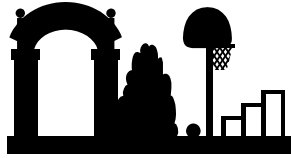


WCS SACC Fall Registration 2009-2010



Oak View\_\_\_\_\_ College Grove\_\_\_\_\_ Pinewood\_\_\_\_\_ Longview\_\_\_\_\_ Heritage\_\_\_\_\_

Trinity\_\_\_\_\_ Kenrose\_\_\_\_\_ Crockett\_\_\_\_\_

(Please indicate site by checking box above)

**Please choose from the following enrollment options: Circle one**

Full time A.M.      Full time P.M.      Full time A.M./P.M.      Drop-In Only

*Note: If you choose Full time A.M. you will be charged the weekly rate for A.M. only and will be charged the drop-in rate if your child attends SACC after school. If you choose Full time P.M. you will be charged the weekly rate for after school and the drop-in rate if you use SACC before school. If you choose full time A.M./P.M. you will be charged that rate whether your child attends or not. If you choose drop-in, you will be charged the drop-in rate for each session your child attends. If you select any of the full-time options your account will be billed whether your child attends or not.*

Childs name\_\_\_\_\_

Childs name\_\_\_\_\_

Childs name\_\_\_\_\_

First Parent or Guardian

Second Parent or Guardian

Name\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
City      State      Zip

Home Phone\_\_\_\_\_

\_\_\_\_\_

Cell Phone\_\_\_\_\_

\_\_\_\_\_

Work Phone\_\_\_\_\_

\_\_\_\_\_

Employer\_\_\_\_\_

\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
City      State      Zip

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

First Enrolled Child Male Female

Second Enrolled Child Male Female

Name \_\_\_\_\_

\_\_\_\_\_

Birthday \_\_\_\_\_

\_\_\_\_\_

Grade Level \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Third Enrolled Child Male Female

If parents are divorced, who is the  
custodial parent?

Name \_\_\_\_\_

\_\_\_\_\_

Birthday \_\_\_\_\_

Grade Level \_\_\_\_\_

Allergies \_\_\_\_\_

Is there any additional information the program should have regarding your child/children?

\_\_\_\_\_  
\_\_\_\_\_

Other Children in Family \_\_\_\_\_

\_\_\_\_\_

Authorized to Pick-up  
(other than parents)

Phone

Relationship/Comments

_____	_____	_____
_____	_____	_____
_____	_____	_____

NOT AUTHORIZED TO PICK-UP

Relationship/Comments

_____	_____
_____	_____

Emergency Contacts  
(you must list one local person other than a parent)

Phone

Relationship/Comments

_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby authorize Williamson County SACC/Child Care personnel to provide emergency medical care for my child enrolled in the program.

\_\_\_\_\_  
Parent or Guardian signature

# WCS SACC Program child health history

Oak View\_\_\_\_\_ College Grove\_\_\_\_\_ Pinewood\_\_\_\_\_ Longview\_\_\_\_\_ Heritage\_\_\_\_\_

Trinity\_\_\_\_\_ Crockett\_\_\_\_\_ Kenrose\_\_\_\_\_

(please indication site by checking above)

Child's Name: \_\_\_\_\_ Sex: [ ] M [ ] F Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_

Has your child had surgery or been hospitalized?  Yes  No Date: \_\_\_\_\_

## MEDICATION

Does your child take medication on a regular basis?  Yes  No Reason \_\_\_\_\_

Name of medication(s), dosage and when taken  
\_\_\_\_\_

Has your child had the following? If yes, put letter of item, age of child and description

Asthma  Yes  No \_\_\_\_\_

Other breathing problems  Yes  No \_\_\_\_\_

Seizures or other neurological problems  Yes  No \_\_\_\_\_

Heart or other cardiovascular problems  Yes  No \_\_\_\_\_

Bladder or urinary tract problems  Yes  No \_\_\_\_\_

Bowel or other GI problems  Yes  No \_\_\_\_\_

Bone or joint problems  Yes  No  
\_\_\_\_\_

Eczema or skin problems  Yes  No  
\_\_\_\_\_

Frequent ear infections or tubes  Yes  No \_\_\_\_\_

Other ear, nose or throat problems  Yes  No \_\_\_\_\_

Tuberculosis exposure  Yes  No  
\_\_\_\_\_

Chicken Pox or vaccination for such  Yes  No  
\_\_\_\_\_

Diabetes or other endocrine problems  Yes  No  
\_\_\_\_\_

Injury or Abuse  Yes  No \_\_\_\_\_

Car Sickness  Yes  No \_\_\_\_\_

## ALLERGY HISTORY

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?  Yes  No

Additional information about allergy  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional health  
information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Oak View \_\_\_\_\_ College Grove \_\_\_\_\_ Pinewood \_\_\_\_\_ Longview \_\_\_\_\_ Heritage \_\_\_\_\_

