

2016-2017 SACC SCHOOL YEAR REGISTRATION FORMS INSTRUCTIONS

Read This First

1. **Forms must be completed in their entirety and emailed to sacc@rrcc.edu.** If they are not completed in their entirety, or not emailed to sacc@rrcc.edu, your registration is not valid and will not be processed. If a field does not apply, you must enter "N/A." Fields cannot be left blank.
2. **Registration payment must be made before contract is emailed to sacc@rrcc.edu.** You must provide a valid check/payment confirmation number at the bottom of the Financial Contract and Agreement along with the amount that you have already paid. If you do not make payment and/or do not provide correct confirmation information, your registration is not valid and cannot be processed.
3. **You must read all included forms.** By signing this financial agreement, you are agreeing that you have read all policies, stipulations, and requirements of you as the signer. This is a legally binding document. Do not sign if you do not read and agree to the terms.

Form 1: Registration & Medical Record Form

All fields are required including Child's information, medical information, insurance information, dietary restrictions, known allergies, medications, specials needs, and Parent/Guardian information. Either complete each of these fields, or, if the item does not apply, you must enter "N/A" (i.e. if you do not have dental insurance, you must enter N/A on the field that says "Dental Insurance," you cannot leave the field blank).

You must mark "Yes" or "No" on whether there are restrictions on who may have contact with your child, and, if yes, you must provide court documentation and the person's full name.

If you are providing authorized individuals who may pick up your child or who will serve as emergency contacts, you must provide their name, relationship, phone number, and address. They must be marked as "Emergency" or "Pick up."

Form 2: RRCC SACC Financial Contract and Agreement & Addendum

All fields are required. You must provide the school site, child's first and last name, and date of birth. You must include complete information for the responsible person #1 (the person signing the contract) to include full name, driver's license number, home address, city, zip, work information, and email. If any of the fields do not apply, you must enter "N/A." You cannot leave any fields blank.

For the options of care, you must select one and only one option for care by clicking in the circle next to the option. If you are selecting "Option A: Daily Rate," you must select the sessions you are attending for the school year.

In order to be an "Option B: Variable" you must first contact sacc@rrcc.edu and request a confirmation code by providing the name of your site location and the names of the children you wish to enroll as variable. We are only able to provide a limited number of variable accounts at each site. If there is availability at the site, you will receive an email back with the confirmation code to include with your variable contract. Variable contracts will not be processed without a confirmation code.

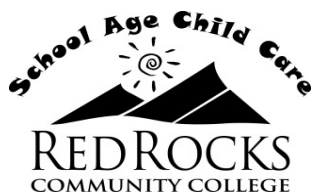
You must include a valid start date for your contract. The first day we will be offering care in the fall is **August 18, 2016**.

A payment confirmation number or check number along with the amount paid must be at the bottom along with the responsible parties' signatures. Financial information can only be provided to individuals who have signed the contract. All forms must include a signature. You can complete the form, print and sign and scan it and email it, or electronically sign the forms.

Form 3: RRCC SACC Financial Contract and Agreement & Addendum

All fields are required. If a field does not apply, you must enter "N/A."

If you have any questions regarding the contract, please email sacc@rrcc.edu with your questions BEFORE completing and submitting the forms.



Red Rocks School Age Child Care Registration & Medical Record Form

Child's Name: _____

Child's Address: _____
 Unit#: _____ City: _____ Zip: _____

Child's Information

Male ☐ Female ☐ Grade: _____
 Date of Birth: _____
 School: _____
 Teacher: _____

Medical Information

Doctor's Name: _____
 Doctor's Address: _____
 Doctor's Phone #: _____
 Hospital: _____
 Hospital Address: _____
 Hospital Phone #: _____
 Dentist: _____
 Dentist Address: _____
 Dentist Phone #: _____
 I understand RRCC SACC will call 911 in an emergency ☐

Medical Insurance: _____
 Medical ID# _____

Are there any legal restrictions on who may have contact with your child? (Court ordered documentation - **Copy Required**)
 Yes ☐ No ☐

Restricted Person's Name: _____
 Restricted Person's Name: _____

Authorized Individuals who may pick up child & Emergency contacts
 Emergency ☐ or ☐ Pick Up ☐

1) Name: _____ ☐ ☐ ☐

Relationship to child: _____

Primary #: _____

Address: _____

2) Name: _____ ☐ ☐ ☐

Relationship to child: _____

Primary #: _____

Address: _____

3) Name: _____ ☐ ☐ ☐

Relationship to child: _____

Primary #: _____

Address: _____

Dental Insurance: _____
 Dental ID# _____

List dietary restrictions: _____
 List any known allergies: _____
 List any medications: _____
 List any special needs / medical information your child has: _____

