



HADDON TOWNSHIP BOARD OF EDUCATION
SCHOOL AGE CHILD CARE

EDISON SCHOOL OFFICE 205 Melrose Ave. • WESTMONT, NEW JERSEY 08108
 BEFORESCHOOL & AFTERSCHOOL CARE • KINDERGARTEN CARE • SUMMER RECREATION

Dawn Piscopio
 Director
 856-869-7750 Ext. 3012
sacc@haddontwpschools.com
www.haddontwpschools.com

OFFICE USE ONLY
 Discount _____
 AM KC _____
 PM KC _____
 PAID _____

Kindergarten Care (K CLUB) 2019-20 Registration
First Month Tuition Due at Time of Registration

CHILD INFORMATION

Child LAST name	FIRST NAME/Nickname (Indicate if child prefers to be called anything different- ex Billy/William)	Birth Date	HOME Kindergarten School	Gender M F

KCLUB SCHEDULE

(Put an "X" in the boxes that your child will attend K Club)

Monday	Tuesday	Wednesday	Thursday	Friday

BEFORE CARE

Not included in KClub Tuition

Opens at 6:30 AM

Breakfast served

YES _____
 No _____
 Drop In _____

NOTES:

AFTER CARE

3pm-6pm (If your child will be attending aftercare, you must indicate here)

YES

NO

		Must notify the SACC office by 3pm Thursday for the upcoming Week SACC@haddontwpschools.com
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Additional Cost See Below

DROP IN ONLY _____

\$18 per Day Regular Day/\$25 per half day

MONTHLY FEES

****First Month Tuition Due at the Time of Registration****

Check ("x")	FIXED Days per week	FEE- Due the 15 th of each month
	2 days	\$170+ AC discount=\$220
	3 days	\$245+ AC discount=\$310
	4 days	\$315+ AC discount=\$395
	5 days	\$370+ AC discount=\$465

DISCOUNTS * Free and Reduced Lunch 50% (Will be verified with BOE)

Family Information

	Parent/Guardian #1	Parent/Guardian #2
Name		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone		
Employer		
Employer City, State		
Email address		
Custody Issues Restrictions?	NO YES YES: attach a copy of most recent order	Comments:

NOTES:

Emergency/Alternate Contact & Authorized Pick Up: If parent/guardian cannot be reached in the event of an emergency in a reasonable amount of time, the following person(s) will be contacted. Contacts are expected to act on behalf of the parent/guardian; parental permission to pick up child is implied. Contacts should be available during the hours of the SACC program in which the child (ren) is registered for.

***Please list in order of importance.*

Call	Full Name	Relationship to Child	Best Contact Number
First			
Second			
Third			

Child must be fully potty trained and able to handle all aspects of toilet hygiene independently

Care Information: Please state information that you feel would be useful in meeting your child's needs:

Allergies:

Medical Conditions/Disabilities:

Medications:

Social:

Emotional:

Speech/language:

Academic:

Family situations:

Medical Permission: If a medical emergency arises, the SACC staff will attempt to contact 1) SACC Director 2) Parent/Guardian 3) Emergency Contacts. If medical assistance is deemed necessary, my child maybe treated by professional emergency personnel and has access to my child's health plan. HTSD provides secondary coverage if an accident or injury occurs while participating in HTSD SACC programs.

Parent/Guardian Signature

Date

Hospital Preference: Cooper

Our Lady of Lourdes

Virtua/Voorhees

Child's Physician Name/Phone _____

Child's Primary Insurance Co. & Policy # _____

NOTES:



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2019-20 SACC Tuition Agreement

Please check all that apply:

_____ Before School Care _____ After School Care _____ K Club

Yearly Tuition includes:

- Before School Care: care for the schedule submitted & breakfast
- After School Care: care for the schedule submitted & snack
- K Club: care for the schedule submitted, transportation (if applicable), and snack (if applicable)

Tuition Payment:

MONTHLY: First payment is due at the time of registration. Payments are due the 15th of every month.

Payments: CHECK or MONEY ORDER made payable to HT BOE/SACC and mail to Edison School SACC Office (205 Melrose Ave., Westmont, NJ 08108 or by appointment to the SACC Director. Payments can be sent into school in your child's backpack labeled SACC. You do not need an invoice to pay the tuition.

Tuition Accounts that remain unpaid on the last day of the month, will result in refusal for admission for care on the next scheduled care day. RE-admission will require payment by certified check or money order. An unpaid balance at the end of the school year will result in refusal for future admittance of that child or other children in the immediate family to Summer Recreation, Before School Care and After School Care for the following school year until all financial obligations have been met.

Haddon Twp Tax ID number is 21-6000-340

I have read and understand the above information with regards to HADDON TOWNSHIP SCHOOL AGE CHILD CARE PROGRAMS.

Parent/Guardian Signature

Print Name

Date

More SACC information can be found at www.haddontwpschools.com News & Info tab... School Age Child Care.
PLEASE READ THE PARENT HANDBOOK ON THE WEBSITE FOR FURTHER INFORMATION