

SACC

(SCHOOL AGE CHILD CARE)

NORMA

PRESCHOOL

(Three and four year old program)

AFTER CARE

SEPTEMBER 2019 - JUNE 2020

REGISTRATION DEADLINE

FRIDAY, AUGUST 16, 2019

All registrations for the 2019-2020 School Year must be received on or before August 16, 2019 to be able to use SACC the first week of school in September.

Registration will reopen on Monday, September 9, 2019.

Please send registration forms to:

SACC

Pittsgrove Township Board of Ed.

1076 Almond Road

Pittsgrove, NJ 08318

SACC-PRESCHOOL AFTER SCHOOL CARE

The After Care Program is a program aimed at meeting the needs of children, parents, and community. Based upon need, we will provide child care for three and four year olds during after school hours when school is not in session for them.

WHO: This program is for students attending Norma Preschool only.

WHERE: Norma school children stay at their school site.

WHEN: Beginning at 2:00 PM ending at 5:00 PM – After Care (Time may change due to enrollment)

Open on early dismissal days. This program will follow the school calendar.

WHAT: A carefully planned program designed to meet the needs of three and four year olds in a supervised environment. Students can participate in specially planned after-school activities. Indoor and outdoor activities are also scheduled. Snacks are provided.

TUITION: Registration is for the school year. Tuition is paid in 10 installments by the 15th of the month. Invoicing begins the first of September and ends the first week of June for monthly students. Daily (as needed) students will receive their first statement on October 5th for September usage and the third week of June for June usage.

The last day of the school year will be the last day of the program.

Parents are to inform SACC in writing (Rosellen Edmonds, redmonds@pittsgrove.net) if their child will be staying for SACC if they use the program on an “as needed” basis.

Send this completed packet (4 pages) to:

SACC

Pittsgrove Township Board of Ed.
1076 Almond Road
Pittsgrove, NJ 08318

Please do not apply online. Our office will set up your family in the system.
New enrollments should include a one-time \$60 registration fee.

If you have any questions, call Laurie Havens in the SACC Office at 358-3094, ext. 4034.

EMERGENCY CLOSING PROCEDURES

Early Emergency Closing

If weather conditions become hazardous and are predicted to worsen, school may be closed early and students transported home.

SACC will make a decision about remaining open and for how long we will stay open with the advice of the Superintendent.

- (1) If conditions are severe, SACC will not open then you must pick-up your child at the 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.
- (2) If conditions are moderate, SACC will remain open for a specified period of time (such as until 3:00 PM). At the SACC designated closing time, your child must be picked-up. Plan and arrange for a pick-up person ahead of time.
- (3) If conditions are worsening, SACC will remain open for a limited time (such as until 2:30 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 of the arrangement. We do not want children going home on buses to unattended homes or staying at school or SACC awaiting your pick-up and you are waiting at home for the bus.

PRESCHOOL SACC REGISTRATION

Send this PACKET (4 PAGES) in to hold a place for your child.

SACC

Pittsgrove Township Board of Ed.

1076 Almond Road

Pittsgrove, NJ 08318

Parent/Guardian's Name: _____ Date: _____

Phone: _____ Work: _____

Mailing Address: _____
Home # Street OR PO Box # Town State Zip

Father's email address _____

Mother's email address _____

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

NAME	AGE	AFTER CARE PM PICK-UP TIME
_____	_____	_____
_____	_____	_____

DAYS PER WEEK CHILD WILL BE ATTENDING: MON TUES WED THUR FRI
(CIRCLE ALL THAT APPLY)

PLEASE INITIAL HERE FOR "AS NEEDED BASIS ONLY" _____ PM

Starting Date: _____ (Start date must be a minimum of 2 days **after** forms are received.)

Special Instructions: _____

**SACC-PRESCHOOL
REGISTRATION AGREEMENT**

I understand that I am enrolling my child _____ for the 2019-2020 school year.
I understand that on days school is closed there will be no program.

I understand that the fees are divided into 10 equal monthly payments based on 180 school days. I understand that I am responsible for monthly payments of contracted fees to be paid by the due date. For those paying the discounted monthly rate, the due date is the fifteenth of each month for that month. **The first payment is due by October 15th for those paying "as needed"**. If payments are late, a late fee of \$25 will be assessed. If payments are two months delinquent, SACC services will be terminated.

If my child is having problems adjusting to the program, a conference will be arranged between myself 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 the SACC staff can be arranged through the SACC office;

---- Laurie Havens 856-358-3094, ext. 4034, lhavens@pittsgrove.net

---- Olivet School SACC phone, 358-6175

----emailing Rosellen Edmonds at redmonds@pittsgrove.net

The SACC staff will assume full responsibility for my child from the time he/she arrives at the program until pick up time. Each child must be signed out by an authorized person at the designated pick-up time. If the pick-up time varies from the scheduled time, 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.

Signature: _____ Date: _____

The Pittsgrove Township School District prides itself on providing your son/daughter with a safe, after-school environment through the School Age Child Care (SACC) Program. In order to maintain safety and compliance, we ask that you adhere to the designated pick-up times for your child.

In the event that you cannot pick up your child at the designated time, please contact the SACC Program at your child's school. If your child is not picked up from the SACC Program by 5:20 p.m., and we have not heard from you, and cannot reach you, please be advised that the New Jersey State Police will be contacted. Your child's safety is our priority.

**SACC-PRESCHOOL
ENROLLMENT FORM**

CHILD'S NAME SCHOOL GRADE AGE DOB SEX
_____ PRESCHOOL _____ _____ _____ _____

TIME OF CHILD'S PM PICK-UP: _____

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

PLEASE INITIAL HERE FOR "AS NEEDED BASIS ONLY" _____PM

Parent(s) or guardian(s) with whom child resides:

Name	Mailing Address	Home phone
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Work phone	Work hours/ days	Cell phone
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Name	Mailing Address	Home phone
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Work phone	Work hours/ days	Cell phone
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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
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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	Home phone
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Child's Physician: _____ Phone: _____

PARENT'S SIGNATURE _____

