



SAC Summer Camp 2018

Welcome to SAC Summer Camp at Park View Elementary!

This summer, SAC students will explore a universe of stories as we discover different works of literature. Each week's activities will be based on a different book. SAC students will learn how to be bucket fillers, travel the world with Flat Stanley, and find out about engineering, architecture, and science from our friends Rosie, Iggy, and Ada.

Of course, summer camp just wouldn't be the same without going swimming. SAC will travel to Crossville to swim at Clyde York 4H Camp. We do provide floaties for Pre K and Kindergarten students, but feel free to send a lifejacket if you prefer. (Don't forget to write your child's name on it!) Please see the parent calendar for swim dates and other field trip information.

Breakfast and lunch will be provided by the Putnam County Child Nutrition Program at no additional cost to parents. An afternoon snack will also be provided each day. As always, your child may bring his/her own lunch, but we ask that you do not send carbonated soft drinks. Also, we **have no facilities to refrigerate or heat meals.**

We will continue to offer parents the option of weekly fee payments. Please pay close attention to the attached payment schedule. Payments are due **no later than the Thursday** preceding that week's care. Please note that summer deposits and tuition for week 1 are due no later than **Friday, May 11.**

Drop off and pick up of students will be through the SAC entrance (located at the front of the building-the double doors closest to the parking lot.) Students will need to be signed in each morning and out each afternoon. Please remember to bring your photo identification at pickup.

We hope this summer will be a fun and enriching experience for your child while providing you with peace of mind while you work. If you have any questions, please contact your Site Director or the SAC Office at 528-1847. Also, updated information will be posted on our website: www.putnamsac.org.

Thank you for choosing SAC as your summer childcare provider.

Krista Hamilton
SAC Program Coordinator



SAC Summer Camp

Payment Schedule

Deadline for Payment:

Summer Deposit and May 21-25	Friday, May 11
May 28-June 1	Tuesday , May 22
June 4-8	Thursday, May 31
June 11-15	Thursday, June 7
June 18-22	Thursday, June 14
June 25-29	Thursday, June 21
July 2-6	Thursday, June 28
July 9-13	Tuesday , July 3
July 16-20	Thursday, July 12 (your deposit will pay for this week)

The summer deposit is tuition for the last week of camp. Tuition is 85.00 per week for one child, or 148.75 for two children. The sibling discount is reflected in the price.





We ask that each student donate a bottle of sunscreen, SPF 45 or higher, when registering for camp. This will be used as "community" sunscreen, and should be turned in along with your registration forms and summer deposit.

There is no need to write your child's name on the bottle.

SAC Summer 2018

May 2018


SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
WEEK 1	Memorial Day 	week 1 tuition due (May 28-June 1)		10 am dismissal	First Day of Camp 	
					Deadline for Summer Camp Registration Deposit & tuition due	

June 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
WEEK 2				week 3 tuition due (June 11-15)		
WEEK 3				week 4 tuition due (June 18-22)		
WEEK 4				week 5 tuition due (June 25-29)		
WEEK 5				week 6 tuition due (July 2-6)		

SAC Summer 2018

July 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Week 6	2	3 READ UP STOP THE SUMMER SLIDE week 7-tuition due (July 9-13)	4 SAC Closed 	5 SAC Closed 	6 	7
8 Week 7	9	10	11	12 week 8 tuition due (July 16-20)	13 	14
15 Week 8	16	17	18	19	20 Last Day of Camp  Field Trip TBA	21
22	23	24	25	26	27	28
29	30 First Day of School 10 am dismissal	31				

Reminders:



All students must be signed in and out of the program each day. Please bring your photo id with you.



Please have students at SAC no later than 8:00 a.m. on Field Trip days to allow time for sunscreen, etc.



We are very active at camp, and ask that your child wears shoes he/she can run and play in. Flip flops are o.k. for pool days, but tennis shoes or sandals with a back strap are better for running, climbing, etc.



Weekly Tuition is due on the Thursday preceding that week's care. Changes in attendance should be requested **48 hours** in advance.



