



SACC Summer Camp & Fall Registrations

Croswell Children's Center 175 Croswell St., Romeo, MI 48065

1). Summer Camp Registration

April 25th, 5-7pm @ Croswell in the gym
(Mon. June 17th - Fri. August 23, 2019)



Registration Fee: \$50 per child (new enrollees only)
Material Fee: \$25 per child
T-Shirt Fee: \$12 per child
Field Trip Fees: June field trip fees due at registration
July & August field trip fees due
Thursday, June 27th, 2019

Registration paperwork online: at www.romeok12.org by March 27, 2019
(click on Inside RCS; Departments, Early Childhood Services, Summer Camp 2019)

- Print, fill out and bring all registration papers/fees to Croswell on April 25, 2019
- Spaces are given on a first come, first serve basis
- There are **70 spots available per day** during camp

2). SACC Fall 2019-2020 Registration @ own elementary school in the SACC area

Registration Fee: \$50 per child
Charge: \$4.50 per hour per child
SACC: Kindergarten - 5th grade (5-12 yrs)
Before & After School Care & PLC Days



Elementary Sites SACC FALL registration days/times:

Amanda Moore on May 15th and 16th from 3 - 6pm in SACC room
Hamilton-Parsons on May 13th and 14th from 3 - 6pm in SACC room
Hevel on May 28th and 29th from 3:30 - 6pm in SACC room (cafeteria)
Indian Hills on May 23rd and 24th from 3:30 - 6pm in SACC room (cafeteria)
Washington on May 21st and 22nd from 3:30 - 6pm in SACC room (cafeteria)

Current families: registration papers at SACC site (update, resign, date, pay fees)

New families: registration paperwork online: at www.romeok12.org by April 1, 2019
(Inside RCS, click on Departments, click Early Childhood Services, click on SACC 2019-2020). Turn in paperwork/fees at Croswell Children's Center M-F 7:30-4pm

Please contact Jeanine Beck or Breanna Thacker at (586) 752-0314



2019 SCHOOL AGE SUMMER CAMP

Summer camp is held at Croswell for children entering grades 1st through 6th (up through 12 years old). Camp hours are 6am-6pm, Monday through Friday, and will run from June 17th - Aug 23rd, 2019. Camp will provide crafts, fitness, games, music, outdoor play and field trips, which are additional fees paid for by the parent/guardian. Camp will provide a snack in the AM and PM, but parents will provide a ready to eat lunch daily, unless otherwise noted.

All previous balances must be paid in full prior to any child starting summer camp

Fees for registration are:

- A \$25.00 (non-refundable) materials fee for each child
- \$12 field trip T-shirt for each child
- A \$50.00 (non-refundable) registration fee is required for each child (unless child attended SACC during 2018-2019)

Turn in at registration (April 25th):

- Completed registration papers
- A calendar of scheduled days for the entire summer program (10 days are a minimum)
- Field trip, material and t-shirt fees

Schedule Changes:

- By June 1, 2019 (no deleting of days/weeks after that date)
- Adding days is possible based on daily student enrollment, notice must be given to the office as soon as possible, as last minute requests may not be available.
- There are NO FEE ADJUSTMENTS FOR ABSENCES for a DAY or FIELD TRIP

Care is not available for any child not attending field trips

Daily Tuition Fee: \$30 per child

Print Child's

Name _____ Birthdate _____

T-Shirt **Youth** Size S M L XL **Adult** S M L XL

Grade Just Completed: _____

Print Address, City, State, Zip

Print Parent/Guardian

Name: _____

Print Email _____

Parent/Guardian Phone number: () _____ or () _____



DAYS (Please circle) M T W TH F TIMES FROM _____ TO _____

Please check the weeks your child will attend

_____ June 17 - 21 _____ July 15 - 19 _____ August 5 - 9
_____ June 24 -28 _____ July 22 - 26 _____ August 12 - 16
_____ July 1- 3rd only _____ July 29 - Aug 2 _____ August 19 - 23
_____ July 8 - 12

Parent Signature _____ Date: _____

A non-refundable \$50.00 registration fee (if applicable); \$25 Camp material fee must accompany this form, a \$12 field trip t-shirt fee per child. Make checks payable to Romeo Community Schools (RCS) and mail to Early Childhood Services Office, 175 Croswell St., Romeo, MI 48065.

