

Parent must provide a picture of child before enrollment is considered complete.

Attach picture of child here

BREVARD PUBLIC SCHOOLS
SCHOOL AGE CHILD CARE
 ENROLLMENT FORM
 2011-2012

SACC USE ONLY

PLEASE COMPLETE ALL INFORMATION IN BOXES

Child's Information:

Last Name:	First:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	
City:	Zip Code:
Day/Date Student Begins Program:	
Child's Teacher:	Grade:

Parent Information:

Parent 1: Last Name:	First:
<input type="checkbox"/> Check if this parent lives at the same address as child, if not complete next two lines	
Street Address:	
City:	Zip Code:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized for Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Employed By:	
Parent 2: Last Name:	First:
<input type="checkbox"/> Check if this parent lives at the same address as child, if not complete next two lines	
Street Address:	
City:	Zip Code:
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized for Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:
Cell Phone:	Other Phone:
Employed By:	
Contact Email Address:	

PLEASE CONTINUE ON THE BACK OF THIS PAGE

Program Enrollment Information:

IMPORTANT: Carefully select the type of weekly enrolled program for your child. You are selecting the program your child will attend. The assigned weekly rate for the program selected will be billed to your account each week. If your child is enrolled in a weekly rate program and is present less than three (3) days per week, you are eligible for a credit to your account ONLY by completing and returning a **Credit Adjustment Form within five (5) school days from the last day of absence**. During each semester you may choose to change your child(ren)'s enrolled weekly program one time OR have one weekly exception without being assessed an additional registration fee by completing and returning a **Program Change Form within three (3) school days from the first day the child's schedule changes**. New registration fees will be charged to your account for all additional changes or exceptions to your child's enrolled program.

AM Only Program **PM Only Program** **AM/PM Program**

Daily Drop In Use -Important Information!- If you select the Daily Drop In Use, you will be billed at the daily rate for 1-2 days per week. If you select this category and your child attends more than two(2) days in any week you will be charged at the regular weekly rate that corresponds to your child's attendance AND this is considered a program change. Fees will be posted as described above.

Additional registration fees may apply as described above.

For Scheduled Daily Drop In Use (1-2 Days/Wk)-Please specify days/times:

Other Schedule Information:

Health Information:

Special Health Problems that the child care staff should be aware of:

Allergies: Food

Medical

Other

Any other information about your child that the child care staff should be aware of:

Child's Physician:

Phone:

Emergency Medical Release, Authorization, and Financial Responsibility:

- 1) If emergency medical care is deemed necessary and I cannot be contacted, I authorize the child care staff to act on my behalf in granting permission for my child to receive emergency treatment.
- 2) I authorize that I am a custodial parent of this child.
- 3) I have selected a program enrollment for my child and I have read and understand the Program Enrollment Information above that effects the weekly fees charged to my account. I am financially responsible for the payments of all child care services. **Payments are due on the first day of service each week. A Late Payment Fee of \$10.00 will be assessed to all accounts that have a balance at the close of the second business day each week. Continued late payments may result in discontinuation of services.**
- 4) Paper reduction information-It is the parent's responsibility to make timely payments based on the child's attended program. Statements will **ONLY** be provided when an account has not been paid and/or has incurred a late fee. Parents may request a statement, receipt or annual record for tax information by completing a Request for Account Information Form.
- 5) I have read and understand all policies and procedures stated on this enrollment form. In addition I understand that I am responsible for the payment of all child care services and any changes/updates to the information on this form.

Date:

Signature:

