

**DEMAREST PTO
SCHOOL-AGE CHILDCARE (SACC) PROGRAM
2011- 2012 School Year**

Dear Parents,

The SACC program is available to grades K – 8 and will begin the first full day of school and end on the last full day of school.

Enclosed are your registration and medical authorization forms, parent guide and contract. Please complete a separate package for each child you will have attending the program.

Return the original and TWO copies of all forms and contracts along with your non-refundable registration fee and tuition payments for September and June made payable to:

Demarest PTO SACC and mail to:

**Demarest PTO SACC
C/O Falco
16 Highland Avenue
Demarest, NJ 07627**

Completed registration forms must be mailed 1 week prior to the 1st day of school or 1 week prior to expected start date if entering after September.

If accepted, the contract will be countersigned by the Demarest PTO, and a copy will be returned to you.

Please make all checks payable to: DEMAREST PTO SACC

Thank you for your interest and support.

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REGISTRATION FORM

Child's Information:

Last Name: _____ First: _____ Nickname: _____

Home Address: _____

Home Telephone #: _____ Birthdate: _____ Age: _____

Child's School: _____ Grade in September: _____

Mother's Information: Name: _____ Home Tel #: _____

Business Address: _____

Work Telephone #: _____ Cell phone #: _____

Email Address: _____

Father's Information: Name: _____ Home Tel #: _____

Business Address: _____

Work Telephone #: _____ Cell phone #: _____

Email Address: _____

Siblings: Name: _____ Age: _____ School/Grade in September: _____

Name: _____ Age: _____ School/Grade in September: _____

In case of emergency, if parents cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child may be picked up by (other than parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CHILD MAY NOT BE PICKED UP BY: _____

Requested Days: Please place an X next each day requested

___Monday___ Tuesday ___Wednesday___ Thursday ___Friday

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize emergency medical care for my child: _____
during attendance at the Demarest PTO SACC program if, in the judgment of the SACC staff,
treatment is required for an injury or illness. I also hereby authorize the administration of
anesthetics and recourse to other procedures deemed necessary by the attending physician.

I understand that, wherever possible, I will be notified at the earliest possible time, should prior notice
prove impossible.

The physician of my choice is: NAME: _____

Office Telephone #: _____

The Hospital emergency room of my choice is: _____

Child's	Child's	Child's	Child's
Birth date: _____	Age: _____	Height: _____	Weight: _____

Allergies (including medications, foods and other - specify please): _____

Special health information you feel we need to know about your child: _____

Medical Insurance Carrier: _____

Membership #: _____ Carrier's Telephone #: _____

Name of Primary Insured: _____

I understand that I am primarily responsible for any expenses for medical or transportation
incurred on my child's behalf. The staff of the Demarest PTO SACC program will not administer
aspirin or any other medications.

Signature of Parent / Guardian: _____ Date: _____

**DEMAREST PTO
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CONTRACT FOR 2011 - 2012 SCHOOL YEAR

Name(s) of Child(ren):

1 _____	School/Grade: _____
2 _____	School/Grade: _____
3 _____	School/Grade: _____

In consideration of my child(ren)'s participation in the Demarest PTO School-Age Child Care (SACC) program. I agree to the following:

1. I will abide by the terms, policies and procedures set forth in the Demarest PTO School-Age Child Care (SACC) program Parent Guide for the 2011-2012 School Year, a copy of which I have received and read, and will fully observe all the rules of SACC as are now set forth or may be promulgated from time to time.
2. I understand that all registration forms for my child(ren), including the registration and emergency medical authorization forms, must be kept current at all times. I agree to identify any special needs of my child(ren), including dietary, medical, educational, or behavioral needs. I will notify SACC of any changes in my child(ren)'s health or family situation as reflected on the SACC registration or emergency medical authorization forms that may affect my child(ren)'s behavior or participation in the SACC program.
3. I understand that written notification of withdrawal of my child(ren) from the SACC program is required 30 days prior to withdrawal.
4. I agree that I or one of the persons listed on my child(ren)'s registration form as authorized pickups will pick up my child(ren) personally from the SACC classroom at the SACC location attended by my child(ren), and will sign my child(ren) out. I agree that I will provide written permission in advance when I have made alternate arrangements for anyone other than those persons listed on my child(ren)'s registration form as authorized pickups to sign out and pick up my child(ren).

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CONTRACT FOR 2011 - 2012 SCHOOL YEAR continued

5. I agree to sign out and pick up my child(ren) by 6:00 PM promptly. I understand that in the event my child(ren) is/are not called for by 6:00 PM, a per-child fee of \$10.00 for the first 15 minutes (until 6:15 PM) and \$15.00 for each additional 15 minutes or any part thereof, will be charged. After 6:30pm, my emergency contact will be called to pick up my child(ren).

6. I agree that in the event of continued late payment of tuition, late sign-out and pick-up of my child(ren) or for any other good cause, the Demarest PTO SACC program reserves the right to request withdrawal of my child(ren) from the program.

