

HOPEWELL CREST SCHOOL  
SCHOOL AGE CHILD CARE (SACC) PROGRAM

GRADES K-8 AFTER CARE

2016-2017 School Year  
Parent Information & Registration Packet

SEPTEMBER 2016 - JUNE 2017

**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 for them.

**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:** Morning drop-off beginning at 7 AM. After school beginning at 2:10 PM – Ending at 6:00 PM. All Children must be picked up by 6:00 pm or a \$20.00 late pick-up fee will be assessed.

Open on early dismissal days. This program will follow the 2016-17 school year calendar.

***There are two exceptions to operational times:***

- 1). On the last day of school, SACC will close at 5:00 PM, due to graduation ceremonies.***
- 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 from the program.

**TUITION:** The cost of the morning program is **\$5.00 per day**. The cost of the afternoon program is **\$12.00 per day** regardless of the pick-up time. If your child attends, both morning and afternoon the cost is **\$15.00 per day**. Fees cover afternoon snacks, project materials, supplies, insurance and payroll.

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.**

Your child is guaranteed placement in the program once the registration packet is completed and submitted. **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. Cash will not be accepted.** 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.

**HOPEWELL CREST SCHOOL**  
**SCHOOL AGE CHILD CARE PROGRAM**

Children enrolled in the SACC program on an “**as needed**” basis, 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. As needed basis tuition for the morning program is \$7.00 per day. After school tuition is \$15.00 per day. If your child(ren) attends both morning and afternoon tuition is \$20.00 per day.

Your child is guaranteed placement in the program once the registration packet is completed and submitted. 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** for the first child, and **\$25** per each additional child in the family.

Parents and community representatives work together with the Director and staff to develop a program that meets the needs of children and parents.

If you have any questions contact the SACC Office at (856) 451-9203, extension 188.

**EMERGENCY CLOSING PROCEDURES**

**1. Early Emergency Closing**

If weather conditions become hazardous and are predicted to worsen, school may be closed early and students 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. Plan this out ahead of time.
- 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. Plan and arrange for a pick-up person ahead of time.
- 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. Plan and arrange for this ahead of time.

The key is to plan ahead and inform SACC Staff of the arrangements. By planning ahead, this will help eliminate the following issues:

- children going home on buses to unattended homes
- children staying at school or SACC awaiting your pick-up
- you waiting at home for the bus



**HOPEWELL CREST SCHOOL – SACC Program**  
**2016-2017 REGISTRATION AGREEMENT**

**\*\* PLEASE COMPLETE ONE FORM PER CHILD ENROLLED \*\***

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 or drop-off 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 walks 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/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return completed registration packet to:  
Hopewell Crest School – SACC Office, 122 Sewall Road, Bridgeton, NJ 08302

**HOPEWELL CREST SCHOOL - SACC**  
**2016-2017 ENROLLMENT FORM**  
**\*\* PLEASE COMPLETE ONE FORM PER CHILD ENROLLED \*\***

\_\_\_\_\_  
 CHILD'S FULL NAME

\_\_\_\_\_  
 "NICK NAME"

\_\_\_\_\_  
 GRADE (2015-16 SY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 BIRTHDATE

\_\_\_\_\_  
 AGE

\_\_\_\_\_  
 Male / Female

TIME OF CHILD'S PM PICK-UP: \_\_\_\_\_

DAYS OF THE WEEK CHILD WILL ATTEND:      **MON TUES WED THUR FRI**  
 (CIRCLE ALL THAT APPLY)

Parent(s) or guardian(s) with whom child resides:  
 (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Work phone

\_\_\_\_\_  
 Work hours/days

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Work phone

\_\_\_\_\_  
 Work hours/days

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

*Persons authorized to pick-up your child in addition to those listed above:*

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Name	Mailing Address	Home phone
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Relationship	Work phone	Cell phone
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Name	Mailing Address	Home phone
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Relationship	Work phone	Cell phone
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Name	Mailing Address	Home phone
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Relationship	Work phone	Cell phone
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If a medical emergency arises, the SACC Program staff will first attempt to contact the parent/guardian. If a parent/ guardian can't be reached, the SACC Program staff will contact the child's physician. If the emergency is such that immediate hospital attention is necessary, my child may be taken to the hospital.

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

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

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

**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. Please contact the SACC Office, (856) 451-9203, extension 188, with any questions.**

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

DATE



**HOPEWELL CREST SCHOOL - SACC  
EMERGENCY CLOSING INFORMATION**

\*\* PLEASE COMPLETE ONE FORM PER CHILD ENROLLED \*\*

CHILD'S NAME: \_\_\_\_\_

*(Print Clearly)*

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 employment or phone # changes, we must be notified. \*\*\*\***

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

If SACC must close early or completely – check below which parent to call and phone # 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

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