

2020-2021 SCHOOL AGE CHILD CARE REGISTRATION

NO IN-PERSON REGISTRATION OR DROP-OFFS WILL BE ACCEPTED! FIRST COME, FIRST SERVED

**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. Be sure to check the appropriate box for drop-off/pick-up time. 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 2020-21 Monthly Fee Schedule for all fees pertaining to this Program. Include the **\$140.00 Per Family Non- Refundable Registration Fee** 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. **September's tuition is due no later than August 1st and will be refundable should you withdraw before then.**
- 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. Click on Town Departments, Click on School Age Child Care, and then click on 2020/2021 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. **Unfortunately, School District forms cannot be accepted.** If the medical form is not filled out, **DO NOT WAIT** to return the remaining pages of the registration packet. **You have until August 1st 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. Your child will not be able to attend the program if the medication is expired, if the medication is NOT in the original container with the child's name on the prescription label, or if the information (medication name/dosage if applicable) does NOT MATCH one another. **EXAMPLE: THE INFORMATION ON THE MEDICATION AND PAPERWORK MUST READ EXACTLY THE SAME! THERE WILL BE NO EXCEPTIONS.**

PARENT HANDBOOK: 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 from the program, **WRITTEN NOTIFICATION must be sent to the SACC Office NO LATER THAN THE 15TH OF EACH MONTH, TO TAKE EFFECT ON THE 1ST 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.**

Reminder 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 1st.**

ENROLLMENT FORM – SCHOOL AGE CHILD CARE PROGRAM 2020-2021

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

Today's Date: _____ Name of School: *Fort Salonga Inhouse* First Day of Attendance _____

Child's Name (First and Last)	Age	Gender	Date of Birth	Grade as of Sept. 2020	Epi-Pen/Inhaler
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
7am__ 7:30am__ M__ T__ W__ TH__ F__	4:30pm__	6pm__	6:30pm__	M__ T__ W__ TH__ F__	
7am__ 7:30am__ M__ T__ W__ TH__ F__	4:30pm__	6pm__	6:30pm__	M__ T__ W__ TH__ F__	
7am__ 7:30am__ M__ T__ W__ TH__ F__	4:30pm__	6pm__	6:30pm__	M__ T__ W__ TH__ F__	

Home Phone: _____ Child Lives With: _____
 Address: _____ Town: _____ Zip Code: _____
 Parent #1 Name: _____ Cell Phone: _____
 Name of Employer: _____ Work Phone: _____ Hours: _____
 Primary Email Address: _____
 Parent # 2 Name: _____ Cell Phone: _____
 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:** _____

TOWN OF SMITHTOWN

SUPERVISOR

EDWARD R. WEHRHEIM

Town Council

Thomas J. McCarthy

Lynne C. Nowick

Lisa M. Inzerillo

Thomas W. Lohmann



School Age Child Care

Maureen Fiorello, Director

7 New York Avenue

Smithtown, NY 11787

(631) 360-7517

Schoolagechildcare@smithtownny.gov

www.smithtownny.gov

2020/2021 SCHOOL AGE CHILD CARE- RETURN THIS SIGNED CONTRACT

Registrant, as parent or guardian of _____ (name of child/children),
I understand and agree to the following Policies & Procedures in this Contract and the Parent Handbook:

1. To enroll my child/children in the program that begins on September 9, 2020 for Smithtown Schools and September 8, 2020 for Kings Park Schools. 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.
 2. To pay a **\$140.00 per family non-refundable registration fee and September's tuition (September's tuition is due no later than August 1st),** 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 in order to register your child/children for the upcoming school year.**
 3. I am responsible for monthly payments of \$_____. A late fee of \$35.00 will be added to the payment if not received by the 7th of the month. 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.
 4. There will be a **\$45.00 fee** imposed for any returned check. After a 2nd returned check, future payments must be made by certified check or money order.
 5. **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 15th of each month, to take effect on the 1st day of the following month. I will also be responsible for the tuition within that time period. September's tuition is refundable should you withdraw no later than August 1st 2020.**
 6. 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).
 7. 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: (631) 360-7517.
 8. 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, however, we now offer a 6:30 p.m. pick-up (if needed for an additional fee). Please arrive by 5:55 p.m. for a 6:00 pick-up and 6:25 p.m. for a 6:30 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. The child/children must be signed in upon A.M. arrival and signed out by an authorized person at P.M. dismissal.**
- 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. (See Parent Handbook).**
9. 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.

Are you enrolled in your Employer's Flexible Spending/Dependent Care Program? Yes _____ No _____ If so, proof may be required.

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

Parent/Guardian: _____

Date: _____

*Please return with your School Age Child Care registration forms only if you are requesting A.M. Childcare which is held at RJO.

KINGS PARK CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT
Transportation Supervisor

REQUEST FOR CHILD CARE TRANSPORTATION
APPLICATION SHOULD BE COMPLETED PRIOR TO JULY 1ST

To: The Kings Park Board of Education

I hereby request child care transportation for:

Name: _____

Address: _____

Phone #: _____ Emergency #: _____

During the 20____/20____ school year. Grade: _____

School Attending: P.V F.S

Current A.M. Rte: _____ Stop: _____
P.M. Rte. _____ Stop: _____

CHILD CARE INFORMATION

Address of child care: RJO Intermediate School
99 Old Dock Rd.
Kings Park, NY 11754

Name of responsible adult: Maureen Fiorello Phone #: (631) 360-7517

Parent Signature: _____ Date: ____/____/____

EFFECTIVE START DATE: _____

Time of care: _____ a.m.

New A.M. Rt: _____ Stop: _____
P.M. Rt: _____ Stop: _____

Authorized by: _____