

Thank you for choosing the Branford Family Resource Center  
School Age Child Care Program



We look forward to serving your family

Below you will find our enrollment packet

**PLEASE TAKE NOTE:**

Your application will not be processed until all paperwork is filled out including your most recent health form. The health form must be completed by your child's healthcare provider. Before your child may begin the program, all necessary fees must be paid in full.

**Branford School Age Child Care Program**  
**12 Melrose Ave**  
**Branford, CT 06405**  
*Application and Release Form*

**1. Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Home address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**2. Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Home address: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Children resides with: ☐ Both parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home address: \_\_\_\_\_ home/cell # \_\_\_\_\_  
Name of employer: \_\_\_\_\_ work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home address: \_\_\_\_\_ home/cell # \_\_\_\_\_  
Name of employer: \_\_\_\_\_ work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**In case I cannot pick up my child please release my child to one of the following people:**

Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_  
Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Note: A driver's license will be required at the time of pick-up. Written authorization is required for any other person to pick up my child.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DO NOT release my child to the following people:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Note: It is legal for either parent or legal guardian to pick up a child unless we have a copy of a court order restricting visitation.

## SACC Health Emergency Form

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_ Medication:(if yes\*) \_\_\_\_\_

\*Authorization for Administration of Medication Form needed.

Does your child require any support or accommodations?

\_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_ Medication: \_\_\_\_\_

Does your child require any support or accommodations?

\_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Requested: \_\_\_\_\_

If Parent(s) are not able to be reached during an emergency, who should be contacted (\*required):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ give permission to the Certified First Aid Child Care Staff to treat my child, \_\_\_\_\_, if necessary. I authorize the Child Care Staff to consent to emergency medical treatment (under advice of a CT licensed physician) for my child, \_\_\_\_\_, when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred throughout transportation and treatment of my child is my responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent Handbook Statement**

I have read the SACC Parent Handbook available on the website. I understand it is my responsibility to know the policies within this handbook and to review when necessary. I agree to abide by these policies as stated in the handbook. If my child becomes ill, I agree to arrange for my child to be picked up within an hour of the phone call. I will keep my child home until his/her physical condition is safe and appropriate (24 hours after a fever without medicine or vomiting). I acknowledge that if I do not understand a policy in this handbook, it is my responsibility to contact the program for clarification prior to signing this document.

My signature below indicates that I fully understand the program policies as they are outlined.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Divorced/Separated Parent Information Form

Child(ren) Name: \_\_\_\_\_ School: \_\_\_\_\_

It is the mission of the FRC/SACC Program to be a support to families and to promote positive development for children. We recognize that many families are in transition and have experienced divorce and separation. Please provide us with the following information so that we may avoid any confusion for you, your children and our staff.

*Attach a separate sheet of paper if necessary.*

Which parent do we contact first for general questions?

Which parent do we contact first in an emergency?

What are the custody arrangements?

Please list below any persons not authorized to pick up the children at SACC (please attach any legal papers or court orders stating the restrictions regarding contact with the children at SACC and include a photo and general description of this person/s).

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**Note: It is legal for either parent or legal guardian to pick up a child unless we have a copy of a court order restricting visitation.**

What is the visitation schedule which involves pick up of the children at SACC? (to be written out on a separate piece of paper and attached to this form.)

It would be helpful to know who the other significant adults in your child's life are and their relationship to the children, especially if we are to have contact with them at SACC:

_____	_____	_____
Name	Phone	Relationship to child
_____	_____	_____
Name	Phone	Relationship to child

Thank you for helping us to provide the best possible care for your children. Please feel free to contact the Director or your child's Site Supervisor whenever you have concerns or questions.

**Return with application only if applies**

Parent's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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## Parent Financial Agreement

Requested Start Date: \_\_\_\_\_

School: \_\_\_\_\_

I am requesting enrollment for my child/ren, \_\_\_\_\_, in the:

**Before School:** \_\_\_\_\_

**After School:** \_\_\_\_\_

**Wrap Around PreK\*:** \_\_\_\_\_

☐M ☐T ☐W ☐Th ☐F

☐M ☐T ☐W ☐Th ☐F

(\*5 day option only)

(2,3 or 4 days options must remain consistent to ensure appropriate staffing. **Rotating schedules are not permitted**)

I understand my **monthly** tuition will be \$ \_\_\_\_\_. Payment is due by the 1st of each month regardless of date invoiced. If payment is not received by the 10th of the month, a late fee of \$30 will be charged to my account. Failure to keep my account current will result in suspension from the program.

