

Stephen-Argyle Central SACC 2024-25 Registration Form

<u>Child(ren) Last Name</u>	<u>First Name</u>	<u>Grade</u>	<u>Pick up Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYS CARE WILL BE NEEDED: _____

Parent/Guardian: _____

Address: _____

Mom Phone: _____ Dad Phone: _____

Mom Workplace and Phone: _____

Dad Workplace and Phone: _____

THE FOLLING 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 and Phone Number: _____

Name and Phone Number: _____

STORM HOME NAME: _____ **Phone:** _____

*Needed for In-Town Children Also

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

*If immediate medical care is needed and/or the parent/guardian can not 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 activities.

In the event the SACC program children are included in any newspaper, radio, online, 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 **5:30 pm** and to pay the agreed upon fee of \$3.00 hourly per child on time.

PARENT SIGNATURE _____ DATE _____

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