

HAWTHORNE PUBLIC SCHOOLS
HAWTHORNE, NEW JERSEY

SACC REGISTRATION 2021 - 2022

School-Age Child Care Program

The district's School-Age Child Care (SACC) program will continue to operate in the 2021 - 2022 school year for grades K-5 at each elementary school. The program staff consists of certified teachers who will provide monitored playtime, supervised homework help, outdoor games and sports, quiet games, crafts, snacks, special events, and lots more.

The SACC Program follows the district's regular school calendar, including early dismissal days. Hours are 3 PM - 6 PM and on half-days, 12:45 PM - 6 PM. The monthly tuition for each child is listed below. There will be a 10% discount for families registering more than one child.

- monthly cost is: \$185 for 5 afternoons per week
- \$165 for 4 afternoons per week
- \$145 for 3 afternoons per week
- \$110 for 2 afternoons per week
- \$ 80 for 1 afternoon per week

To register for the Hawthorne SACC program, please complete and return the preliminary registration form along with a \$25 non-refundable registration fee for each child made payable to Hawthorne Community School. Return completed form to the Roosevelt Elementary School, c/o SACC Program, 50 Roosevelt Avenue, Hawthorne, NJ 07506 attn: Cynthia Dockray. In the event that the program becomes filled and we are not able to admit your child, the \$25 registration fee will be returned to you.

If you have any questions, please call Mrs. Cynthia Dockray, SACC Director, at (973)-427-5069.

SACC PRELIMINARY REGISTRATION FORM

CHILD'S NAME	GRADE/TEACHER	CIRCLE DAYS NEEDED
_____	_____	M T W T F
_____	_____	M T W T F
_____	_____	M T W T F

SCHOOL CHILD ATTENDS: _____

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ (Mother)

_____ (Father)

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HAWTHORNE SACC EMERGENCY FORM

STUDENT INFORMATION

NAME _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE # _____

SCHOOL _____ GRADE _____ AGE _____

IS THERE ANY SPECIAL MEDICAL, HEALTH, OR PERSONAL INFORMATION WE NEED TO KNOW ABOUT YOUR CHILD?

****PLEASE NOTE THAT THE SACC STAFF CANNOT ADMINISTER ANY MEDICATION****

PARENT/GUARDIAN WITH WHOM CHILD RESIDES

****MOTHER'S NAME** _____ **PHONE #** _____

HOME ADDRESS _____

BUSINESS ADDRESS _____ BUSINESS PHONE # _____

****FATHER'S NAME** _____ **PHONE #** _____

HOME ADDRESS _____

BUSINESS ADDRESS _____ BUSINESS PHONE # _____

EMERGENCY INFORMATION: Please give the name, address & phone number of 2 people who may be notified in case of emergency, illness, or school closing if the parent or guardian cannot be reached. These contacts must be in the vicinity of the school district during the hours of the program. Please make sure they are aware that they are our contacts.

****NAME** _____ **PHONE #** _____

HOME ADDRESS _____ RELATIONSHIP _____

****NAME** _____ **PHONE #** _____

HOME ADDRESS _____ RELATIONSHIP _____

AUTHORIZATION TO PICK UP YOUR CHILD (You may list additional people on the back)

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

Parents Signature _____ **Date** _____