*If you need to make special arrangements, you can call the office and speak to our financial department (Monday- Friday between 7:30 am – 3 pm).*

I understand that I am responsible for the tuition payment regardless of my child's absence from the program.

I am aware that I will be charged a late fee of \$10 for the first 5 minutes or any part thereof, and \$1 every minute thereafter that my child remains in the program beyond the scheduled closing time. Habitual late pick-up will result in my child's dismissal from the program. I understand that billing is created for family accounts and our financial department will not bill individuals separately, payments will be applied to the current amount due.

I understand for billing purposes, 2 weeks notice must be given of any program change and will go into effect the 1<sup>st</sup> of the following month. In the event of an emergency/unplanned closure I understand my financial responsibility outlined in the parent handbook. I understand If my account falls behind I will be given 24 hours notice of suspension and cannot return until the past due balance is paid in full. Once payment is cleared, you will be given a return date. Payment in the form of Check or Money Order Only. Made payable to: SACC

Registration fee (\$50 - individual / \$75 - family) I understand that my registration fee is **non-refundable, non transferrable**. If I withdraw my child prior to the end of the school year, I must give two weeks written notice or I will be responsible for payment.. **We are unable to issue refunds.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRE K WRAP AROUND MONTHLY FEES - \$500

**Monday - Friday (8:55am-3:25pm)**

#### SACC MONTHLY FEES

Days Per Week	Before School (7:00-8:55am)	After School (3:25-6:00pm)	Both Programs
5	\$258	\$306	\$508
4*	\$232	\$295	\$474
3*	\$194	\$252	\$402
2*	\$155	\$210	\$330

10% Discount applied for Military Families (with valid Military ID) District employees and second/third child enrolled. Drop-in pricing is \$30.00 Before School, \$40.00 After School.(Drop in service is only available to families who attend the program on a consistent basis.) We are no longer able to accommodate sporadic or intermittent attendance. Thank you for your understanding as we work collaboratively to support the needs of our students.

## Early Dismissal Plan

### SACC will NOT open if an Early Dismissal is called by BPS

According to program policy if BPS schools close early for any reason, our program will not operate. Although this does not happen often, it does create a bit of confusion. In order to avoid this, we require each family to provide us with an emergency plan as detailed below.

The schools will put out an announcement via the ALERT messaging system. If BPS schools are closing FRC/SACC will be closed as well.

Your emergency plan should include in detail, how your child will leave school (pick up/ Bus/etc...) You are responsible for making arrangements with the bus company to ensure your child has a way home.

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

Parent's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and phone # of emergency pick up person:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

## **Permission forms**

### **Release of Information**

I \_\_\_\_\_, legal guardian of \_\_\_\_\_,

give permission to the Branford Family Resource Center Director and/or FRC/SACC site supervisor to consult with school staff if necessary to discuss any medical, academic, or social concerns during the current school year.

### **Photo/Video**

At times, photo/video is taken at the SACC sites. Please indicate below whether you give your permission for a photo/video of your child to be taken by Branford Board of Education staff and used for:

Media: Newspapers, Flyers, etc...

☐ Yes

☐ No

District/Site Website

☐ Yes

☐ No

### **Field Trip**

I \_\_\_\_\_, legal guardian of \_\_\_\_\_ give permission for my child/ren to participate in the following:

Walking field trip: \_\_\_\_ Yes \_\_\_\_ No

To be transported to offsite field trip \_\_\_\_ Yes \_\_\_\_ No

By signing below, you verify the information and permissions given above to be accurate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SACC CHECKLIST

Please use the checklist below to ensure your application is complete before returning to the main office.

- \_\_\_\_\_ SACC APPLICATION/RELEASE FORM
- \_\_\_\_\_ HEALTH EMERGENCY FORM
- \_\_\_\_\_ HEALTH ASSESSMENT FORM
- \_\_\_\_\_ AUTHORIZATION TO ADMINISTER MEDS (IF APPLICABLE)
- \_\_\_\_\_ DIVORCED/SEPARATED PARENT AGREEMENT FORM (IF APPLICABLE)
- \_\_\_\_\_ PARENT FINANCIAL AGREEMENT
- \_\_\_\_\_ EARLY DISMISSAL PLAN
- \_\_\_\_\_ PERMISSION FORM (MEDIA, WEBSITE, FIELD TRIP)
- \_\_\_\_\_ PARENT HANDBOOK SIGN-OFF
- \_\_\_\_\_ REGISTRATION FEE (Check or Money Order ONLY - NO CASH)  
(\$50/individual, \$75/family)