Trinity \_\_\_\_\_ Kenrose \_\_\_\_\_ Crockett \_\_\_\_\_  
(Please indicate site by checking box above)

### 2009-2010 Field Trip/Holiday Policy

Our Field Trip policy is detailed below:

1. Sign up sheets will be out at least 2 weeks prior to holidays.
  2. You may sign your child/children up until 2 full school days before the holiday/field trip.
  3. At that time the sheets will be removed from the desk and you must call to see if space is available for your child. (There will be no drop-in without calling for space availability)
  4. You may cancel your child's spot up to 2 full school days before the holiday/field trip.
  5. Anyone who is signed up and does not attend on the day they have reserved will be charged a \$10.00 non attendance fee.
  6. Please do not ask us to waive the fee unless there are extreme circumstances. A doctor's note may be required.
- 

I understand as legal parent or guardian of \_\_\_\_\_  
Child's name

I understand as legal parent or guardian of \_\_\_\_\_  
Child's name

that Williamson County and the Williamson County School District, their agents and employees, and volunteers are **not responsible** for any injury to the minor which may result while attending any school sponsored trip.

I agree to hold harmless, indemnify and release Williamson County, Williamson County School District, their agents and employees and any volunteer from any liability for any injury or damage sustained with the minor while attending the field trip.

By my signature, I give my child permission to attend SACC sponsored field trips between the dates of August 13, 2009 and May 26, 2010

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

---

I have received a copy of the Summary of child Care Approval Requirements along with SACC Parent Handbook and procedures

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Please keep the attached copy for your records.

**2009-2010 Williamson County School's Child Care payment policy**

Please read and sign the policy statement below. The signed statement must be received by the SACC office before your child may attend the program. Signature below will indicate that you have read and accept the policy and that by signing the statement you are the responsible party for SACC bills to the children's account whose names are listed below.

I \_\_\_\_\_ am responsible for all payments for charges incurred for the care of:

\_\_\_\_\_ First child

\_\_\_\_\_ Second child

\_\_\_\_\_ Third child

**SACC fees are due in advance on the first day of the week. Drop-in fees are due on the day of service. Payment for registered full time accounts, must be made on Monday or in the case of a Monday holiday it will be due on the first business day of the week.** A

\$5.00 late fee for full-time accounts will be assessed weekly and a \$1.00 late fee for drop-in accounts will be assessed daily on accounts past due. **If a child is ill on Monday, full time payment is still due. The \$5.00 late fee will still apply.** Accounts that are not current by Friday at the close of business will not be allowed to attend the program again until the account is current.

**If an account becomes past due, the child will be asked to leave the program. All collection measures will be used including the use of Williamson County Courts to enforce this contract.**

I understand I will be billed according to the enrollment option I have chosen. I understand the billing policy outlined above and understand that written notification is required to change my enrollment status and that no retroactive credit will be given to my account.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SACC Statement of Understanding and Permission**

Please read and initial in the spaces provided below:

\_\_\_\_\_ **1. I grant permission for photographs / video of my child \_\_\_\_\_ to be used in media releases , and news letters.**

\_\_\_\_\_ **2. I understand that children enrolled in the program are expected to follow the rules established by the program for the purpose of their safety and for the safety of others enrolled in the program. I also understand that the SACC program uses a demerit system based on respect. I understand if my child receives three demerits during any 9 week period they may be asked to leave the program for a period of one to 5 days. If upon their return they should receive another demerit, they may be asked to leave the program permanently. The discipline procedure that will be followed is:**

- 1. Verbal Warning**
- 2. Time out from group**
- 3. demerit issued and parents notified**
- 4. 3 demerits during a nine week period (or summer session) will result in removal from the program as stated above**

\_\_\_\_\_ **3. I understand the fees are due and payable in advance. A \$5.00 late fee will be charged if my account is not current on Friday of each week. If my account becomes more than 5 days past due my child may be asked to leave the program.. It is Williamson County Schools Board policy to withhold report cards for any fees past due and unpaid dues. If you have any unpaid SACC fees we will hold reports cards.**

\_\_\_\_\_ **4. I understand that the completion of this and the forms and the SACC registration packet enrolls my child in the WCS SACC program. It is my responsibility to keep current any information I have provided in this packet. I have had the opportunity to read the SACC parents manual and Department of Education regulations for Child Care Providers (available at the SACC front desk at your school).**

**Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

# Williamson County Schools School Age Child Care (SACC) Rate Sheet 2009-2010

Registration Fee: \$25.00 per year per child (Maximum per family \$75.00)	Before and After Care: \$46.00 (1 child) \$76.00 (2 children) \$96.00 (3 children)
Before School Only: \$18.00 weekly	After School Only: \$34.00 (1 child) \$61.00 (2 children) \$86.00 (3 children)
Drop In: \$6.00 before \$8.00 after	Summer SACC: \$25.00 registration fee (Maximum registration fee per family \$75.00) \$18.00 per day per child
Holidays (Pre-registration required) Holiday "no show" fee \$18.00 \$10.00	Snow Days \$18.00 per day per child  (Snow Day hours are 7:00am-5:00pm)

## SACC Pre-K Rates

Registration Fee: \$25.00 per year per child (Maximum per family \$75.00)	Before and After Care: \$71.00 per week
Before School Only: \$18.00 per week	After Pre-K Only: \$26.00 per week (1:30-3:30)
Drop In: before school \$6.00 per day Drop In: (1:30-3:30) \$6.00 per day Drop In: (1:30-6:00) \$14.00 per day	After Pre-K 1:30-6:00 \$56.00 per week
	Snow Days/Holidays: \$18.00 per day  (Snow Day hours are 7:00am-5:00pm)

Fees are due and payable in advance. \*A \$5.00 late payment/finance charge will be assessed per week to any account carrying a balance of \$40.00 or more. A \$5.00 charge will be placed on your account weekly until the balance falls below \$40.00. The \$5.00 fee will apply whether your child is registered full or part time.

\$5.00 late pick up fee will be charged beginning at 6:01 pm and every 15-minute increment thereafter.

Please keep your SACC account current to avoid late fees. You may pay in advance daily, weekly or monthly.

\$20.00 service charge will be assessed for insufficient funds check.

**Should your account become past due you will be asked to leave the program until the account is current or payment arrangements have been made with the SACC bookkeeper.**

## Williamson County SACC 2009-2010 Calendar

<b>Dates</b>	<b>Definition</b>	<b>Open/Closed</b>
Monday, August 10	Administrative Day	<b>SACC Closed</b>
Tuesday, August 11	Administrative Day	<b>SACC Closed</b>
Wednesday, August 12	Administrative Day	<b>SACC Closed</b>
Thursday, August 13	First Day of School	SACC Open
Monday, September 7	Labor Day	<b>SACC Closed</b>
Tuesday, September 29	Parent Teacher Conferences (1/2 day of school)	SACC Open
Monday, October, 19	Fall Break	SACC Open
Tuesday, October 20	Fall Break	SACC Open
Wednesday, November 25	Thanksgiving Break	SACC Open
Thursday, November 26	Thanksgiving Break	<b>SACC Closed</b>
Friday, November 27	Thanksgiving Break	<b>SACC Closed</b>
Friday, December 18	Winter Break (1/2 day of school)	SACC Open
Monday, December 21	Winter Break	SACC Open
Tuesday, December 22	Winter Break	SACC Open
Wednesday, December 23	Winter Break	SACC Open
Thursday, December 24	Winter Break	<b>SACC Closed</b>
Friday, December 25	Winter Break	<b>SACC Closed</b>
Monday, December 28	Winter Break	SACC Open
Tuesday, December 29	Winter Break	SACC Open
Wednesday, December 30	Winter Break	SACC Open
Thursday, December 31	Winter Break	SACC Open
Friday, January 1	Winter Break	<b>SACC Closed</b>
Monday, January 18	Martin Luther King Jr. Day	<b>SACC Closed</b>
Monday, February 15	President's Day	SACC Open
Monday, March 8	Staff Development Day	SACC Open
Friday, April 2	Good Friday	<b>SACC Closed</b>
Monday, April 5	Spring Break	SACC Open
Tuesday, April 6	Spring Break	SACC Open
Wednesday, April 7	Spring Break	SACC Open
Thursday, April 8	Spring Break	SACC Open
Friday, April 9	Spring Break	SACC Open
Friday, May 21	Last Day of School (1/2 day of school)	<b>Morning SACC Only</b>
Monday, May 24	First Day of Summer SACC	SACC Open
Monday, May 31	Memorial Day	<b>SACC Closed</b>

TENNESSEE DEPARTMENT OF EDUCATION

**SUMMARY OF CHILD CARE APPROVAL REQUIREMENTS**

This is a section by section summary of the State Board of Education School Administered Child Care Rules, Chapter 0520-12-1. Child care centers inspected by the Department of Education must meet the requirements as defined by the rules in Chapter 0520-12-1 to receive a Certificate of Approval. The unabridged School administered Child Care rules are available on the Tennessee Secretary of State website, [www.state.tn.us/sos/rules/0520/0520-12/0520-12-01.pdf](http://www.state.tn.us/sos/rules/0520/0520-12/0520-12-01.pdf) or by writing the Office of School-based Support Services, Tennessee Department of Education, Andrew Johnson Tower, 710 James Robertson Pkwy, Nashville, Tennessee 37243-0375.