Payment Agreement

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. Tuition is due every Monday, to not allow accounts to be delinquent. If any account becomes 2 weeks behind, the child will no longer be able to attend. _____ Parent initials _____ Account Clerk initials

THERE ARE NO REFUNDS FOR OVERPAYMENT/or activity fees.

- 1. I understand that the RCS Early Childhood Programs are non-profit self supporting programs.
2. Care is not available for children not attending field trips.
3. I understand that my child's account from the previous school year and or summer must be in good standing or I cannot register my child for any program.
4. I agree to pay the registration fee of \$50.00 per child which is non refundable (if applicable).
5. I agree to pay Romeo Community Schools Early Childhood program for my child's tuition per the terms of the contract. I understand that I must pay for my child's scheduled days regardless of attendance including illness, and vacation.
6. I understand that if my child's account is delinquent, my child's care will stop until balance is paid in full
7. I understand my payment options are online using "click to pay", by phone with a credit or debit card, office with credit card or by mailing a check to the Early Childhood Services office. I understand the parent that is listed on the Registration Form is considered to be the person responsible for full payment.



8. I understand that if I have joint custody of my child and if I share financial responsibility for tuition payments I must work out the payment method with the shared party. If I choose to have a separate account, I will register separately and pay a separate registration fee.
9. I understand that Summer Camp at Croswell closes at 6:00 p.m. and I understand that I will be charged a late fee of \$15.00 per 15 minute increments after 6:00 p.m.
10. I understand that I will be charged a \$25.00 NSF fee for returned checks or credit card payments
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/Guardian Signature _____ Date _____

Policy Agreement

Child's Name: _____

Program: **School Aged Child Care**

1. I agree to sign in and or out my child each time I drop off and/or 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 his/program/class and will make alternate arrangements.
3. I will complete all enrollment forms and I will keep all information current and up to date.
4. I will read all communications, i.e. newsletters, emails, posters and bulletin boards.
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 or 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. My child may be photographed or videotaped while participating in RCS Early Childhood programs. Photographs and or videotapes may be used for program projects, promotion, district websites, or staff training.
9. 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.
10. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical and or emergency surgical treatment for the above named minor child while in care. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
11. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs. The equipment has been inspected but may not comply with the Playground Safety Act. By signing this form, I grant approval for my child to use the equipment.
12. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours.
13. I have read, understand and agree to all of the above. If I have any questions or concerns I will contact the Director at 586-752-0314.
14. All policies, procedures and staffing related to the Early Childhood Development programs are under the discretion of the Director.

Parent Signature _____ Date: _____



SUN BLOCK FORM

I _____, give permission to RCS Summer Camp, to apply sunblock to my child _____.

I will supply the sunscreen for my child throughout the entire summer program

- I will provide my child with a labeled water bottle daily for hydration
- I may supply a labeled sun hat or visor for sunny outdoor field trips

Parent Signature _____ Date _____

Please label sunscreen with child's first and last name on it with a permanent marker, thank you. Sunscreen must be kept out of the reach of children and with the SACC caregivers in the classroom.

MOVIE RELEASE:

I give permission for my child to watch G and or PG movies.

Child's Name _____ Birth Date: _____

G Movies Yes _____ No _____

PG Movies Yes _____ No _____

TECHNOLOGY USE:

R400.8179

- Use of media or any other electronic device shall not exceed 2 hours per week per child
- Activities shall be developmentally appropriate
- Support learning and expand children's access to content and shall be suitable to the age of the child
- Violent or adult content are prohibited while child/ren are in care at SACC
- If dvd or technology is in use, there must be additional activities planned and available for children to participate in

By signing this form, I understand and have discussed the Technology & MOVIE release policy with my child.

Parent Signature _____ Date _____



SWIMMING PERMISSION

Department of Human Services Bureau of Children and Adult Licensing (**Regulation 400.8810**) requires written parental permission prior to a child participating in a swimming activity.

I give permission for my child _____ to participate in swimming activities with the Romeo Community Schools School Age Summer Camp Program.

Swimmers:

My child _____ **IS able** to meet all the following criteria:

1. Keep afloat for 5 minutes by whichever means possible.
2. Swim the length of the pool any style (minimum of 25 yards).
3. Perform 1 and 2 above without the use of flotation device

Non-Swimmers:

My child _____ **CAN NOT** meet all the following criteria:

1. Keep afloat for 5 minutes by whichever means possible.
2. Swim the length of the pool any style (minimum of 25 yards).
3. Perform 1 and 2 above without the use of flotation device.

**3 years & up, who are considered non-swimmers, the in-the-water ratio is 1 caregiver to 4 children when the water level is at the child's chest height or lower

**3 years & up, who are considered non-swimmers, when the water level is above the child's chest height, the in-the-water ratio of a 1 caregiver to 1 children

R400.8820 Swimming activity supervision

All caregiving staff counted in the caregiver to child ratio shall be both of the following:

1. Actively engaged in providing direct care, supervision, and guidance
2. Physically able to assist to children quickly

R400.8840 Swimming activity area

1. A working telephone shall be accessible
2. First Aid Kit
3. Rescue pole or throwing rope and ring buoy
4. Signaling device
5. Licensed lifeguard
6. Inspection of pool by health department

*The use of hot tubs and private wading pools is prohibited

Parents Signature _____ Date _____



Child/Parent Behavior Contract (one form per child)

Child's Name _____

- I will listen to SACC staff and follow directions.
- I will respect other people's belongings by not touching or using their belongings without permission
- I will respect SACC/school property and help clean up personal messes and assist in leaving an area better than I found it
- I will be responsible for all my actions
- I will respect others personal space by keeping my hands and feet to myself.
- I will not have any physical contact with other people.
- I will not raise my voice while inside the building and will use my inside voice when speaking.
- I will use appropriate language and not use negative remarks
- I will ask SACC staff for permission to leave the room or area.
- I will respect others feelings by having a positive attitude when talking to them.

Not abiding by these rules may result in suspension and or termination from the RCS School Age Child Care Program. All incidents will be handled on the Three Incident System, except physical contact. If physical contact occurs it will be an immediate One Day Suspension from the SACC Program.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date: _____



CERTIFICATE OF GOOD HEALTH (One form per child)

Child's Name _____ Date of Birth: _____

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: date of last exam		
Reactions to food, medication 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? Yes _____ No _____

Types _____ Reason: _____

I hereby certify that my child is in good health and that his or her immunizations are current.

Parent or Guardian

Signature _____ Date _____



Summer Camp Checklist

- 1 Fob Key per family (turn back in Aug 23rd, 2019); additional key is \$20
- Pack lunch daily (unless otherwise noted)
- Lunches: Must be peanut and treenut free food items**
- Labeled water bottle (daily)
- Gym shoes daily
- Sun hat or visor
- Tech Day will be determine by teacher
- Robotics (4th-6th graders, who didn't participate at camp 2018. Cost is \$20 per student)
- Labeled Dairy Queen gift card (for summer visits with money loaded on the card)
- Labeled sunscreen (give to staff)
- Towels, water shoes or flip flops in a labeled bag for pool days
- Field trip shirt for offsite events
- No switching or deleting of scheduled days after June 1st
- No tuition adjustments for camp days, field trips, on missed days after June 1st

Reminder with Lunches: Food items can not have peanuts or tree nuts in them



SUMMER CAMP FIELD TRIP PERMISSION

Money due for *June* field trips and special events by April 25th or at time of enrollment. Money due for *July and August* field trips and events by June 27th. These fees must be paid by check to RCS.

Child must wear field trip T-shirt.

<u>DATE</u>	<u>ACTIVITY AND DETAILS</u>	<u>COST</u>	<u>BUS</u>	<u>Yes, my child will attend</u>
___ June 17th	Dairy Queen Walk- <u>Monday</u>	Use Gift card	Walk	___ Parent Initials
___ June 18th	Mystery of the Character Surprise @ Croswell- <u>Tuesday</u>	\$8.00	10:00	___ Parent Initials
___ June 19th	Blake's Berry Picking Tour	\$12.00	10:00	___ Parent Initials
___ June 21st	RCS Pool- <u>Friday</u> -Bus Fee	\$2.00	9:45	___ Parent Initials
	Please pay cash on day of pool visit	\$3.00		
___ June 24th	High Touch/High Tech-Globs and Glue @ Croswell- <u>Monday</u>	\$4.00	9:00	___ Parent Initials
___ June 26th	Jimmy John's Field House-Baseball Game- <u>Wednesday</u>	\$18.00	10:15	___ Parent Initials
___ June 27th	Emagine Theatre-Toy Story 4-ticket, popcorn, drink- <u>Thursday</u>	\$15.00	9:15	___ Parent Initials
___ June 28th	Frontier Town and Trolley, ice cream, and store- <u>Friday</u>	\$5.00	10:00	___ Parent Initials
	<i>*Please send exact cash for ice cream and store, week of trip</i>	\$3.00		
___ July 2nd	Wild Swan Theater Performance @ Croswell- <u>Tuesday</u>	\$13.00	10:30	___ Parent Initials
___ July 9th	Park and Macomb Aquatics Center-Picnic and Swim- <u>Tuesday</u>	\$12.00	10:00	___ Parent Initials
___ July 11th	Hideaway Lanes-Bowling- <u>Thursday</u>	\$12.00	9:30	___ Parent Initials
___ July 12th	Dairy Queen Walk- <u>Friday</u>	Use Gift card	Walk	___ Parent Initials
___ July 15th	Urban Air-Trampoline Park-Arcade-Pizza- <u>Monday-need socks</u>	\$24.00	9:30	___ Parent Initials
___ July 17th	Mobile Ed.-Reptiles @ Croswell- <u>Wednesday</u>	\$7.00	10:00	___ Parent Initials
___ July 19th	RCS Pool- <u>Friday</u> -Bus Fee	\$2.00	9:45	___ Parent Initials
	<i>*Please pay cash on day of pool visit</i>	\$3.00		
___ July 23rd	Metro Beach-Picnic, Playground, Squirt Zone- <u>Tuesday</u>	\$5.00	9:45	___ Parent Initials
___ July 25th	Diamond Jack River Boat- <u>Thursday</u>	\$13.00	9:00	___ Parent Initials
___ July 26th	Dairy Queen Walk- <u>Friday</u>	Use Gift card	Walk	___ Parent Initials
___ July 29th	Wolcott Farm-Farm, Wagon Tour, Picnic, Ice Cr.- <u>Monday</u>	\$11.00	9:15	___ Parent Initials
___ Aug. 2nd	RCS Pool- <u>Friday</u> -Bus Fee	\$2.00	9:45	___ Parent Initials
	<i>*Please pay cash on day of pool visit</i>	\$3.00		
___ Aug. 8th	Zap Zone- <u>Thursday</u>	\$19.00	9:30	___ Parent Initials
___ Aug. 9th	Dairy Queen Walk- <u>Friday</u>	Use Gift card	Walk	___ Parent Initials
___ Aug. 13th	Armada Fair- <u>Tuesday</u>	\$5.00 or \$7.00	10:00	___ Parent Initials
	<i>*(5-8 yrs.=\$5.00/9-12 yrs.=\$7.00)</i>			
___ Aug. 15th	The Rink-Skate, Bounce house- <u>Thursday</u>	\$13.00	9:00	___ Parent Initials
	<i>*Please send cash for concessions, week of trip</i>	\$5.00	9:45	___ Parent Initials
___ Aug. 16th	RCS Pool- <u>Friday</u> -Bus Fee	\$2.00		
	<i>*Please pay cash on day of pool visit</i>	\$3.00		
___ Aug. 22nd	Pizza Lunch/Movie in Big Gym	\$3.00		___ Parent Initials
___ Aug. 23rd	Mobile Ed.-World Music-Guy Louis @ Croswell- <u>Friday</u>	\$7.00	10:00	___ Parent Initials

My child has permission to ride on an RCS School bus for summer camp field trips.

Child's Name: _____ Grade just completed: _____ Parent Signature: _____

CHILD INFORMATION RECORD

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

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
Parent/Legal Guardian's Name			Home Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone ()	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
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 Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

If your child is planning on going on the Dairy Queen walking field trips, below is a link to the menu at DQ - dates are June 17, July 12, July 26, and August 9.

[**Dairy Queen Menu**](#)