

# S.A.C.C. REGISTRATION FORM FOR 2017/18

A **\$25.00** (PER FAMILY) **Non-Refundable Registration Fee** must accompany this form.  
Check should be made payable to: **WEST MILFORD PUBLIC SCHOOLS S.A.C.C.**

<u>PARENT/GUARDIAN</u>	<u>HOME PHONE</u>	<u>CELL PHONE</u>	
<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>DATE</u>
<u>EMAIL ADDRESS</u> (BE SURE IT IS LEGIBLE AS S.A.C.C. NOTIFICATIONS ARE SENT OUT VIA EMAIL)			

**PLEASE COMPLETE THE INFORMATION BELOW FOR EACH CHILD YOU ARE ENROLLING**

CHILD'S SCHOOL: \_\_\_\_\_

<u>CHILD'S NAME</u>	<u>GRADE</u>	<u>CIRCLE DAYS NEEDED</u>	<u>A.M.</u>	<u>P.M.</u>
_____	_____	M TU W TH FRI	_____	_____
_____	_____	M TU W TH FRI	_____	_____
_____	_____	M TU W TH FRI	_____	_____

DROP-OFF TIME: \_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_

**PLEASE SEND THIS FORM WITH PAYMENT TO:**

*WEST MILFORD PUBLIC SCHOOLS S.A.C.C.  
46 HIGHLANDER DRIVE  
WEST MILFORD, NEW JERSEY 07480  
ATTN: Monica Stewart/Coordinator*

**IF YOU ARE UTILIZING SACC LESS THAN 5 DAYS YOU MUST PROVIDE TRANSPORTATION ON THOSE DAYS THAT YOUR CHILD DOES NOT ATTEND. THE SAFETY OF OUR CHILDREN IS FIRST AND FOREMOST. PLEASE BE SURE TO NOTIFY TRANSPORTATION IN THIS REGARD. TRANSPORTATION FORMS CAN BE ACCESSED FROM OUR WEBSITE.**

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*(Office use only)*

**WEST MILFORD S.A.C.C.  
46 HIGHLANDER DRIVE  
WEST MILFORD, NEW JERSEY 07480  
Monica Stewart – Coordinator  
monica.stewart@wmtps.org  
973-697-1700 ext. 5055 after 4 p.m.  
973-728-0037 evenings**

**CHILD: \_\_\_\_\_ SCHOOL \_\_\_\_\_ HOME PHONE \_\_\_\_\_**

**DAYTIME CONTACT INFORMATION:**

**Mother's Name \_\_\_\_\_**

**Father's Name \_\_\_\_\_**

**Place of Employment:**

**Place of Employment:**

\_\_\_\_\_

\_\_\_\_\_

**Phone No. \_\_\_\_\_**

**Phone No. \_\_\_\_\_**

**Cell No. \_\_\_\_\_**

**Cell No. \_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION:**

**In the event of an Emergency/Early Dismissal, sickness or if you are delayed, please be sure this is a local person and they know they are on this list:**

**NAME - \_\_\_\_\_**

**NAME - \_\_\_\_\_**

**ADDRESS - \_\_\_\_\_**

**ADDRESS - \_\_\_\_\_**

**PHONE - \_\_\_\_\_**

**PHONE - \_\_\_\_\_**

**CELL - \_\_\_\_\_**

**CELL - \_\_\_\_\_**

**COMMENTS \_\_\_\_\_**

WEST MILFORD SACC  
MEDICAL INFORMATION FORM

CHILD NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

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*The SACC program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A snack is served to those children enrolled in SACC.*

**PLEASE PROVIDE ANSWERS TO ALL OF THE FOLLOWING QUESTIONS:**

1. Does this child have any physical conditions of which we should be aware?  
\_\_\_\_\_

2. Does this child require any special attention, or routines that would be helpful to take into consideration during SACC  
\_\_\_\_\_

3. Is this child physically and emotionally able to participate in the SACC program? \_\_\_\_\_

4. List any foods that the child should not be permitted to eat \_\_\_\_\_  
\_\_\_\_\_

5. Please note any special concerns or information that would assist our staff in making your child's experience more enjoyable. \_\_\_\_\_  
\_\_\_\_\_

6. Physician's name \_\_\_\_\_ physician's phone# \_\_\_\_\_

7. My child's immunizations are up to date as required by the West Milford Township Public Schools.

YES \_\_\_\_ NO \_\_\_\_

**PLEASE NOTE: MEDICATIONS CANNOT BE ADMINISTERED BY THE SACC STAFF. PLEASE MAKE ARRANGEMENTS TO HAVE ANY REQUIRED MEDICATIONS ADMINISTERED EITHER BEFORE OR AFTER SACC.**

I, \_\_\_\_\_, as Parent or guardian of the above mentioned child authorize the SACC staff to obtain medical treatment for my child, \_\_\_\_\_  
In case of emergency.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**SCHOOL AGE CHILD CARE (SACC) HOMEWORK POLICY**

Each SACC site allows no more than 45-60 minutes for homework. *If a child is not done at the end of that time, it is at the discretion of the staff whether or not to allot more time.*

The key to a good homework policy is based on communication between the parents, the children and the SACC staff. The parent must be sure that the child is aware of their choice so there is not confusion at homework time.

**Role of SACC staff:**

- Provide a quiet homework area
- Provide resources (dictionaries, calculators, construction paper etc.)
- Help children with homework when necessary
- Communicate success and/or concerns about homework to families

**Role of SACC student:**

- Come to homework area prepared (books, worksheets, notes, assignments)
- Be quiet as I work
- Ask for help as I need it

**Role of Families:**

- Check your child's homework
- Help your child complete any unfinished homework

Please indicate your choice below and return immediately

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

School \_\_\_\_\_

Yes, my child will do homework in SACC

No, my child will not do homework in SACC

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