

2020-2021

School Year Enrollment



Enrollment Date _____

Start Date _____

DCN# _____

on wait list: _____

Office use only

Child's First Name: _____ Last Name: _____

Date of Birth / / Sex __M__F T-shirt Size YS__ YM__ YL__ AS__ AM__ AL__

Grade of child in 2020-21 school year: KDG__ 1st__ 2nd__ 3rd__ 4th__ 5th__ School: _____

We have more than one child in NLC SACC: Yes__ Names: _____

Child will attend: Before School _____ After School _____ Full Days _____ Half Days _____

5 days a week _____ 3 days a week: Mon. __ Tues. __ Wed. __ Thurs. __ Fri. __

Parent/ Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip : _____

Home Phone: _____

Cell: _____

Employer: _____

Work Number: _____

Work Address: _____

City: _____ State: _____ Zip : _____

Work Hrs: _____

Parent/ Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell: _____

Employer: _____

Work Number: _____

Work Address: _____

City: _____ State: _____ Zip : _____

Work Hrs: _____

Persons Authorized to take my child from the program or to be called in an emergency (other than parent/guardian)

Name: _____ Relation to Child: _____

Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip : _____

Name: _____ Relation to Child: _____

Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip : _____

Person responsible for payment of tuition:

Name: _____ Relation to Child: _____

Cell: _____ Work #: _____ DCN# _____

What times will you be needing care on a normal basis.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

Field Trip: I give permission for my child to participate in SACC field trips. Yes ____ No ____

Transportation: I give permission for my child to be transported by SACC Staff for trips. Yes ____ No ____

PG Movie: I give permission for my child to watch PG movies during SACC. Yes ____ No ____

Oral Medications: I acknowledge that SACC staff may only administer oral medications. INT: ____

My Child takes the following medications: _____

Does your child require extra services due to an Individualized Education Plan (IEP)? Yes ____ No ____

Does your child have any behavior and/or health concerns, allergies, medications the child is taking or any other pertinent information? No ____ Yes ____ (Please explain below)

Physician or Clinic: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

I have received a copy of the NLC SACC handbook pertaining to admission, care, financial policies and discharge of children. INT: ____

I have received a copy of the NLC SACC Days of operation calendar pertaining to Vacation days and legal Holidays.

INT: ____

I understand that I will be notified in case of accident or illness of my child, and I will make arrangements for medical care with the physician or hospital of my choice. If I can't be reached to make necessary arrangements, I authorize the SACC program to contact emergency personnel. In the event of a severe emergency, emergency personnel will be notified immediately. I/We hereby grant permission to the attending physician and/or other medical care providers, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and wellbeing of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization and or/medical transportation. If my child is ill at time of arrival to the SACC program, I understand that he/she may not be accepted for care.

Parent Signature: _____ Date: _____