

2020-21 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 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 **MAXIMUM TIME OF 6:00 PM**. 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: \$8.00 daily per child or \$2.50 hourly. Bills will be sent monthly. Checks should be made payable to Community Education.

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

Providers: Taylor Delisle & Melissa Conway
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 SACC 2020-21 REGISTRATION FORM

Child(ren) Last Name	First Name	Grade	Pick Up Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYS AND TIMES CARE WILL BE NEEDED: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

WORKPLACE & PHONE (MOTHER): _____

WORKPLACE & PHONE (FATHER): _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP THESE CHILDREN FROM SACC. (IF PARENT IS NOT PICKING UP, PLEASE SEND A NOTE WITH YOUR CHILD INDICATING WHO WILL PICK UP.)

NAME & #: _____

NAME & #: _____

IN THE EVENT OF AN EMERGENCY, THE CHILDREN WILL BE CARED FOR BY:

NAME: _____

ADDRESS: _____ PHONE: _____

STORM HOME NAME: _____ PHONE: _____

* NEEDED FOR IN-TOWN CHILDREN ALSO

PLEASE LIST ANY ACTIVITIES THAT YOUR CHILD WILL BE RELEASED FOR OR ARRIVE LATE BECAUSE OF:

ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____

ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____

ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES YOUR CHILD(REN) MAY HAVE:

IF IMMEDIATE MEDICAL CARE IS NEEDED AND/OR THE PARENT CANNOT BE REACHED AND/OR TIME IS OF THE ESSENCE, 911 WILL BE CALLED AND MEDICAL DECISIONS WILL BE MADE BY THE PROFESSIONALS.

DOCTOR'S NAME: _____ PHONE: _____

DENTIST'S NAME: _____ PHONE: _____

Field trips may be planned from time to time as part of the activities. This may entail walking to nearby parks, wooded areas, stores, etc. Your signature below will allow your child to go on the adventures.

In the event the SACC Program's children are included in any newspaper, radio, or television publicity, your signature below will allow your children to be included.

I recognize my responsibility to respect the rules of the SACC Program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

I agree to pick up my child before 6:00 p.m. and to pay the agreed upon fee on time.

PARENT SIGNATURE _____ DATE _____

LIST ANY OF THE ABOVE PERMISSIONS YOU DO NOT WISH TO GRANT OR ANY PERSON NOT ALLOWED TO PICK UP YOUR CHILDREN: