



School Aged Child Care Registration

School Age Child Care (S.A.C.C.) is an optional fee-based childcare program offered by Romeo Community Schools for children grades Young 5's through 12 years old. The program provides a variety of activities that enrich students' out of school time experiences in a safe, caring and supervised environment. Our SACC staff will provide your child with a warm, friendly, fun-filled atmosphere, where children can learn, play and relax.

SACC programs are licensed by the State of Michigan under the MiLEAP Childcare (Lifelong Education Advancement & Placement) SACC programs are available at Amanda Moore, Hamilton-Parsons, Hevel, Indian Hills, and Washington Elementary schools for children in elementary and middle school until age 12. SACC programs begin at 6:30 a.m. and operate until the start of the school day, then resume from the end of the school day until 5:30 p.m. The cost is prepaid and is \$5.00 or \$5.50 (proposed) per child per hour. This cost will include one afternoon snack. We require parents to submit a regular schedule of attendance listing days and times of attendance for each child. Changes in schedule will be accepted with advance notice to the Early Childhood office at Croswell as availability allows. Regular schedules of attendance help us plan for caregivers and follow the adult to child ratio, required by MiLEAP. If any school should not be able to open a SACC program due to lack of caregivers, parents will be notified before registering. SACC programs will combine at the nearest elementary school, and RCS transportation will be provided.

****Please fill out the registration form and return it with the non-refundable \$50.00 registration fee (for the current school year September through August) and tuition for the first two weeks to the Early Childhood office. Children must be registered 48 hours prior to the initial start date. Should you have further questions, please contact the Early Childhood Services Office at 586-752-0314.**

Child's Name _____ Birthdate _____ Grade _____

Child's Name _____ Birthdate _____ Grade _____

Child's Name _____ Birthdate _____ Grade _____

Father/Guardian: _____ Phone: _____

Email: _____

Mother/Guardian: _____ Phone: _____

Email: _____

Address, City, Zip Code: _____

My Child will attend: Amanda Moore Hamilton Parson Hevel Indian Hills Washington

My Child is in Middle School and will need transportation yes no I have filled out a transportation form? Yes No

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					



Policy Agreement

Child's Name: _____

SACC Location: _____

Child's Name: _____

Child's Name: _____

1. I agree to sign in and out my child each time I drop off and/pr pick up my child.
2. I agree to call the program/site to inform staff whenever my child will be absent. If my child is ill, I will not send my child to their program/class and will make alternate arrangements.
3. I will complete and supply all enrollment forms and necessary documents. I will keep all information current.
4. I will stay abreast of all communications, i.e. newsletters, flyers, Procure messages, etc.
5. I agree and assume full responsibility for any damage to person or property caused by my child.
6. I agree that if the behavior or health of my child should necessitate sending him or her home, I or someone on my child information record will IMMEDIATELY pick up my child from his/her program.
7. I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the program.
8. I understand there may be field trips or special activities which I must sign up for and pay for in advance.
9. My child may be photographed or videotaped while participating in the Early Childhood programs. Photograms and or videotapes may be used for Procure, program projects, promotions, district websites, or staff training.
10. I have read Online or requested and received and read a copy of the RCS Early Childhood Programs handbook which includes program policies, disciplinary procedures, and payment information, etc. I will discuss the rules, regulations, and expectations of the program with my child.
11. In the event of an emergency, I give permission to RCE Early Childhood programs to secure emergency medical and/or emergency surgical treatment for the above named minor of child/ren while in care. The staff member in charge shall make reasonable attempts to contact the child's legal guardian in case of any emergency medical treatment.
12. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs. The equipment has been inspected by may not comply with the Playground Safety Act. By signing this form, I grant approval for my child to use the equipment.
13. I have been informed of the Child Care Licensing notebook which is available to view during business hours.
14. I have read, understood and agreed to all of the above. If I have any questions or concerns I will contact the Director at 586-752-0314.

All policies, procedures and staffing related to the Early Childhood Development programs are under the discretion of the Director.

Parent Signature _____ Date: _____



MOVIE RELEASE I give permission for my child to watch G rated movies ___ and PG rated movies _____

SUNSCREEN: Provided by parents and applied by caregiver or child (over the age of 10, then wash hands). Labeled by parents the stored up high by caregivers so out of children's reach.

Can apply own sunscreen: ___ Yes ___ No Parent Initials _____

Doesn't need sunscreen ___ Yes ___ No Parent Initials _____

TECHNOLOGY: * No personal cell phones in SACC

* Only school devices are allowed (i-pad or chromebooks)

* Devices used 2 hours per week, per licensing guidelines

* If child misuse devices, caregiver will put away until schools begins or parent pick up

*If child/ren misuse the devices and it breaks all RCS technology policies apply.

Parents Signature _____

Child/Parent Behavior Contract:

Child's Name _____ Child's Name _____ Child's Name _____

- I will listen to SACC caregivers and follow directions
- I will respect other people's belongings by not touching or using items without permission
- I will respect SACC/School property, clean up after myself and or help others clean up if needed
- I will respect others personal space by keeping my hands and feet to myself
- I will use an indoor voice when inside the building
- I will use appropriate positive language and not swear, bully, or speak negatively to caregivers/others
- I will stay with SACC caregivers at all times, if not and is a flight risk, could stop your child from care immediately
- I will be responsible for all my actions and caregivers will give natural consequences to each incident

When a child intentionally and without remorse hurts another by words or actions, the caregivers will work with the student using positive discipline methods and strategies. The child's parent/guardian will be notified by the caregiver verbally when this occurs. After a third verbal warning, an incident report will be filled out by the caregiver and signed by the parent/guardian. After the third written incident report, a parent/guardian meeting will be requested to discuss a behavioral plan and future discipline options. The discipline options or consequences may vary due to the severity of the three written incidents from a 1 day suspension to removal from SACC for a short period of time to the remainder of the school year.

Student Signature _____ Student Signature _____ Student Signature _____

Parent Signature _____ Date: _____



PAYMENT AGREEMENT

Pay in Advance Policy

Registration fee and two weeks tuition is due before enrollment can begin. Parents or legal guardians need to submit a payment based on the schedule of attendance for care or preset tuition amount.

1. I understand that the RCS Early Childhood Services programs are non profit, self supporting programs.
2. Any unpaid balance will not allow any future enrollment for summer or fall programs in RCS.
3. I agree to pay the registration fee of \$50.00 per child which is non refundable (annually per child).
4. I agree to pay Romeo Community Schools Early Childhood Program for my child's tuition per the two week prepay system at registration.
5. I understand that if my account becomes delinquent over 2 weeks, my child will be disenrolled from the program until my balance is paid in full.
6. I agree to prepay \$5.50 per hour per child for the SACC program and understand that there is a minimum charge of one hour per session per child (morning and/or afternoon). After the one hour minimum I will pay in 30 minute
7. I understand my three payment options are: automatic payment Tuition Express; by phone with credit or debit card, or at the Crowell office with credit card.
8. I understand the parent that is listed on the SACC registration form is considered to be the person responsible for full payment.
9. I understand that if I have joint custody of my child and if I share financial responsibility for SACC payment I must work out the payment method with the shared party. If I choose to have a separate SACC account, I will register separately and split the family registration fee with the other parent.
10. I understand that the SACC program closes at 5:30pm. I understand that I will be charged a late fee of \$15 per 15 minute increments. There is a \$25 fee for any insufficient funds to the family account. If my child/ren are signed up on a Half Day/or a day over a school break and the child doesn't show, the family account will be charged for the day/s.
11. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs. I further acknowledge that any amount past due will accrue monthly late fees.

Parent Signature: _____ **Date:** _____



Certificate of Good Health (one is needed per child)

Child's Name: _____ **SACC Location:** _____

Has your child been diagnosed with any of the medical conditions listed below?	Yes	No
Allergies		
Hay Fever		
Asthma		
Eczema or Frequent skin Rashes		
Convulsions/Seizures		
Heart Trouble		
Diabetes		
Frequent colds, sore throats, earaches (4 or more per year)		
Trouble passing urine or bowel movements		
Shortness of breath		
Dental problems		
Reactions to food, medications or other that has not been diagnosed by a doctor as an allergy		
Other		

Please explain any problem identified above: _____

Does your child take any medications regularly? ___ No ___ Yes ___ Type: _____

Reason: _____ I hereby certify that my child is in good health and that his/her
immunizations are up to date at: _____ Elementary School, in _____ Michigan.

Parent or Guardian Signature _____ Date _____



Child Ratios

Child's Name: _____ Child's Birthdate: _____

Child's Name: _____ Child's Birthdate: _____

Child's Name: _____ Child's Birthdate: _____

____ If my child/ren is 57 months to 60 months old, I am ok, with my child in Young 5's or Kindergarten to be in a SACC classroom at a 1 adult to 18 children ratio instead of 1 adult to 12 children ratio, until all children are 5 years old, or December 1st

Parent Signature _____ Date _____

Items that may be needed: Labeled water bottle; running shoes; lunch if half day of school

- I have read and understood the COVID-19 Response Plan of Romeo Community Schools and have signed the form and turned it in with my child's registration forms.
- I have read and understood the Parent Handbook. If an additional copy is needed I know that there is a copy available to my on-line or a printed copy can be requested through the Early Childhood Services office.
- Absences need to be called into the school office and SACC site.
- Any schedule changes must be made at the Early Childhood Services office at Crosswell, not the SACC site.
- I will support the SACC caregivers in discipline issues.
- I will keep my child out of SACC if they are sick, as to not spread germs and keep others healthy
- I will bring any concerns to the Director of Child Development in a timely manner.

Parent Signature: _____ Date: _____

Office Staff: _____ Date: _____



Illness Policy

- Croswell Children's Center is an early learning facility, where learning through play occurs throughout their daily experiences of art, music, stories, dramatic play, building blocks, large motor, etc.
- Croswell Children's Center does not provide one on one care as a nanny or babysitter would in someone's home; where a child can sleep or rest if not feeling well.
- Croswell Children's Center expects parents to keep their child/ren home when their child/ren isn't feeling well. Please call the front office to notify your child's absence, The office number is 586.752-0314. Please state the child's name, the teacher's name, and the reason for the absence.
- Croswell Children's Center will send a child home if he/she becomes ill throughout the day based on the symptoms listed. The parents, legal guardians, or emergency contact person will pick up the child and sign the illness form.

Symptoms

- Temperature of 100.4 or higher (child must be fever-free and medicine free for 24 hours until returning)
- Unexplained rash not diagnosed by a physician (doctor's note required to return)
- Severe cold with yellow/green drainage from the nose, along with any other symptom
- Deep consistent cough
- Conjunctivitis: Drainage from one or both eyes, or if either eye is red, itchy, swollen, or watery. This could be the beginning of an eye infection (a doctor's note to return is required)
- Bronchitis: this can begin with hoarseness, cough, and a slight temperature
- Diarrhea: After 2" diarrhea, the child will be sent home or immediately if the child doesn't have any extra clothes
- Vomiting, due to illness. The child is unable to perform normal tasks of the day
- Contagious or communicable diseases. Examples of these are: measles, chickenpox, mumps, rosella, pink eye, hand, foot, and mouth, strep throat, impetigo, or scarlet fever
- Lice or bed bugs (must be nit-free and checked by office staff or nurse to return to class)
- Child is too tired, lethargic, unusual paleness, or irritable to not be able to partake in regular class activities, please keep your child home
- Communicable diseases are contagious to others and must be confirmed by the child's physician in writing before the child care returns. The doctor's note must include the child's name, under physician's care, and the child's return date to school.

A child can be sent back home if a doctor's note is not turned in



Sick Child Procedure

If the child becomes sick at school the staff will:

- *Isolate the child with staff member in the office
- *Immediately call the parent and give specific information concerning the child's health
- * With the parent, agree on an immediate course of action
- *Care for the child until the parent or designated person arrives to take the child home.

Child's Name: _____ Date: _____

Symptoms being sent home: _____

Return to school: _____ Doctors note needed: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Director notified: ____ Yes ____ No Date: _____ Initials _____

****I have read and understand the illness policy******

Print Name: _____

Signature: _____ Date: _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ()	Employer Name	
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.



ROMEO COMMUNITY SCHOOLS

TRANSPORTATION DEPARTMENT

399 Sisson Street
Romeo, Michigan 48065
(586) 752-02670 • Fax (586) 752-0414
www.romeok12.org transportation@romeok12.org

ALTERNATE BUS STOP ASSIGNMENT REQUEST

Our automated Bus Routing Software assigns students to bus stops based on their school of attendance, grade and home address. Students will be assigned to the nearest grade appropriate bus stop to their home that they can walk to without crossing major streets and roads. If you wish to have your child assigned to an alternate bus stop for reasons including divorce, childcare or otherwise desire an exception to a child's assigned bus stop or eligibility, this form will need to be filled out completely and returned to the Pupil Transportation Department by mail, fax or email at transportation@romeok12.org. Please allow (5) five days for the Pupil Transportation Department to determine if an exception can be made and to authorize and communicate a change if approved. Please use one form for each affected students.

School Year: _____ School: _____

Student Name: _____ Grade: _____

Parent/Guardian: _____ Day time Phone: _____

Email Address: _____

Home Street Address: _____ Zip Code: _____

Current Route #: _____ Current Bus Stop: _____

_____ My Child is currently NOT eligible for Transportation Services

Reason for alternate bus stop:

_____ Childcare _____ Divorce/Custody _____ Other Please Explain: _____

Requested Route #: _____ Requested Bus Stop: _____

_____ To and From School _____ To School only _____ From School only

Alternate/Care Giver Address: _____ Zip Code: _____

Care Giver Name: _____ Phone: _____

I understand that I am responsible for my child getting to and from the bus stop safely and that I must submit a new request each school year.

Parent/Guardian Signature _____ Date: _____

Transportation will use the following rules to base its decision to provide transportation to an alternate address:

*The alternate address must be within the same school's attendance boundary.

*The desired alternate bus run cannot be within 10% of load capacity.

* The alternate stop must be for all (5) days a week.

*Transportation eligibility is determined by the student's home address.

*** The alternate stop must be an existing stop on the bus run.**

Transfer Approved: _____ Date Effective: _____ Route: _____ Driver: _____ Stop Location: _____

Reason for Denial: _____