



**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  
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[www.haddontwpschools.com](http://www.haddontwpschools.com)

OFFICE USE ONLY  
Discount \_\_\_\_\_  
AM KC \_\_\_\_\_  
PM KC \_\_\_\_\_  
PAID \_\_\_\_\_

**Kindergarten Care (K CLUB) 2019-2020 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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Included in KClub tuition

DRO P IN ONLY \_\_\_\_\_

## \* MONTHLY FEES

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

Check ("x")	FIXED Days per week	FEE- Due the 15 <sup>th</sup> of each month
	2 days	\$170
	3 days	\$245
	4 days	\$315
	5 days	\$370

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

**\* Tuition rates may change subject to the passage of the 2019-2020 budget**

## 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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**2019-2020 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), afterschool care, and snack (if applicable)

**Tuition Payment:**

MONTHLY: First payment is due at the time of registration. Payments are due the 15<sup>th</sup> 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
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More SACC information can be found at [www.haddontwpschools.com](http://www.haddontwpschools.com) News & Info tab... School Age Child Care. PLEASE READ THE PARENT HANDBOOK ON THE WEBSITE FOR FURTHER KC INFORMATION