7. I agree that in the event of an emergency. I give permission to the SACC staff to have my child(ren) treated by medical personnel. The SACC staff will make reasonable attempts to contact me prior to any emergency medical treatment.

8. I hereby release the Demarest PTO SACC program and its administrative Committee, the Demarest PTO and the Demarest Board of Education, and their respective directors, officers, employees and agents, from any claim for liability, damage, injuries or loss arising from my child(ren)s registration, use and/or participation in the facilities, programs and activities of the Demarest PTO SACC program other than to the extent caused by gross negligence or intentional tort arising from my child(ren)'s use of the Demarest PTO SACC programs facilities, programs and activities.

9. I understand that in the event enrollment in the SACC program is not sufficient, all money paid by me for the period after termination of the program will be refunded.

10. I understand that all of the above will be reviewed during the coming school year and is subject to change.

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CONTRACT FOR 2011 - 2012 SCHOOL YEAR continued

TUITION

First Child: _____

Number of days per week: _____ Tuition per month: _____

Second Child: _____

Number of days per week: _____ Tuition per month: _____

Third Child: _____

Number of days per week: _____ Tuition per month: No Charge

Total Monthly Tuition Payable on
The First Day of Each School Month: \$ _____

TOTAL SUBMITTED

Signature of Parent / Guardian _____ Date _____

For the Demarest PTO _____ Date _____

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PARENT GUIDE

The Demarest PTO SACC Program is a tuition-supported after-school program. The program is currently administered under the Demarest PTO through the efforts of volunteer parents of the program. It is designed to provide high-quality after-school care for children attending grades K through 8 in Demarest.

SACC provides children with a "home base", a place to go after school where the staff is mature and the environment is safe and consistent. At SACC, there is quality care and supervision that is affordable. Help with homework and school projects is provided along with a snack. Children are given the opportunity to play outside as well as participate in fun activities, such as arts and crafts.

Locations:

Grades K -1	County Road School
Grades 2 -4	Luther Lee Emerson School
Grades 5-8	Demarest Middle School

SACC is open school days from 3:05 PM to 6:00 PM, Monday through Friday.

There is NO SACC available on holidays, or during vacation weeks, or on half-days.

Should schools be closed for the day or after school activities be cancelled during inclement weather, the SACC program will also be closed. It is recommended that parents check with the schools regarding early closings during winter storms or other inclement weather since no other notification will be provided.

MONTHLY TUITION	First Child	Second Child
5 days per week	\$265	\$180
4 days per week	\$200	\$150
3 days per week	\$170	\$120
2 days per week	\$140	\$100
1 days per week	\$70	\$60
Daily Rate	\$30	\$10

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TUITION IS DUE THE 15th DAY OF THE MONTH PRIOR TO ATTENDANCE OF THE PROGRAM. MONTHLY STATEMENTS WILL BE SENT AND IT IS YOUR RESPONSIBILITY TO REMIT PAYMENT ON TIME.

Please make checks payable to Demarest PTO-SACC and mail to:

Demarest PTO SACC
C/O Falco
16 Highland Avenue
Demarest, N.J. 07627

STAFFING:

Each location of the SACC program (i.e., County Road School, Luther Lee Emerson School and the Middle School) is supervised by an appropriate number of staff to maintain a safe adult/child ratio.

REGISTRATION:

Participation in the program is by registration and contractual agreement. There is an annual, non-refundable, registration fee of \$50.00 for the first child (plus \$25.00 for the second child and no charge for each child thereafter).

STATEMENT OF DISCIPLINARY POLICY

It is the expectation that children enrolled in the SACC program will behave in an appropriate manner and follow direction of the SACC staff.

If a child behaves in an inappropriate manner they will be spoken to by the SACC Staff and parents will be notified of the situation. If the behavior does not improve sufficiently in a reasonable amount of time the parents will be notified that the child will be unable to continue to attend the SACC program.

ADDITIONAL INFORMATION:

For any additional information or to register, please feel free to contact any of the following SACC Administrative Parent Volunteers:

Dara Falco – Finance 201-280-8605

Teresa Mancuso – Chair/Parent Questions 201-750-0127

Jodi Reiss – Personnel 646-382-7775

BECAUSE SACC IS A VOLUNTEER RUN PROGRAM, PARENTAL INVOLVEMENT IS EXPECTED IN ORDER TO KEEP THIS PROGRAM IN EXISTANCE

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ENROLLMENT FORMS CHECKLIST

For your convenience, below is an Enrollment Forms Checklist.
The following forms must be completed in their entirety before being returned:

ORIGINAL FORM AND TWO COPIES

- Registration Form
- Authorization for Emergency Medical Care
- Signed Contract
- Non-refundable Registration Fee
(\$50 for first child/ \$25 for second)
- Tuition for September and June (2 months)

Note: There is no need to copy and return the parent guide or the checklist,
as they are for your reference only.