

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 can be found on our website and 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:** _____

D.O.B: _____ **Sex:** _____ **School:** _____ **Grade:** _____

Days Attending Before School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Days Attending After School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

2. Child's Name: _____ **Age:** _____

D.O.B: _____ **Sex:** _____ **School:** _____ **Grade:** _____

Days Attending Before School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Days Attending After School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

3. Child's Name: _____ **Age:** _____

D.O.B: _____ **Sex:** _____ **School:** _____ **Grade:** _____

Days Attending Before School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Days Attending After School: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Children) reside 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: _____

Does your child require any supports or accommodations?

2. Child's Name: _____ Date of Birth: _____

Allergies/Medical conditions: _____ Medication: _____

Does your child require any supports 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: _____

Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? ☐ YES ☐ NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? ☐ YES ☐ NO Reactions to? ☐ YES ☐ NO Interactions with? ☐ YES ☐ NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: ☐ Mother ☐ Father ☐ Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____

Divorced/Separated Parent Information Form

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.

Child/ren's name: _____

School: _____

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).

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.

☐ **THIS FORM IS NOT NECESSARY FOR MY FAMILY SITUATION**

Parent's Signature(s): _____ Date: _____
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Parent Financial Agreement

Requested Start Date: _____

I am requesting enrollment for my child/ren, _____, in the:
_____ Before School Program _____ After School Program _____ Drop In Status

My child/ren will be attending the following days:

Before School: ☐M ☐T ☐W ☐Th ☐F

After School: ☐M ☐T ☐W ☐Th ☐F

I understand my monthly tuition will be \$ _____. Payment is due by the 1st of each month, if it 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 through Friday between 9:00 am – 3:00 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 (3 times) 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 1st of the following month. In the event of an emergency/unplanned closure I understand my financial responsibility outlined in the parent handbook.

I understand that my \$50 registration fee is **non-refundable**. If I withdraw my child prior to the end of the school year, I must give two weeks written notice. **We are unable to issue refunds.**

Parent Signature: _____ Date: _____

Days Per Week	Before School	After School	Both Programs
5	250	297	492
4	225	286	460
3	188	245	390
2	150	204	320

10% Discount applied for Military Families (with valid Military ID) District employees and second/third child enrolled. Drop-in pricing is \$25.00 Before School, \$30.00 After School. Vacation days are \$30.00 per day (\$50.00 if the vacation day is not a regularly scheduled day or your child is a drop-in).

Vacation Days

Vacation Days are the days that schools are closed, but the SACC Program provides child care.

The following process will be followed:

- ☐ Children must be signed up in advance in order to attend these days.
- ☐ A signup sheet will be put out prior to the vacation day. Please see your site supervisor.
- ☐ The fee for vacation days will be applied to your account upon registering regardless of attendance.
- ☐ Fees are non-refundable.
- ☐ Monthly tuition does **not** include vacation day fees.

The fee for vacation days is \$30 per day, per child. If your child attends a vacation day that is not on a regular scheduled day, or if they are a drop in, the fee will be \$50 per day, per child.

We staff according to the number of children enrolled and this is the reason we cannot allow children to attend that have not been signed up. If you have another person drop off or pick up your child, it is still your responsibility to ensure that your child is registered and payment has been made in advance.

It is your responsibility to make sure your child is on the list before it is removed from the site and we cannot allow sign-ups after the registration period has closed.

Important: In order to attend the Vacation Days, your account must be current.

Please sign below to acknowledge that you understand your responsibility involved with Vacation Days:

Parent Signature

Date

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

Early Dismissal Plan

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. Our Afterschool program will not open on days of early dismissal.

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 FORM
- _____ AUTHORIZATION TO ADMINISTER MEDS (IF APPLICABLE)
- _____ DIVORCED/SEPARATED PARENT AGREEMENT FORM (IF APPLICABLE)
- _____ PARENT FINANCIAL AGREEMENT
- _____ VACATION DAYS
- _____ EARLY DISMISSAL PLAN
- _____ PERMISSION FORM (RELEASE OF INFORMATION, PHOTO/VIDEO, FIELD TRIP)
- _____ PARENT HANDBOOK SIGN-OFF
- _____ \$50 REGISTRATION FEE (PER FAMILY)