



MILLTOWN SACC

SCHOOL AGE CHILD CARE PROGRAM

2019-2020 School Year SACC Application

Starting: September 5th – Ending: June 19th (tent.)

Milltown Department of Recreation is offering an exciting program to Milltown school age children, in grades PreK thru 8th at both Parkview (**PreK thru 3rd Grade**) and Joyce Kilmer School (**4th - 8th Grade**), which is licensed by the Department of Children and Families, DCF, formerly Division of Youth & Family Services, and is run under the supervision of highly qualified, certified SACC Staff. **Students will meet in the All Purpose Room each day** in each school and will be provided with a snack & drink, receive help with homework and participate in a number of activities including crafts, games, sports and enrichment programs. Younger students, Pre-K, Kindergarten & 1st Grade, will be escorted to the SACC Program from their classrooms by the SACC Staff.

**** NON REFUNDABLE REGISTRATION FEE ****

\$40 each child is due with Application by Friday, August 16th – PLEASE RETURN PAGES 1-4 ONLY

There will be a \$15 Late Fee Assessed to each application after this date for those children beginning in September.

**** NEW PRICING ****

BEFORE – SCHOOL CARE (*Beginning at **7:00am for both sites**)

3 Days per Week \$80 per Month
5 Days per Week \$105 per Month

AM PER DIEM RATE

\$20/day

AFTER – SCHOOL CARE (Ending at **6:00pm**)

3 Days per Week \$195 per Month / 1st Child \$135 per month each additional child
5 Days per Week \$270 per Month / 1st Child \$165 per month each additional child

PM PER DIEM RATES

\$25 per day, 1st child \$15 per day, each additional child

PLEASE WRITE NEATLY – IT'S IMPORTANT THAT WE RECEIVE THE CORRECT INFORMATION FOR YOUR CHILD

PLEASE USE ONE (1) REGISTRATION FORM PER CHILD New Registrant: _____ (please check line)

PLEASE NOTE: September tuition & completed SACC Packets are due by August 25th

Child's Full Name: _____ D.O.B. _____ M _____ F _____

Age (Sept.'19): _____ Grade (Sept.'19): _____ School (Sept.'19): _____ HomeRoom _____

PARENT / GUARDIAN: _____ EMAIL: _____

FULL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHN: _____

Please check choices:

___ 3 Day Program ___ 5 Day Program Per Diem ___ Days/Week ___

___ Before School ___ After School

Please (x) Days Attending Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

PLEASE MAKE CHECKS PAYABLE TO: MILLTOWN SACC

Send to:

Julie F. Petry, Director

Milltown SACC Program – Department of Recreation

39 Washington Avenue * Milltown, NJ 08850

***** ALL SACC PAYMENTS ARE DUE ON THE 25TH OF THE MONTH PRIOR *****

Office Use Only: Check # _____ Cash Recpt.# _____ Money Order # _____ PV _____ JK _____

**MILLTOWN DEPARTMENT OF RECREATION
SCHOOL AGE CHILD CARE PROGRAM (SACC)**

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL CARE/HEALTH HISTORY

Physician _____ Phone# _____

Address _____

Hospital Of Choice _____

Allergies if any: _____

Special Needs: *MUST LIST ALL*, if none, please write *NONE* _____

I am in receipt of the **Parent Handbook**, which includes additional program information, including health and safety, discipline policy and curriculum. I also received and read **the Department of Children and Families, DCF, formerly DYFS, Information to Parents** informational statements regarding complying with licensing standards, obligation of citizens to report suspected child abuse or neglect and policies on Communicable Diseases and release of children.

I hereby claim that my child _____ is in good health and can participate in the normal activities of the program. I also authorize the Milltown SACC staff to obtain emergency medical care and make necessary decisions regarding the health of my child in case I cannot be reached. I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY EXPENSES FOR MEDICAL CARE OR TRANSPORTATION ON MY CHILD'S BEHALF.

Signature of Parent or Guardian

Date

PLEASE NOTE: THE STAFF WILL NOT ADMINISTER ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS. PARENTS ARE REQUESTED TO NOTIFY THE STAFF WHEN THEIR CHILD IS ILL WITH A COMMUNICABLE DISEASE.

MILLTOWN SACC PROGRAM
SCHOOL YEAR 2019-2020

PERMISSION SLIP
Walking Trips/Pictures

_____ I GIVE MY CHILD _____
PERMISSION TO TAKE OCCASIONAL WALKING TRIPS WITHIN THE
BOROUGH OF MILLTOWN DURING THE 2019-2020 SCHOOL YEAR.
THE SACC STAFF WILL ALWAYS ACCOMPANY ALL CHILDREN ON ALL TRIPS.

_____ I GIVE MY CHILD _____
PERMISSION TO BE PHOTOGRAPHED DURING VARIOUS SACC ACTIVITIES
THROUGHOUT THE 2019-2020 SCHOOL YEAR. THESE PICTURES MAY BE POSTED
AT THE SACC SITES, RECREATION DEPARTMENT AND THE MILLTOWN'S LOCAL
CHANNEL 15. PLEASE ALSO REALIZE THAT YOUR CHILD MAY BE INCLUDED IN
PICTURES TAKEN BY LOCAL NEWSPAPERS AT VARIOUS EVENTS/ACTIVITIES
THAT SACC WILL BE INVOLVED IN. YOU WILL BE NOTIFIED WHEN THESE
PICTURES WILL BE PUBLISHED.

*Please **INITIAL EACH LINE** above and sign below.*

Signature of Parent/Guardian

Date