

**DEMAREST PTO
SCHOOL-AGE CHILDCARE (SACC) PROGRAM
2018-2019 School Year**

Dear Parents,

The SACC program is available to students in 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 set of forms for each child that will attend the program.**

Return **2 copies of the following forms** and your non-refundable tuition payment for September by **Friday, August 17:**

- Registration Form – page 2
- Authorization for Emergency Medical Care – page 3
- Signed Contract – page 7

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

**Demarest PTO SACC
PO BOX 124
Demarest, NJ 07627**

If your family will begin using SACC after September, please provide all materials at least 1 week prior to expected start date. Registration forms and tuition for the first month of service is due at the time of registration.

Please note, the SACC program is a full-school year commitment. If you do not intend to utilize the program for the full year please inform the SACC Board of Directors.

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

Please note the SACC Federal Tax ID for your records: **74-3175958**

This program is run entirely by parent volunteers. If you would like to help in any way, please contact the program's Chairperson: Ana Sandoval-Peters at SACC@demarestpto.org.

We ask that you please uphold the procedures outlined in the Parent Guide and respect the time of those who volunteer to make this a viable program. We welcome your input and participation to help make SACC successful. Thank you for your interest and support!

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REGISTRATION FORM (for EACH enrolled child)

Child's Last Name: _____ Child's First: _____ Nickname: _____

Home Address: _____

Home Telephone #: _____ Birthdate: _____ Age: _____

Child's School: _____ Grade in September: _____

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

Business Address: _____

Work Telephone #: _____ Cell phone #: _____

Email Address: _____

Second Parent'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: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Requested Days: Please place an X next to each day child is expected at SACC:

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

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

Special health/behavioral 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

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 2018-2019 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. When necessary, I authorize the SACC staff to consult with those members of the faculty and other professional staff or administrative officials of the Demarest School System on matters relating to my child and other information which they deem relevant to my child's situation, provided that I may withdraw or limit this disclosure authorization at any time.
3. To participate with SACC staff in meetings, conferences, phone calls or notes regarding your child's participation in the program.
4. SACC reserves the right to terminate or limit the enrollment of any child participating in its after school program, without a refund, if in the judgment of the Staff and the Board of Directors (i) such participation is not in the best interest of my child or SACC, (ii) my child's behavior jeopardizes his or her own safety or the safety of the other children and teachers, or disrupts the standard operation of the SACC program, or (iii) in the event I do not fulfill the terms and conditions of this Contract, (iv) I or my child has violated the policy guidelines.
5. SACC personnel will encourage SACC students to do their homework before they engage in other activities and will assist as appropriate. However, SACC staff members are not responsible for ensuring that a child's homework is correct and we strongly recommend that you double check your child's homework. Parents should reinforce this message at home with their children.
6. 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.
7. I understand that written notification of withdrawal of my child(ren) from the SACC program is required 30 days prior to withdrawal.

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**DEMAREST PTO
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CONTRACT (continued)

8. 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 pick-ups to sign out and pick up my child(ren). 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 still at SACC after 6:00 PM, a per-child fee of \$15.00 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). The late fee will also increase with each infraction.
9. I agree that in the event of several missed payments; 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 limit the participation or request withdrawal of my child(ren) from the program, without refund.
10. **TUITION IS DUE THE 1st DAY OF THE MONTH OF SERVICE. Ex: If you child will participate in October, tuition is due on October 1.**
- Habitual late payments may incur a late fee. After two late payments (payments received after the 15th of the month of service) you will be notified that a late fee in the amount of \$15 for each infraction will be incurred.
11. 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.
12. 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.
13. 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.

14. MONTHLY TUITION	First Child	Second Child	Third Child
5 days per week	\$285	\$200	\$15
4 days per week	\$220	\$170	\$15
3 days per week	\$190	\$140	\$15
2 days per week	\$160	\$120	\$15
1 days per week	\$90	\$80	\$15
DAILY RATE	\$60	\$30	\$15

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CONTRACT (continued)

- **TUITION IS DUE THE 1st DAY OF THE MONTH OF SERVICE.**
- **PLEASE REMIT PAYMENT ON TIME.**
- **MONTHLY STATEMENTS WILL BE SENT VIA EMAIL.**

Checks are payable to **Demarest PTO-SACC** and mailed to:

**Demarest PTO SACC
PO BOX 124
Demarest, N.J. 07627**

15. SACC staff is not permitted to accept payments.
16. REGISTRATION: Participation in the program is by registration and contractual agreement.
17. It is SACC's policy to not issue any credit for missed days, holidays, early closing due to unforeseen weather or circumstances, vacations, illnesses. This policy guarantees your child's place in our program.
18. 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 ACKNOWLEDGMENT & TUITION

First Child: _____

Number of days per week: _____ Tuition: _____

Second Child: _____

Number of days per week: _____ Tuition: _____

Third Child: _____

Number of days per week: _____ Tuition: _____

TUITION IS DUE THE 1st DAY OF THE MONTH PRIOR TO THE MONTH OF SERVICE.

(ex: September tuition is due in August,

\$ _____
TOTAL SUBMITTED

In consideration of the above named child(ren)'s participation in the Demarest PTO School-Age Child Care (SACC) program I will adhere to the above detailed contract:

Signature of Parent / Guardian _____ Date _____

Signature of SACC Board Member _____ 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. Time to complete 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. We hope to empower children to practice skills that let them create, collaborate and innovate.