Parent/ Guardian Information

Name: _____
 Relationship to child: _____ Child lives with this guardian/parent ☐
 Address: _____
 Employer: _____ DL# _____
 Work Address: _____
 Home # _____ Cell # _____ Work # _____

Name: _____
 Relationship to child: _____ Child lives with this guardian/parent ☐
 Address: _____
 Employer: _____ DL# _____
 Address: _____
 Home # _____ Cell # _____ Work # _____

The information above is correct and true. I understand I am responsible to inform RRCC SACC in writing of any changes or additional medical needs my child may have. I agree to the terms, policies and procedures stated on the registration form and in the family handbook.

Signature: _____

Date: _____

Red Rocks Community College School-Age Child Care Policies

I hereby give my permission to RRCC SACC to:

- Call a doctor, dentist, or 911 should an emergency arise. Permission is granted for emergency, medical, or hospital personnel to perform necessary care in the event of an emergency. It is understood that conscientious efforts will be made to locate the parent or guardian before any action will be taken. Parent or guardian agrees to accept all expenses incurred.
- To discuss issues concerning my child's welfare and development with necessary school personnel.
- Transport my child for the purposes of scheduled activities. The mode of transportation will be Jefferson County Public School Buses, charter buses, RTD or walking.
- Help my child apply sunscreen when necessary. Waterproof, PABA free sunscreen with an SPF of at least 30 will be provided by RRCC SACC. If child requires a special sunscreen parent/guardian must provide for RRCC SACC.

I understand:

- ***My child must be signed in and out by an authorized adult*** and that anyone who is authorized to pick up my child ***needs to have a picture ID*** available. RRCC SACC will only release my child to individuals specified on the registration form. Individuals not on the list of authorized adults must have parents' written or verbal authorization. This authorization includes: full name, phone number, and address. If authorization is verbal the RRCC SACC staff will call the parent/guardian back to verify authorization.
- Any restrictions on parental rights for this child, RRCC SACC staff ***must have legal documentation*** of custody specifications, restraining orders or other legal information concerning the child on file.
- It is my responsibility to inform the RRCC SACC Office and Site Manager in writing any time information on the Registration Form changes. It is my responsibility to inform staff in writing of any changes in my child's normal schedule, (i.e. joining a club or event).
- RRCC SACC believes that professional, respectful communication between parents and staff is beneficial. Therefore, I understand that the appropriate way to handle a concern with the program or my child's progress is to approach the Site Manager and request a meeting. If at any time RRCC SACC staff are disrespected, harassed, harmed or verbally assaulted, care will be terminated immediately. If an issue is not handled to the customer's satisfaction, please request a meeting with office management by emailing sacc@rrcc.edu or calling 303-914-6203.
- RRCC SACC offers a well-rounded program for children to participate in daily. I understand that I have the right to exclude my child from any particular program or activity by providing written notice. RRCC SACC believes that choices create an atmosphere that decreases the amount of discipline concerns. If concerns arise, the staff will communicate those concerns with the parent/guardian and create an action plan that may assist the child to participate in a more positive way. However, never will a child be allowed to remain in the program who is potentially dangerous or violent to other children, staff or self. A child who continually disrupts, disrespects or destroys the goals created for the group will be asked to leave the program immediately. A child who compromises ratio or leaves the program without adult permission/supervision will not be allowed to remain in the program.
- Photos or videos may be taken of my child for the purpose of curriculum, advertising/marketing.

I agree:

- To notify RRCC SACC when my child will not be attending a regularly scheduled sessions by texting, email or leaving a message on the site cell phone. The message must include the date of absence, child's name, parent's name, and verification phone number.



