

HOPEWELL CREST SCHOOL  
SCHOOL AGE CHILD CARE (SACC)  
PROGRAM  
GRADES K-8 AFTER CARE



Parent Information & Registration Packet

## HOPEWELL CREST SCHOOL SCHOOL AGE CHILD CARE PROGRAM

The After-School Child Care Program is a program aimed at meeting the needs of children, parents, and community. Based upon need, we will provide child care for Hopewell Crest School students during the hours when school is not in session.

**WHO:** Residents of Hopewell Township / Shiloh Borough. This program is for students attending Hopewell Crest School only.

**WHERE:** APR/Cafeteria at the Hopewell Crest School. Hopewell Crest School children stay at their school site from the first day of school in September until the last day of school in June.

**WHEN:** Beginning at 2:10 PM on full days and 12:40 on early dismissal days. Ending at 6:00 PM on all days. All Children must be picked up by 6:00 pm or a \$20.00 late pick-up fee will be assessed.

This program will follow the school year calendar.

*There are two exceptions to operational times:*

- 1). *SACC will close at 5:00 PM due to the graduation ceremony.*
- 2). *If Hopewell Crest School is dismissed early for snow or building maintenance issue of any type, the program will also be cancelled for the safety of all children.*

**WHAT:** A carefully planned program designed to meet the needs of elementary and middle school students in a supervised environment. Students can participate in specially planned after-school activities. Indoor and outdoor activities are planned. Snacks are provided. Parents must provide transportation.

**TUITION:** The cost of the program is **\$13.00 per day** regardless of the pick-up time. Fees cover afternoon snacks, project materials, supplies, field trips, insurance and payroll. Rates are subject to change.

Children enrolled in the SACC program on an **“as needed”** basis, tuition is **\$16.00 per day**. Parents must provide a written monthly schedule as to the dates their child(ren) will require SACC services. The monthly calendar must be completed and returned 3days prior to the 1<sup>st</sup> of each month.

There is a **yearly non-refundable registration fee of \$50.00** for the first child, and **\$25.00** per each additional child in the family.

**If more than one child per family is enrolled full-time (5 Days a week), a discounted fee of \$6, per each additional child enrolled in the program.**

Tuition is due on the first of each month, even if your child is absent. Tuition must be paid with a check or money order addressed to Hopewell Crest BOE. Cash will not be accepted. A \$15.00 fee will be assessed for all returned checks. A late fee of \$20.00 will be assessed if the tuition is not received by the 10<sup>th</sup> of each month. An additional \$20.00 late fee will be assessed if the tuition is not received by the 15<sup>th</sup> of the month. If monthly payments are one (1) month delinquent, SACC services will be terminated immediately. A thirty (30) day notice must be given in writing, if you withdraw your child from the program. No refunds will be given for illness or absence.

The days of the week that you enroll your child can not be changed. This means you cannot send your child on Tuesday and Thursday if your child is enrolled for Monday and Wednesday. You may add a day, but you are responsible for paying for all days your child is enrolled regardless of attendance.

You will receive a monthly invoice. Please keep invoices for your records and tax purposes. SACC Tax ID number: 21-6000146

Your child is guaranteed placement in the program once the registration packet is completed and submitted. A new registration form must be submitted each year to be eligible to attend the SACC program. Send the completed registration packet, along with registration fee to **Hopewell Crest School-SACC Office**, 122 Sewall Road, Bridgeton, NJ 08302. Each enrollment packet should include the yearly, non-refundable, registration fee of **\$50.00** for the first child, and **\$25.00** per each additional child in the family.

## DISCIPLINE PROCEDURES

School discipline policies apply to the SACC program. Please see student handbook for school rules and policies. We expect all children to behave appropriately, follow directions and demonstrate respect to all SACC staff as well as other students attending the SACC program. Disciplinary actions may be taken for not following school rules, which may include suspension and removal of your child from the SACC program.

## EMERGENCY CLOSING PROCEDURES

### 1. Early Emergency Closing

If weather conditions become hazardous and are predicted to worsen, school may be closed early and students will be transported home. With the advice of the Superintendent, SACC will make a decision about remaining open and for how long, based on the following conditions:

- a) **If conditions are severe, SACC will not open** - you must pick-up your child at school dismissal time, make arrangements for your child to be picked-up or give direction to send your child home on the bus.
- b) **If conditions are moderate, SACC will remain open for a specified period of time** (such as until 4:00 PM). At the SACC designated closing time, your child must be picked-up. If your child is not picked up by the designated closing time you will be charged a late pick up fee.
- c) **If conditions are worsening, SACC will remain open for a limited time** (such as until 2:00 PM) to give you additional time to pick-up your child.

Call the SACC Office, at (856)451-9203, extension 188 with any questions or concerns.

Return completed registration packet to:  
Hopewell Crest School-SACC Office, 122 Sewall Road, Bridgeton, NJ 08302

***\*Please keep pages 1-4 for your records\****

HOPEWELL CREST SCHOOL SACC REGISTRATION

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Home #, Street OR PO Box # Town State Zip Code

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Home #, Street OR PO Box # Town State Zip Code

Please fill in information for child(ren) who will be participating:

<u>NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>M/F</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILD(REN) WILL BE ATTENDING: MON TUES WED THUR FRI AS NEEDED**  
*(CIRCLE ALL THAT APPLY)*

Starting Date: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Special Instructions/Allergies/Medications:  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Persons authorized to pick-up your child in addition to those listed above. **Any changes in this list must be received from you in writing.**

---

Name	Mailing Address	Home phone
------	-----------------	------------

---

Relationship	Work phone	Cell phone
--------------	------------	------------

---

Name	Mailing Address	Home phone
------	-----------------	------------

---

Relationship	Work phone	Cell phone
--------------	------------	------------

---

Name	Mailing Address	Home phone
------	-----------------	------------

---

Relationship	Work phone	Cell phone
--------------	------------	------------

---

Name	Mailing Address	Home phone
------	-----------------	------------

---

Relationship	Work phone	Cell phone
--------------	------------	------------

---

Name	Mailing Address	Home phone
------	-----------------	------------

---

Relationship	Work phone	Cell phone
--------------	------------	------------

# Hopewell Crest School - SACC Emergency Closing Information

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

Parent/Guardian Name: \_\_\_\_\_

Home Phone	Cell Phone	Work Phone	Work Hours/Days
------------	------------	------------	-----------------

Employer	Employee Address	City	State
----------	------------------	------	-------

Parent/Guardian Name: \_\_\_\_\_

Home Phone	Cell Phone	Work Phone	Work Hours/Days
------------	------------	------------	-----------------

Employer	Employee Address	City	State
----------	------------------	------	-------

If Hopewell Crest School closes early, the SACC program will try to remain open. Unless informed otherwise.

If SACC must close early or completely- check below which parent to call and phone number of same.

\_\_\_\_\_ Mother Phone number: \_\_\_\_\_

\_\_\_\_\_ Father Phone number: \_\_\_\_\_

Additional phone numbers if parents cannot be contacted:

Name	Home Phone	Cell Phone	Work Phone
------	------------	------------	------------

Name	Home Phone	Cell Phone	Work Phone
------	------------	------------	------------

Name	Home Phone	Cell Phone	Work Phone
------	------------	------------	------------

Name	Home Phone	Cell Phone	Work Phone
------	------------	------------	------------

Parent/Guardians Signature: \_\_\_\_\_

## HOPEWELL CREST SCHOOL – SACC Program REGISTRATION AGREEMENT

I understand that I am enrolling my child \_\_\_\_\_ for a total of 10 months.

I understand that on days that school is closed because of bad weather there will be no program or a modified program depending on weather severity.

I understand that the tuition fees are due the first of each month. I understand that I am responsible for monthly payments of contracted fees to be paid by the 1st of each month. For payments received after the 10<sup>th</sup> of the month, a \$20 late fee will be assessed. An additional \$20 late fee will be assessed for payments received after the 15<sup>th</sup> of the month. If monthly payments are one (1) month delinquent, SACC services will be terminated immediately. I will provide a thirty (30) day written notice, if I withdraw my child from the SACC program.

If this account is placed in the hands of an attorney for collection, I agree to pay an attorney's fee equal to 1/3 of the balance due. I also agree to pay all court costs and disbursements in collection with a collection suit.

If my child is having problems adjusting to the program, a conference will be arranged between me and the staff. If there are behavior concerns that cannot be addressed through SACC, a child may be removed from the SACC Program.

In the event of illness, vacation, or other absences such as Scouts, music lessons, and other after-school activities, the SACC Program staff will be notified. ***Regardless of other activities, I am responsible for my child's full tuition payment in the SACC Program.*** Communication with SACC staff can be arranged through the SACC office, at (856) 451-9203, extension 188.

The SACC staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time. Dismissal time for PM children will be 6:00 PM or earlier. Each child must be signed out by an authorized person at the designated pick-up time. If the pick-up time varies, notification should be made at the SACC office. If arrangements are not made for the time change, an additional fee will be charged.

I give my permission for my child to participate in activities and field trips. Details and information about field trips will be provided.

If a medical emergency arises, the SACC Program staff will first attempt to contact me (parent/guardian). If I (parent/guardian) can't be reached, the SACC Program staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, my child may be taken to the hospital.

I agree to adhere to the SACC Program registration agreement and procedures and give my child permission to participate fully in this program.

PARENT/GUARDIANS SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_