

SAC SUMMER CAMP

Putnam County SAC Summer Camp 2019
Northeast 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 27-31	SAC Closed				
June 3-7					
June 10-14					
June 17-21					
June 24-28					
July 1-5				SAC Closed	SAC Closed
July 8-12					
July 15-19					

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 no later than the Thursday before.

A payment schedule is included in the SAC Summer Handbook.

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

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 2019

SAC will travel to Clyde York 4H Center Swimming Pool this summer. We will leave at 8:15 a.m. and return no later than 3:30 p.m. Please send your child to SAC in his/her bathing suit on swim days. Also, please make sure your child arrives at SAC no later than 8:00 on field trip days 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 with the Putnam County School Age Care Program on the following field trips:
(please initial below)

_____ to Clyde York 4H Center Swimming Pool on Friday, June 7.

_____ to Clyde York 4H Center Swimming Pool on Friday, June 14.

_____ to Clyde York 4H Center Swimming Pool on Friday, June 21.

_____ to Clyde York 4H Center Swimming Pool on Friday, June 28.

Parent Signature

Date