RRCC SACC Financial Contract & Agreement

School Site:						Parent# (if known):	
Child's First Name:#1				Child's Last Name:		Child's D.O.B.	
Child's First Name (if apply):#2				Child's Last Name (if apply):		Child's D.O.B.	
Responsible Person#1:				Responsible Person#2 (split contracts must be filled out on separate contracts):			
Parent/Guardian#1:			Driver License#1:	Parent/Guardian#2 (if apply):			Driver License#2:
Home Address#1:		City:	Zip:	Home Address#2 (if apply):		City:	Zip:
Work Name & Address#1:		City:	Zip:	Work Name & Address#2(if apply):		City:	Zip:
Home#1	Cell#1		Work#1	Home#2(if apply):	Cell#2		Work#2
Primary Email:				Email#2 (if apply):			

Please select one of the following options:

<input type="checkbox"/> Option A : DAILY RATE Registration Fees: \$45.00 per child / \$90.00 per family				
Please check the sessions your child will attend daily for the school year:				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
Daily Fee Rates:				
AM: \$11.50/\$13.00	PM: \$17.00	AM/PM: \$19.50	Early Release: \$25.00	Full Day: \$32.50
<input type="checkbox"/> Option B : VARIABLE Registration Fees: \$45.00 per child / \$90.00 per family				
*This option is based on limited availability *Accounting authorization required prior to sign up				
<input type="checkbox"/> Variable (3 days per week)		<input type="checkbox"/> Variable Every Other (3 days alternating weeks)		
Variable Daily Fee Rates:				
AM: \$13.00/\$14.50	PM: \$18.50	AM/PM: \$21.00	Early Release: \$25.00	Full Day: \$32.50
<input type="checkbox"/> Option C : Drop In Registration Fees: \$45.00 per child / \$90.00 per family				
*This option is based on availability. *Registration Fee due immediately, all contract fees apply *Payment due in advance online				
Drop In Daily Fee Rates:				
AM: \$15.50	PM: \$20.00	AM/PM: \$23.00	Early Release: \$31.00	Full Day: \$45.00

Registration Contract <input type="checkbox"/> Start Date:	<i>Notes for office use: Is this a new family to SACC? ____</i>
Contract change <input type="checkbox"/> # Start Date:	

Policies:

- * I understand that I am obligated to pay for all scheduled days in advance. Payment is due on the **1st of the month by 6:30am.**
- * I understand NO credits are given. No contract changes will be honored **before 9/9 or after 5/12.**
- * I agree to notify RRCC SACC program if my child will not attend the program.
- * I understand all contract changes must be submitted in writing and require two weeks' notice when reducing care.
- * I have read & agree to the terms on BOTH SIDES of this financial contract & understand my responsibilities of the contract.

Signature #1: _____	Date: _____	Signature #2(if apply): _____	Date: _____
All contracts require a signature, contracts without a signature will not be accepted or processed. A second signature is required to share account information.			

Check/Conf.#	Amount Paid:	Received by:
A Non-refundable Registration fee is required to process registration paperwork. Online payments require a valid confirmation number noted on the contract in order to complete registration.		

Red Rocks Community College School-Age Child Care

13300 W. 6th Ave. Box 22-A Lakewood CO 80228 Office: 303-914-6203 Accounts: 303-914-6506 or 303-914-6515
www.rrcc.edu/sacc

Any changes to a contract or changing personal information must be submitted in writing.

Payment Policies: There is an **annual non-refundable registration fee** of \$45.00 for one child or \$90.00 per family (Summer not included). Payment in full must be received **by 6:30am on the 1st of the month** for the upcoming month (Child care is paid one month in advance). **To calculate your bill: daily rate (x) # of days attending in that calendar month = amount due.** Please remember your statement is not a bill, additional account activity may show up on the next statement.

Accepted forms of payment: Visa, MasterCard. Please **pay online at www.rrcc.edu/sacc** on RRCC's Higher One's CashNet payment system. **No cash payments.** Check & Money Order payments are payable to RRCC SACC, and must be mailed to the cashier's office at: Red Rocks Community College, Cashier's Office, Box 2, 13300 W. 6th Ave, Lakewood, CO 80228-1255. Payments must be received and processed for deposit before 6:30a.m. on the 1st of the month.

Returned Check Fee: \$40.00 processing fee will be assessed for each returned check or declined credit card.

Late Payment Fee: Accounts not paid in full 6:30 a.m. on the 1st of the month are considered past due and are subject to a \$40 late fee. Accounts past due are subject to suspension of child care until balance is paid in full. Accounts 10 calendar days past due will be terminated and will require a \$40 reactivation fee to return. Accounts **30 calendar days past due** will be referred to the Colorado State Collection Agency. The signer is responsible for all the costs of the collection fees, court, & attorney fees.

Contract Changes: The Signer is responsible for informing the accounting office and Site Manager **in writing** of any contract changes by filling out an updated financial contract or submitting a cancellation email. Schedule changes must be turned in **two weeks prior to the effective change date**, including cancelling a contract.

After 1 contract change a \$15.00 processing fee (per child) will be assessed for each additional contract change. **No contract changes will be honored before September 9th or after May 12th.** Changes in address, telephone numbers, employment or emergency information must be turned in to the site manager and central office as soon as possible for the safety of your child.

