

**SACHEM CENTRAL SCHOOL DISTRICT**  
**SACC REGISTRATION FORM 2016-17**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of Sept. 2016: \_\_\_\_\_ Gender: \_\_\_\_\_

<b><u>AM:</u></b>	<b>Start Date:</b> _____
<i>(Please circle:)</i> M T W TH F	

<b><u>PM:</u></b>	<b>Start Date:</b> _____
<i>(Please circle:)</i> M T W TH F	

Student I.D. # \_\_\_\_\_

Home Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

(1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**NAMES OF LOCAL PERSONS (18 and over) AUTHORIZED TO PICK UP MY CHILD:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**\*\*please be sure to complete this form in its entirety.\*\***

**REVERSE SIDE MUST BE COMPLETED**

Child's Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

- **Online monthly prepayments will be paid on the first day of each month. If I need to pay by money order I may do so at the Child Care site. Cash will not be accepted. Failure to pay in a timely manner is reason for dismissal from the program. All receipts must be retained by the parent. The Child Care Office will not provide any further record of payment.**
- My child must be signed in and out of the program by myself or another adult daily.
- It is my responsibility to notify the Child Care Office of any custodial arrangements. My child may be released to either parent unless we have court documentation.
- A new registration form must be submitted each year. Prior registration forms **will not** be accepted.
- My child requires medication during program hours. \_\_\_\_\_ YES \_\_\_\_\_ NO  
*Please see medication guidelines in the Parent Handbook (pages 12-16)*

The above named child takes the following medicine: \_\_\_\_\_

The above named child has the following dietary, medical or activity restrictions:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I have read the information on this registration form and the Parent Handbook and agree to the conditions therein.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**During the period of May 30, 2016 – August 16, 2016, all registration forms must be mailed to:**

Sachem Central School District  
Administrative Offices  
Child Care Office, Room 103  
51 School Street  
Lake Ronkonkoma, NY 11779  
Attn: Geri Parrotta