LOCATION & CONTACT INFORMATION

Grades K -1	County Road School	551-795-4492 (phone/text)
Grades 2-4	Luther Lee Emerson School	551-795-4493 (phone/text)
Grades 5-8	Demarest Middle School	551-795-4495 (phone/text)

HOURS OF OPERATION

- SACC is open on full-school days only from 3:05 PM to 6:00 PM, Monday through Friday.
- SACC is NOT available on holidays, on vacation weeks, during school cancellations, or on half-days.
- Should schools be closed early or after school activities 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.

ACCIDENT PROCEDURES

- In the event of an injury, the staff will immediately contact parents. If parents are unable to be reached, emergency contact persons will be called. Please note that in the event of an injury that requires a doctor's care, hospitals will not treat the child without communicating with the parent directly, unless the injury is life threatening. In a life threatening situation, an ambulance will be called and a staff member will accompany the child to the hospital designated by EMS.
- In all other injury situations that require a doctor's care but are not time crucial, the parent will be consulted as to whether it is feasible for the parent to come and transport the child. If the parent and the emergency contact persons are not able to be reached, the SACC staff will call the child's physician and/or SACC's consulting physician.
- With these procedures in mind, please make every effort to notify the SACC program of any changes or additions of phone numbers so that you can be reached easily at any time.

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PARENT GUIDE (continued)

MESSAGES / COMMUNICATION

- Special messages, such as special care for your child, a new person picking up your child, a new telephone number, or one child going home with another should be given to the SACC staff. The staff will not allow children to be picked up by anyone not authorized on the application. All special messages should be given to a teacher in writing, sent via text or phoned in early.

ABSENCES

- Please notify the appropriate SACC staff member according to location by phone message, written note, or text if your child has attended school but will not be attending the SACC program after school. Please know that during dismissal it is incredibly difficult for classroom teachers to pass on information. ***We need to hear from you!***
- The SACC staff will undertake an extensive search if a child is missing. If a child does not arrive at the program as expected, staff will check in with the classroom teacher, check the front office sign out book, search the building, call parents and call every emergency contact listed. If they are unable to get in contact with the parents, as a last resort 911 will be called to report a missing child. There is nothing more frightening than a missing child!

UNSCHEDULED USAGE OF SACC

You must notify the SACC Chairperson (Ana Sandoval: SACC@demarestpto.org) and the SACC Staff at your child's school (using the phone numbers on page 8) before any child can be dropped off for an unscheduled day. Without notification, the child cannot be allowed to stay for the program and you will be contacted to pick-up the child, or the child will be brought to the respective school's main office.

- If your child is dropped off more than 2 times on unscheduled days in the same month, your invoice will automatically be adjusted to reflect the fees for the monthly tuition rate (5 days) as it becomes an administrative burden to track additional days.
- Any changes in your child's schedule must be communicated to the SACC staff in the schools. The staff can receive Text messages. If there is a change in pick-up, they must be informed. If the staff does not hear from you by 6pm, they will start calling down your Emergency List.

ILLNESS

- In case of serious illness children do not come to the program. This includes fevers, nausea, vomiting, diarrhea, flu like symptoms, persistent cough, and general malaise. If your child exhibits any of these symptoms while at the Program, we will be contacting you to pick up right away. A child must be fever free/symptom free for at least 24 hours before returning to the program.

STAFFING

- Each SACC location is supervised by an appropriate number of staff to maintain a safe adult/child ratio.

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PARENT GUIDE (continued)

STAFFING

- The SACC staff have all of your contact numbers. However, if your cell phone isn't on, they won't be able to reach you and have been instructed to call down the Emergency List until they get to a person and not a recording. Please have your phones on you, and turned on when your kids are in our care.

PARENT INVOLVEMENT

- SACC is a volunteer run program through the PTO. Parental involvement is necessary to run the program and ensure a positive experience for all children enrolled.
- SACC provides a snack to all children. If you have concerns about the snack foods offered at SACC, you can send your child in with their own snack, or purchase the chosen snack in bulk for all children. Submit receipts to the Finance Manager and you will be reimbursed. We try our best to encourage low sugar, healthier options. Any new suggestions are always welcomed.
- Your suggestions, participation and program support are essential to the success of SACC and for your child's positive experience.
- If you have comments or ideas that can make the program better, please relay them in a constructive manner and join us to help implement into the program.

DISCIPLINARY POLICY

- We strive to make SACC an enriching and safe environment for all children. Children enrolled in the SACC program are expected to behave in an appropriate manner, respect one another and follow the direction of the SACC staff.
- If a child behaves in an inappropriate manner the SACC staff will notify parents and when appropriate, the relevant school administrator. 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. A parent meeting is required if there are more than two behavioral instances.

SACC BOARD

- Please remember that this is a volunteer organization and that the parents listed below have many other responsibilities like you. Respect their time and ensure that you do not create unnecessary work for them.
- For any additional information please contact any of the following SACC Administrative Parent Volunteers:

Ana Sandoval Chair

347-549-0174

SACC@demarestpto.org

Responsibilities: Answer parent's questions; liaison with School Administration; hire and evaluate staff members; provide PTO board and school administrators with updates when necessary.

Joshua Peters Finance Manager

347-549-0174

SACC@demarestpto.org

Responsibilities: Collect contracts and all documentation from participating families, send invoices and expense management.

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ENROLLMENT FORMS CHECKLIST

For your convenience, below is an Enrollment Forms Checklist:

- Registration Form – page 2
- Authorization for Emergency Medical Care – page 3
- Signed Contract – page 7
- Tuition for September

TWO COPIES of the completed and signed forms must be sent by Friday, August 17 to:

**Demarest PTO SACC
PO BOX 124
Demarest, NJ 07627**

Note: There is no need to copy and return the detailed contract, Parent Guide or this Checklist, as they are for your reference only.