Variable Contracts (only for approved clients): All variables require three days per week. Drop in care is available for less than three days per week. A schedule (calendar) must be submitted to both the Site Manager and Accounting Department utilizing a minimum of three days per week in order to maintain variable status. Calendars must be submitted/emailed by the 15th of each month to the accounting dept.

School Breaks: All accounts must be paid in full in order to attend the breaks. Sign-up sheets serve as a signed contract and are necessary in order to enroll your child for break sessions, full days, or early release days. Breaks and extra days must be paid for in advance prior to attending. This contract **DOES NOT COVER** the period of time when your child's school is closed for a non-contact day, Early Release Day, Full Day, Fall Break, Winter Break, Spring Break, Summer Break and scheduled holidays. A minimum of 10 children signed up are required to hold care.

Rates: The higher AM rates are for schools with morning programs longer than 2 hours.

Absentee Credit: No Absentee credit will be given.

Additional Policies: If at any time staff are disrespected, harmed, or verbally/physically assaulted, care will be terminated immediately.

Late Pick-up Fee: \$2.00 per minute per child each minute after 6:00 pm, and is paid online @ www.rrcc.edu/sacc. Failure to pay will result in suspension of care until payment is made. **Jefferson County Department of Human Services will be called if a child is not picked up within 45 minutes** of program closing (303-271-4614).

Drop-in care is contingent upon available space and requires prior approval from the Site Manager and payment of service must be done in advance online. A payment confirmation is required at the signing in of child. False confirmation codes will result in a \$20.00 penalty.

RRCC SACC Staff Professional Development Days, Holidays & Snow Days occur throughout the year. Occasionally training activities will occur on weekdays, not to exceed five days within any given year. When training activities are scheduled on weekdays, families will be given **30 days' notice** to make alternate arrangements. **All families will be charged for 2 Staff Professional Development Days a year (Fall & Spring), at the full day rate.** RRCC SACC observes the following holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Labor Day, Independence Day, Thanksgiving Day and Christmas Day. **No care will be provided on these days.** RRCC does not charge for these holidays. The Jefferson County School District determines snow days and if schools are closed RRCC SACC does not provide care. Regular daily charges apply on snow days; no credits or refunds will be issued.

Policies & Fees are subject to change with 30 days' notice.

Signature #1:

Date:

Signature #2:

Date:

By signing this document you understand that you will be responsible for the terms of the contract. We ask that you review and sign this document.

RRCC School-Age Child Care Addendum to the Financial Contract

The Red Rocks Community College School-Age Child Care program has made changes to our fee structure. Below are brief explanations of additional fees that families may be assessed based on the financial contract and other fees.

Variable Fee: \$1.50 (per day + regular child care rate) A limited amount of variable contracts are offered to RRCC SACC families on a first come first serve basis. RRCC SACC must maintain 1 variable contract per 15 children. A variable contract requires a **minimum of 3 days per week**. It is the responsibility of the parent to inform the Accounting Department and the Site Manager in writing by providing a calendar/schedule on the 15th prior to the child's attendance. **Failure to submit a calendar by the due dates will result in your account being charged:** AM/PM for Tuesday, Wednesday, and Thursday each week for the month. (NO credits will be given) Any other days used will be charged the drop in rate in addition to the charge for Tuesday, Wednesday, and Thursday. **After two times of not submitting a calendar on time** the family will forfeit the variable calendar and be asked to use our drop-in care. The Accounting Department will not make adjustments to accounts if a calendar was not submitted, nor will credits be given. All variable contracts must distinguish AM only, PM only or AM/PM on the contract. Variable calculation calendars are available on the website. Submit calendars to sacc@rrcc.edu to the Accounting Department and Site Manager.

Late Payment Fee: \$40.00 Payment is due by **6:30a.m. on the 1st of each month**. A payment not received by 6:30am on the 1st of each month is subject to a \$40.00 late fee. Please do not wait for a statement in order to make a payment. Payments are calculated by (**daily rate x # of days attending**). Please do not rely on USPS to ensure timely receipt. RRCC SACC offers the option to pay online using VISA or MasterCard to ensure you are not subject to late payment fees. Online payment is available 24/7 for your debit or credit card payment.

Reactivation Fee \$40.00 In the event that care is terminated due to non-payment, in order to return to the program a reactivation fee along with the balance on the account must be paid before child care services will be restored.