**1. Organization and Administration, Chapter Section 0520-12-1-06:**

- A Child Care Center must have an adequate budget. Records, including health, must be kept on all children.
- There must be a transportation plan, including the names of persons to whom the child may be released for each child.
- Staff records must also be kept on each employee that include educational background, reference checks, TBI check, in-service training, physical exams and performance reviews.
- The center must have their Certificate of Approval posted, provide parents with a copy of the policies and procedures & this summary as well as a pre-placement visit.
- Parents must have access to all areas of the center when their child is present.
- The parents must receive an educational program regarding child abuse detection, reporting and prevention.
- If the center provides transportation, the driver should be appropriately licensed, there must be liability insurance and the children must have adequate space & supervision. Transportation provided by the center or under center authorization shall comply with state law.

**2. Staff, Chapter Section 0520-12-1-07:**

**A. Qualifications:**

- The director is responsible for the day to day operations, including staff and program.
- Another person must be left in charge if the director is out.
- Any person with a condition that could be harmful to a child or a person convicted of a crime harmful to or involving a child must not be present.
- Staff must have knowledge of child behavior and development.
- Staff must be physically, mentally and emotionally stable.
- All new employees must have orientation and child abuse prevention training before working with the children.
- The director must have at least a high school diploma and 4 years experience working with children.
- All caregivers must be 18 years of age and one caregiver in each group must have a high school diploma.
- Directors must have 18 hours in-service training each year and caregivers 12 hours.

**B. Supervision and Grouping of Children:**

- Each group must have adult supervision at all times and adult/child ratios should be followed.
- There must be a second adult available when more than 12 children are present.
- Swimming and field trips require ratios be doubled.
- Each group must have their own space.
- Infants and toddlers must have their own space and not grouped with older children.
- At naptime ratios may be relaxed for groups except infants and toddlers.
- Minimum staffing requirements per groups of children (adult:child ratio) must be maintained.
- *Please refer to ratio charts for specific adult:child ratios for each age group.*

**3. Equipment, Chapter Section 0520-12-1-08:**

- All equipment must be in good condition and kept clean.
- There must be age appropriate equipment for all groups with variety.
- Children must have a place for their belongings.
- Large pieces of equipment must be secured.
- Infants are to have space to climb, crawl and pull up that isn't in a playpen or crib.
- There must be enough equipment so children have choices.
- There must be an outdoor play area when children are in care for 3 or more daylight hours.
- Children up to 5 years of age must be offered a naptime if in care for 6 or more hours.
- For napping children, cots or 2 inch mats must be provided and each child must have a cover to place under them and another available to place over them.
- Infants must have individual cribs with open tops.

**4. Program, Chapter Section 0520-12-1-09:**

**A. Schedule and Routines:**

- Routines such as snacks, meals and naps must occur about the same time of day.
- Children must have time for free play as well as adult-directed activities.
- Children must have choices regarding activities and an opportunity to help plan activities.
- If TV programs, tapes and computers are used, other choices should be available.
- Parents must be informed of shows and movies to be shown.
- Staff must monitor computers.
- Outdoor play must be offered, weather permitting.
- A rest period must be offered for children up to 5 years of age in care 6 or more hours.
- Children should be able to form their own sleep patterns.
- A quiet area must be available for children.

**B. Behavior Management and Guidance:**

- Caregivers must be knowledgeable of developmentally appropriate behavior.
- Discipline must be appropriate and redirection should be used when possible.
- No corporal punishment is allowed.
- Good behavior must be praised and encouraged.
- Toilet training shall never be started until a child has been in the program long enough to feel comfortable and is able to communicate his/her feelings.

**C. Educational Activities:**

- Children must have opportunities for learning, self expression, and participation in activities each day.
- Activities that provide for both large and small muscle use must be provided.
- Children must receive child abuse awareness and personal safety information.
- Child care programs shall provide opportunities for learning self expression and participation in a variety of creative activities.

**D. Nighttime Care:**

- If children receive night care, caretakers must provide a calm nurturing environment and a routine hygiene plan must be in place.

**5. Health and Safety, Chapter Section 0520-12-1-10**

**A. Children Health:**

- Children must have immunizations in accordance with current TN law and the center must have documentation for this as well as a physical for each infant/toddler.
- Instructions for any child's special health needs must be documented.
- Parents must be notified if their child is hurt and becomes ill.