Park View SAC Phone Number **931-528-8713**



SAC Summer Camp

Putnam County SAC Summer Camp 2018
Park View Elementary

Child's Name _____ Last Grade Completed _____
Date of Birth _____ Last School Attended _____

Please initial the days/weeks your child will attend SAC

	Monday	Tuesday	Wednesday	Thursday	Friday
May 21-25	SAC Closed		SAC Closed		
May 28-June 1					
June 4-8					
June 11-15					
June 18-22					
June 25-29					
July 2-6			SAC Closed	SAC Closed	
July 9-13					
July 16-20					

This is the rate at which you will be charged, unless you notify the Site Director and complete a change of enrollment form (with a 48 hour notice.) Fees will be prepaid. Payment (check or money order) is made directly to the Site Director on the Thursday before. A payment schedule is included in the SAC Summer Handbook.

Parent Signature _____ Date _____

SAC Emergency Information

Child's Name _____ Birthdate _____ School _____ Grade _____

LIST ALL PERSONS TO WHOM CHILD **MAY NOT** BE RELEASED:

(Parent must provide proper legal documentation to support this request)

Name _____ Name _____

Name of person, other than parent, authorized to act for parent in an emergency: DO NOT LEAVE BLANK

Name _____ Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Child's Physician _____ Phone _____ Child's Dentist _____ Phone _____

Family Hospital _____ Phone _____ Child's health is: Excellent ___ Good ___ Fair ___ Poor ___

Please describe any medical conditions, including allergies (refer to Medication Section in Parent Manual)

PARENT AGREEMENT:

- I have received and read the SAC Parent Manual.
- I agree to abide by the guidelines as stated in the Parent Manual.
- I will keep SAC informed of ANY CHANGES in EMERGENCY and HOME PHONE NUMBERS.
- My child will be picked up by 6:00 p.m. I understand late pickup fees will begin at 6:01 p.m.
- I understand that all fees are to be paid in advance.
- I understand that my child will not be released to anyone who is not listed on the registration form.
- I agree to be responsible for all tuition, including a 40% collection agency fee if my account becomes delinquent.

Parent/Guardian Signature _____ Date _____

SAC Parent Information

Mother's Name _____ Home Phone _____

Address _____ Zip Code _____

Social Security Number _____ Work Phone _____

Employer _____ Cell/Pager _____

Father's Name _____ Home Phone _____

Address _____ Zip Code _____

Social Security Number _____ Work Phone _____

Employer _____ Cell/Pager _____

LIST ALL PERSONS TO WHOM CHILD **MAY** BE RELEASED: DO NOT LEAVE BLANK

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

AUTHORIZATION:

I authorize the child care personnel to arrange emergency medical care for my child in the event that I can not be reached.

Parent/Guardian Signature _____ Date _____

Student's Name

Last Grade Completed

SAC occasionally photographs or videotapes students during various activities. These photographs and videos may be used in the newspaper, SAC brochures or scrapbooks, or on our website. Please indicate your preference below:

I give permission for my child to be photographed or videotaped by the Putnam County SAC Program.

I do not give permission for my child to be photographed or videotaped by the Putnam County SAC Program.

Parent Signature

Date

SAC applies sunscreen and/or insect repellent to students before and during extended periods outside. Please indicate your preference below:

I give permission for the Putnam County SAC Staff to apply sunscreen to my child

I do not give permission for the SAC Staff to apply sunscreen to my child

I give permission for the Putnam County SAC Staff to apply insect repellent to my child

I do not give permission for the SAC Staff to apply insect repellent to my child

Parent Signature

Date

SAC Field Trip Permission Slip 2018

SAC will travel to **Clyde York 4-H Center** to swim this summer. We will leave at 8:00 a.m. and return no later than 3:30 p.m. Please send your child to SAC in his/her bathing suit on swim day. Also, please make sure your child arrives at SAC **no later than 8:00** on swim day so that adequate time is given to apply sunscreen, etc.

Student's Name

Last grade completed

I give permission for my child to travel by Putnam County School Bus to the Clyde York 4-H Pool with the School Age Care Program on the following dates:

Friday, June 1

Parent Signature

Friday, June 8

Parent Signature

Friday, June 15

Parent Signature

Friday, June 22

Parent Signature

Friday, June 29

Parent Signature

Friday, July 6

Parent Signature

Friday, July 13

Parent Signature