Suspensions, Terminations & Contract Changes: Families will be charged for two weeks of care from the date that a contract change is submitted; including cancelling child care. Any family terminated will also be responsible to pay for two weeks of care from the date care is terminated due to non-payment. Families who are terminated for other reasons besides non-payment will be responsible for payment of one week of care from the date of termination.

Payment Plan Fee: \$30.00 (3 months max) In the event that care has reached termination, the family may request a payment plan in writing. This plan is a one-time opportunity that may not exceed three months. Payment plans are to halt the collections process with the State of Colorado Collections. Payment plans are approved in writing only, through the administrator. To request a payment plan contact sacc@rrcc.edu in writing.

Full Day w/Trip: \$40.50 (separate sign up required), Full Day: \$32.50 (separate sign up required), and Early Release: \$25.00 (separate sign up required). Attending any portion of the before or after school day designated as an early sign up will be charged the flat rate. In the event that a parent/guardian fails to sign up two weeks prior to the date, but attends any portion of child care for that day, the family will be charged the drop in rate for the day. Credits/refunds are not given for early release or full days.

Lunch: \$10.00 (if forgotten) For all full days and early release days that dismiss at 11:30 am a child is required to bring a nutritious lunch. In the event the parent/guardian forgets lunch, they will be contacted and given the opportunity to provide lunch within one hour, or may request that RRCC SACC prepare a lunch for the child and the parent will be assessed an \$10.00 lunch fee/child to be paid the same day that lunch is provided.

Late Pick-up fee: \$2.00 (per min after 6:00pm) If your child is not picked up by 6:00 pm, a late penalty of \$2.00 per minute is immediately assessed to the parent/guardian. This fee is to be paid within 48 hours on the www.rrcc.edu/sacc website through CashNet. If late penalty fees are unpaid, care will be suspended until the amount is paid in full. Parent/guardian is responsible for providing the Site Manager with a confirmation that payment has been made in order to be readmitted to the program.

Split Contracts: All families that require more than one contract for one child will be treated as separate accounts. **Discounts will not be split or shared.**

Drop In Care: This care is contingent upon space and requires Site Manager approval. Payment for Drop In care must be paid **prior** to attending.

Discounts: 2nd child discounts are 10% unless the signer is employed with Red Rocks Community College. Only one discount will be provided per active account. Multiple discounts cannot be combined on one account. Discounts are provided at the discretion of SACC. Accounts that receive a late payment fee, will no longer be eligible for discounts, and any active discounts will be removed.

Records Request: \$2.00 (per page) Upon receiving a written request an invoice will be sent and once the invoice is paid the requests will be processed and mailed or emailed.

I understand and agree to the additional fees of the Red Rocks Community College School-Age Child Care program noted on this addendum. I further agree that all late fees and charges apply that were outlined on previously signed financial contracts continue to apply.



RRCC SACC Personal and Family History Form

Child's Name:	Nickname:	Age:
---------------	-----------	------

Others that live in the home:

	Name:	Relationship to child:	Age:
1			
2			
3			
4			

Helpful Questions:

What language(s) are spoken in the home?		
What kinds of activities does your child enjoy?		
Has your child had any unfavorable experiences we need to be aware of?	YES	NO
If yes, please explain:		
Does your child have any special fears or dislikes?		
What methods of encouragement/motivation work well with your child?		
What types of behavior management do you use at home?		
What is the best way to communicate with you (the parent)?		
Is homework a priority to complete before the child goes home?	YES	NO
Are there any social, physical, educational, or emotional concerns your child has?		
Any additional information?		

Activity Exclusion, Activity Release, Sunscreen Policy & Permission Form

Are there any activities you want your child to be excused from?	YES	NO	if yes, initial:
1 Activity excluded from: _____			Initials: _____
2 Activity excluded from: _____			Initials: _____
3 Activity excluded from: _____			Initials: _____

Are there any activities you give your child permission to be released to?	YES	NO
<i>I understand that RRCC SACC is not responsible for my child from the time that my child leaves the program for the activity. RRCC SACC resumes responsibility when the child returns and is checked into the program.</i>		
1 Activity released to: _____		Initials: _____
2 Activity released to: _____		Initials: _____
3 Activity released to: _____		Initials: _____

Sunscreen Policy & Permission: <i>as recommended by the American Cancer Society. I have read the RRCC SACC Policy and understand it is my responsibility to provide sunscreen for my child if I <u>do not want</u> to use the provided RRCC SACC sunscreen.</i>

Parents Name: _____ Signature: _____ Date: _____