up time: \_\_\_\_\_

NOTES: \_\_\_\_\_



1. I understand that I am responsible for childcare as identified in the Parent Handbook. Money must remain in the child's account at all times to receive childcare. You will receive a statement of your account every Monday as to what you are being billed for. This statement will notify families of their remaining balance in the account and will serve as an official notice that childcare will need to be regretfully discontinued if the bill is not paid in full by the following Monday.
2. I will make payments by check or money order, payable to Hayfield Elementary with SAC in the memo portion of the check. A \$20.00 charge will be assessed and billed at the end of the two-week cycle for returned checks (NSF).
3. I understand the SACC site will close at 6:15 p.m., and that a late fee of \$1.00 for each minute beginning at 6:16 p.m. will be assessed and billed per child.
4. I understand that a non-refundable registration fee of \$40 per child, with a maximum of \$80 per family will be made at the time of summer registration. Each year the registration fee will be renewed.
5. I understand Hayfield SACC has the right to cancel programs based on number of registrations. We need to have 10 kids per day to stay open.

Person Responsible for Payments \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL AGE CARE EMERGENCY FORM – SUMMER 2024

Child's Name \_\_\_\_\_ Grade 24/25 \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 24/25 \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 24/25 \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_

Child lives with: Mother/Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Authorized people to pick-up child and to be called in Emergency other than Mother & Father:

**MUST HAVE A MINIMUM NAMES & PHONE NUMBERS:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

1. Child's special needs, chronic or recurrent illnesses, disorders or allergies, medications:

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

2. What should we do if your child has an emergency during SACC hours? \_\_\_\_\_

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

3. Please share any additional comments: \_\_\_\_\_

\_\_\_\_\_

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

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

I hereby give my permission to the staff of SACC to secure medical help, including the services of the Ambulance and/or Emergency Room in the event of an emergency. I agree to pay all costs and fees contingent on any medical care and/or treatment for my child/children as secured or authorized under this consent.

I give my consent to the exchange of information between Hayfield School personnel and SACC personnel whenever it would be beneficial to my child/children.

I give my consent to the photographing of my child/children by the news media and SACC staff.

I give my consent when prior notice is given for my child/children to take part in field trips, swimming, and excursion with supervision.

<b>Signature</b>	_____	<b>Relationship to Child</b>	_____
<b>Insurance Company</b>	_____	<b>Policy Holder ID #</b>	_____