Registration Fee: \$30.00 per child or \$40.00 per family

Tuition Fees are assessed bi-weekly:	Tuition	Fees	are	assessed	bi-weekly:
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* FULL TIME RATES		Additional children in the Family	
A&P SESSIONS	\$150	A&P SESSIONS	\$136
AM SESSION	\$108	AM SESSION	\$98
AM SESSION (6 th GRADE ACE)	\$54	AM SESSION (6th GRADE ACE)	\$54
PM SESSION	\$120	PM SESSION	\$108
* PART TIME RATES		Additional children in the Family	
AM SESSION (SACC)	\$91	AM SESSION (SACC)	\$89
PM SESSION	\$99	PM SESSION	\$96
*12 FLEX SESSION AM/PM	\$129	12 FLEX SESSION AM/PM	\$118
6 FLEX SESSION (ACE ONLY)	\$99	6 FLEX SESSION (ACE ONLY)	\$96

Full Time registration is defined as children attending 4 or 5 days per week.

Part Time registration is defined as children attending 3 days or fewer per week.

Flex Rate registration is defined as children attending 12 sessions or fewer per pay period. Families enrolling in the 12-flex are required to give a monthly schedule. A calendar with the payment due dates will be available in the fall.

\sim 3 3 3 1. How Flexible is the part	Part time is only flexible in which days of the week you child can attend. Only if you are enrolled for 12
time status?	flex can your child come both mornings and afternoons.
2. What service does	If your child attends a full day kindergarten program they may attend both the AM & PM sessions of our
SACC provide to	program.
Kindergarten students?	10
3. Is there a limit on the	Yes. While the SACC Program is a service offered by the Hilliard City School District, it is governed by
number of children in	the State Department of Education. There are policies and regulations regarding the amount of space,
each program?	our teacher-child ratio and the number of children that may participate.
4. Is there childcare	The SACC Program follows The Hilliard City School District calendar.
provided when schools	The program is closed whenever schools are not in session, including calamity days (snow days or
are closed?	building emergencies, etc). Tuition will not be pro-rated for calamity days.
5. What if my child	You may leave the program at any time during the school year. However it is advised to notify the Site
care needs change	Coordinator at your child's school prior to a tuition due date to avoid additional tuition charges. This
during the year?	also applies for status changes you may need to make for your child. Tuition is not pro-rated for
	withdrawals or status changes.
6. How are my tuition	The total cost of providing care is divided into 19 equal payments for service of the 177 school days.
payments determined?	Holidays and other scheduled school days off are <u>not</u> included in the calculation of the tuition rate.
7. What happens with my	On the rare occasion that the district alters the beginning or end of the school day, SACC will <u>not</u> be able
childcare when the school	to provide care for your child. Parents are advised to have alternate plans on file with the school office in
district declares a two-	the case of an early dismissal.
hour weather delay, or an	
early dismissal?	
8. How does your	All children are welcome to attend the SACC Program. All children must be able to participate as a
program accommodate	member of a group . If your child requires one on one attention, the SACC Program is not a good option
children with special	for childcare. SACC will make every reasonable effort to service a child with a disability regardless of
needs?	the disability.
9. What is the refund	The registration fee is non-refundable in EVERY circumstance.
policy if childcare needs	
change over the summer?	
	To complete your registration, e-mail the completed form to:

Questions Regarding SACC Program

To complete your registration, e-mail the completed form to: <u>bill_isombiasella@hboe.org</u> or SACC@hboe.org Please call 614-771-2267 with any questions.

The Hilliard City School District School-Age Child Care Program Registration 2024-2025

Office	Use: Da	te
Check #		Amount
BK	_ LR	Entered

Only For Students Enrolled in HCSD

4)

SACC Site(s) where you are registering child/ren or the school your child/ren will attend in the fall. *Please, complete each blank. Write N/A if items is not applicable

SCHOOL NA	M <u>E:</u>				Star	rt Date:
		ne SACC site, yo	ou must pa	ay 2 registration fees)		
1)						
Child First & Last Nan Please check the squ	-	Age e status	e Grade 2	24/25 Date of Birth	Gender	student ID#
Full Time Ad Plan to attend before and a	&P	Full Time A Plan to attend every r	_	Full Time PM		
12 Flex A& Plan to attend no more tha in two weeks.	an 12 times	Part Time A Plan on attending 3 mornings per wa	3 or less	Part Time PM Plan on attending 3 or le afternoons per week	less	
2) Child First & Last Nan					Gender	student ID#
Please check Full Time A Plan to attend before and	&Р 🗌	Full Time A Plan to attend every	AM	Full Time PM Plan to attend every after		
12 Flex A& Plan to attend no more th in two weeks	han 12 times	Plan on attending 3 mornings per w	3 or less	Part Time PM Plan on attending 3 or l afternoons per week	less	
Child lives with Primary Contact	Both Parents	s 🗌 Mother 🗌	Father [S	Guardian Share Secondary Contact	d Parenting	
First Name				First Name		
Last Name				Last Name	T	
Primary Phone				Primary Phone		
Address				Address		
City/State/Zip				City/State/Zip		
Employer Name	Employer Name		Employer Name			
Work Phone						
Primary Contact Er	nail			_ Secondary Contact E	Email	
Party responsible f Would you like a m	onthly receip	ot mailed to prim authorized to pi	nary conta pick up you	tact Secondary Co act. Yes No ur child other than part UIRED to process you	rents or guard	
To deny a non-custor				nild, copies of the court of		
Name			Phone	· ·	Relationship	
1)						
2)						
3)						

I hereby authorize SACC staff, trained in first aid, to act on behalf in providing appropriate care. In the event of an illness or injury, which requires emergency treatment SACC staff has my permission to secure emergency transportation for my child. The emergency transportation service will determine the facility to which my child will be transported. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, who concur, are obtained prior to the performance of such surgery. I understand I am responsible for updating my contact information.

_____AUTHORIZED SIGNATURE ______DATE

The following Information is <u>REQUIRED</u> to process your application:				
Physician Name	Phone Number			
Dentist Name	Phone Number			
Preferred Hospital				

List Any Medical Conditions Requiring Special Attention

SACC Program does not have access to the schools medical records or medication.

Students Name:	Students Name:

Allergies	n/a	n/a
Diet Considerations	n/a	n/a
Medications	n/a	n/a
Special considerations in the care of your child/ren	n/a	n/a
Your Child/ren Special Area of Interest	n/a	n/a

Photographic Permission

I do give permission to have my child appear in any media coverage approved by the SACC director. I understand that the Site Coordinator and Program Director has been given authority by the SACC Advisory Board to determine appropriate requests.

_AUTHORIZED SIGNATURE ______DATE

To complete your registration, e-mail the completed form to: <u>bill_isombiasella@hboc.org</u> or SACC@hboe.org Please call 614-771-2267 with any questions.