## 2023-24 Stephen/Argyle SACC Information

(School Age Child Care)

SACC is a great place to be after school.

SACC meets every day that school is in session. In the event that school is dismissed early, there is no SACC.

SACC begins right after school and runs until the parent or authorized person picks up the child with a <u>MAXIMUM TIME OF **5:30** PM</u>. Late pick-ups will constitute a financial penalty unless cleared with the provider prior to the occurrence.

SACC offers activities such as arts and crafts projects, table games, creative play and make believe, outdoor activities, and gym time when available. Variety and choice are key.

SACC provides a daily snack for the children.

SACC is inexpensive: \$3.00 hourly per child. Bills will be sent monthly. Checks should be made payable to Community Education.

SACC has a phone available: (218) 437-6616

Providers: Meghan Oberg

Sponsor: Stephen/Argyle Community Education

Drop-ins are welcome. Please send a note to the school or call the school so we can be ready for your child(ren). In the event that the number of students is too high for the room, we reserve the right to discontinue drop-in services. Notification will be given.

If a child decides to return to the SACC Program once signed out for the day, the parent must bring the child back.

If your child is walking home from SACC, a note granting parental permission must be on file with the SACC Provider and the departure time should be consistent.

ALL FAMILIES (REGULARS AND DROP-INS) MUST RETURN
THE ATTACHED FORM PRIOR TO USING SACC.

## Stephen-Argyle Central SACC 2023-24 Registration Form

Child(ren) Last Name	First Name	<u>Grade</u>	Pick up Time
	<del> </del>	_	-
			-
DAYS CARE WILL BE NEEDED:			
Parent/Guardian:		<u> </u>	
Address:		_	
Mom Phone:	Dad Phone:		
Mom Workplace and Phone:			
Dad Workplace and Phone:			
THE FOLLING PEOPLE ARE AUTH up, Please send a note with your		· · · · · · · · · · · · · · · · · · ·	parent is not picking
Name and Phone Number:			_
Name and Phone Number:			
STORM HOME NAME:	Pl	none:	
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*If immediate medical care is needed and/o decisions will be made by the professionals.			911 will be called and medical
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Dentist's Name:	Phone	2:	
Field trips may be planned from time to etc. Your signature below will allow you		ay entail walking to nearby p	arks, wooded areas, stores
In the event the SACC program children will allow your children to be included.	are included in any newspaper, radio	o, online4, or television publi	city, your signature below
recognize my responsibility to respect to needed to provide a positive experience		ll as my responsibility to help	my child respect the rules
agree to pick up my child before 5:30 p	m and to pay the agreed upon fee o	n time.	
PARENT SIGNATURE		DATE	
LIST ANY OF THE ABOVE PERMISSIONS Y	OU DO <b>NOT</b> WISH TO GRANT OF AN	Y PERSON <b>NOT</b> ALLOWED TO	PICK UP YOUR CHILDREN:

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