

L'Anse Creuse Public Schools
SCHOOL AGE CHILD CARE PROGRAM

Please register my child(ren) in the SACC program of supervised before and after school activities.

I understand there is an annual non-refundable \$30 per family registration fee and \$45 security deposit. This deposit is to reserve my child's(ren's) place in the SACC program. It will be held on my account and will apply to the last 2 weeks of SACC services. If a credit remains on the account, a refund will be issued to the parent on the account by the end of June.

I further understand that the hours of this program are **6:30 a.m.(Atwood, Carkenord, Chesterfield, Graham, Green, Lobbestael and Yacks), 6:45 a.m. (Higgins and South River) and 7:00 a.m. (Tenniswood)** until school begins and after school until 6:00 p.m., Monday through Friday on regularly scheduled school days and early dismissal days only. *Please see fee policy for SACC rates(pages 5 & 6).

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Mother's Name _____ Home# _____ Work # _____

Father's Name _____ Home# _____ Work # _____

Child/ren's Home Address _____

SCHEDULE

Please mark with an **X** days and sessions needed.

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

SPACE MUST BE RESERVED IN ADVANCE FOR HALF DAYS

Please notify the SACC site director if there are any changes in your child's schedule.

Please return all forms to your SACC site director.

L'Anse Creuse School Age Child Care Program
586-493-5660

L'Anse Creuse Public Schools

SACC PROGRAM RULES

BE SAFE

Walk in the halls
Caregivers need to know where you are at all times
Keep hands and feet to self
Listen and follow caregiver directions

BE KIND

Use appropriate language
Take turns with games and materials
Respect caregivers and other students

BE RESPONSIBLE

Clean up your game, craft and snack
Agree on the rules before you play the game
Play in designated areas

L'Anse Creuse Public Schools SACC Program Discipline Policy

The long-range goal for each child is the development of self-discipline. Our staff will encourage self-control and cooperation. The basic SACC rules will be discussed with the children. Positive reinforcement will be given for appropriate behavior. Inappropriate behavior will be redirected. At no time will physical punishment be used or will a child be deprived of any privileges.

Minor transgressions will result in a time out with a chance to cool down and receive support in working out a situation.

Problems that cause physical or mental injury to self or others will result in:

1. A caution card which parents must sign
2. Upon receipt of the third caution card the child will be suspended from the SACC program.

In order to re-enter the program, the parents, SACC site director and the Director of School Age Child Care Program must meet and devise an action plan for the child's behavior.

We have read the SACC handbook and agree to abide by the regulations and policies of the L'Anse Creuse SACC program.

Parent/Guardian Signature

Child's Signature

Date

L'ANSE CREUSE PUBLIC SCHOOLS
School Age Child Care

SACC PROGRAM
HEALTH STATEMENT

This acknowledges that my child _____

Date of birth _____ who attends the School Age Child Care

(SACC) Program at _____ **ELEMENTARY SCHOOL**

is in good health and his/her immunizations are current. I understand

that I assume responsibility for my child's health while he/she is at SACC.

Please list any special health problems:

Please list any allergies:

Parent/Guardian Signature

Date

**L'Anse Creuse Public Schools
School-Age Child Care
(SACC)**

MOVIE PERMISSION SLIP

A movie may be shown occasionally at SACC. Please sign one of the following statements giving your child permission to watch a movie with the rating of your choice.

The Motion Picture Association defines "G" and "PG" as follows:

"G" Rating - *Suitable for children of all ages*

"PG" Rating - *Suggests parental guidance*

I understand that the Motion Picture Association defines "G" as general and is suitable for children of all ages. I give my child permission to watch only movies with a "G" rating.

Child's Name

Parent or Guardian Signature

Date

I understand the Motion Picture Association ratings for "G" and "PG" movies and I give my child permission to watch movies with a "G" and "PG" rating.

Child's Name

Parent or Guardian Signature

Date

L'Anse Creuse Public Schools

School-Age Child Care
33 N. River Rd.
Mt. Clemens MI 48043
(586) 493-5660

SCHOOL AGE CHILD CARE 2011-2012 FEE POLICY

Morning session:

6:30 am-8:00 am Chesterfield and Yacks: \$5.25 flat rate daily, or hourly rate of \$3.50
6:30 am-8:50 am Atwood, Carkenord, Green, \$8.20 daily, or hourly rate of \$3.50
Graham, Lobbestael \$8.20 daily, or hourly rate of \$3.50
6:45-8:50 am Higgins, South River, \$7.30 daily, or hourly rate of \$3.50
7:00am-8:50 am Tenniswood: \$6.40, or hourly rate of \$3.50

Afternoon session:

3:05-6:00 p.m. **Chesterfield and Yacks:** \$10.20 daily flat rate
Wednesday flat rate: 2:05-6:00 p.m. - \$13.70
Half Day flat rate: 11:20 a.m. dismissal = \$23.35

3:55 – 6:00 p.m. **Atwood, Carkenord, Green, Graham, Higgins, Lobbestael, South River and Tenniswood:** \$7.30
Wednesdays flat rate: 2:55-6:00 p.m. - \$10.80
Half Day flat rate: 12:10 p.m. dismissal = \$20.40

*Space **must** be reserved in advance for half days. If you reserve space and do not give us notice that you will **not** be using the program by the start of the afternoon session **the day before**, your account will be charged a \$10.00 fee. If you do not reserve space on half days and use the program your account will be charged an additional \$10.00 fee.*

FEES:

Charges for care are taken to the hour if you use less than the full session. You are never charged more than the flat rate for a morning or afternoon session.

- **Annual Family registration fee/Security Deposit - \$75.00**
(\$30 non-refundable family registration/\$45 deposit to secure your space will be applied to last 2 weeks of SACC services. A refund will be issued if a credit remains on the account in June)
- **Hourly rate** - \$3.50, there is a minimum charge of 1 hour per session.
- **Sibling Discount** of 10% for each additional child
- **\$20.00 late pick-up fee** for each ¼ hour after 6 p.m. Continual late pick ups will result in suspension of using SACC.
- **Non-Sufficient Funds check fee** of \$25.00. After 1 NSF checks we will only accept cash or money orders for payment.
- **Late-payment fee**, 5% assessed on the first Friday of the next month. See page 8 for dates. The late payment fee will be added each month the balance goes unpaid.
- **Tax statements** will be generated upon request to your SACC site director. First request is no charge, a \$10 fee must be pre-paid for subsequent statement requests.

Online payment available using PaySchools.
Ask site directors how to sign up!

L'Anse Creuse Public Schools
School Age Child Care Program (SACC)
33 North River Rd.
Mt. Clemens, MI 48043

**SCHOOL AGE CHILD CARE
2011-2012 FEE POLICY CONTINUED**

New Sibling Discount
10 %

1st Child = \$3.50 per hr.
2nd child = \$3.15 per hr.
Each additional child
\$3.15 per hr.

If your account exceeds \$100.00 and you have not been making regular weekly payments your child cannot continue to use the SACC program. You are expected to pay your SACC bill weekly.

DHS Authorization/Payments

We process DHS childcare payments for families who qualify. You are responsible to acquire and follow up on DHS paperwork until authorization is received. It is your responsibility to pay your account balance weekly until we receive authorization papers from DHS/your caseworker. You are responsible to report hours to DHS within 5 days of each ending pay period to avoid payment delay. You are expected to keep your account current.

You are expected to pay your balance weekly. If your bill exceeds \$100.00 and you have not been making regular weekly payments your child cannot continue to use the SACC program.

I have read, understand and agree to the fee policy for SACC, DHS(if applicable) and my account.

Signature

Date



Payschools now available to make SACC payments on line using your credit card, debit card or e-check.



Make Payments Online!

L'Anse Creuse Public School, School age Child Care Program (SACC) is pleased to bring you the online convenience of our new payment processing system, PaySchools. This program allows you to make school-related payments online via e-check or credit card at your convenience all from our school's Web site.

How It Works

Access our online payment processing system from our school's Web site at www.lc-ps.org .

At the top of the home page (1) click on Departments.

(2) on left side of page click on SACC Program

(3) on right side of page click on "PaySchool-Online Payment"

(4) choose your child's school to make payments online

The first time you access PaySchools, you will be asked to create a username and password. After you login, simply choose to pay by e-check or credit card. To pay by e-check (directly debiting your bank account), you will enter your bank's ABA routing number and personal bank account number. To make your payment by credit card, enter the account number and expiration date for your VISA or MasterCard credit card. After you complete your purchase, an e-mail confirmation and receipt will immediately be sent to you. PaySchools uses "Secure Sockets Layer" (SSL) software, requires passwords throughout the program, and **does not store personal bank or credit card information to ensure privacy and security for users.**

Benefits For You

Not only is this service a convenience for you, it saves district resources that can be spent on your child's education. PaySchools offers you:

- Easy and convenient online access to pay fees 24 hours a day, 7 days a week,
- An end to lost checks,
- Instant credit to student accounts reflecting the new activity,
- Ability to view account history of purchases, and
- Assurance of private and secure transmissions.

We are currently accepting online payments for the following items:

SACC Payments

To get started, click here to visit our Web Site at www.lc-ps.org . Click on the Department tab, then School Age ChildCare Program SACC, Payschool Online Payments, Choose child's school.

L'Anse Creuse Public Schools
School Age Child Care Program
(586) 493-5660

SCHOOL AGE CHILD CARE
LATE PAYMENT FEE DATES
(5% Late Fee)

September billed balances are due by Friday, October 7, 2011

October billed balances are due by Friday, November 4, 2011

November billed balances are due by Friday, December 2, 2011

December billed balances are due by Friday, January 6, 2012

January billed balances are due by Friday, February 3, 2012

February billed balances are due by Friday, March 2, 2012

March billed balances are due by Friday, April 6, 2012

April billed balances are due by Friday, May 4, 2012

May and June balances are due by Friday, June 1, 2012

Security Deposit, \$45, will be applied to
the last 2 weeks of SACC services.

Admission Date _____ Discharge Date _____

Child's Name _____
Last First Middle

Address _____ City _____ Zip _____

Home Phone _____ DOB _____ Grade _____ Teacher _____ Bus _____

Mother/Guardian's Name _____

Address (if different from child)

Address _____ City _____ State _____ Zip _____

Work Place _____ Work phone _____ Cell phone _____

Email Address _____

Father/Guardian's Name _____

Address (if different from child)

Address _____ City _____ State _____ Zip _____

Work place _____ Work phone _____ Cell phone _____

Email Address _____

Person to be notified in an emergency when parent/guardian is not available	Relationship
Daytime Number: _____	Cell phone: _____

Names of persons other than parent/guardian to whom the child may be released

1. Name _____ Phone _____ Cell _____

2. Name _____ Phone _____ Cell _____

3. Name _____ Phone _____ Cell _____

4. Name _____ Phone _____ Cell _____

In case of accident or serious illness and if the school is unable to contact me, I hereby authorize the school to take my child to the local hospital I have designated. I understand that all financial costs are my responsibility. I affirm that all information given on this card is correct to the best of my knowledge.	
Signature of Parent/Guardian _____	Date signed _____

Name of Child's Doctor or Health Clinic _____

Phone Number _____ Hospital preferred for emergency treatment _____

Allergies _____

Additional medical concerns _____