





Home Address: \_\_\_\_\_  
Street City State Zip Code

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

Best Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\*Please indicate if you do not want to be contacted through one or more of your email addresses*

### **RELEASE FOR PERMISSION TO USE LIKENESS**

***You must check at least one & no more than two – please read carefully***

We take a lot of photographs at Windham S.A.C.C. Most are for our own use and enjoyment. We do, however, sometimes use photos in our brochures or in other publications or promotions. Please complete below.

I give Windham/Raymond S.A.C.C. permission to use, publish and/or re-publish my child's likeness for the purpose of promoting the program.

and I also give Windham/Raymond S.A.C.C. permission to use, publish and/or re-publish my child's name to accompany my child's likeness.

I refuse to give Windham/Raymond S.A.C.C. permission to use, publish and/or re-publish my child's likeness in any manner whatsoever.

I refuse to give Windham/Raymond S.A.C.C. permission to use, publish and/or re-publish my child's name in any manner whatsoever.

Other

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

*\*Camera and cell phone use is prohibited in bathrooms and changing areas.*

### **WALKING FIELD TRIP PERMISSION FORM**

I give permission for my child to take occasional walking field trips accompanied by a S.A.C.C./Café Teen staff member while in attendance at the program.

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*Parent/Guardian signature*

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*Date*

**RELEASE TO COMMUNICATE WITH SCHOOL PERSONNEL**

From time to time we find it useful to speak with classroom teachers and other personnel from the school attended by your child. With your permission, we will carry out such communication only for the benefit of your child. (For instance, if we are trying to find ideas to help your child improve his/her behavior.) Any information obtained in the course of this communication will be treated as strictly confidential.

I grant permission for the type of communication described above to take place.

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*Parent/Guardian signature*

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*Date*

**WINDHAM/RAYMOND S.A.C.C.'S PROGRAM  
POLICY AND PROCEDURE AGREEMENT**

I/We have read, understand and agree with the policies and procedures of Windham/Raymond S.A.C.C. as outlined in the Program Handbook.

Child's (children's) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Parent/Guardian signature*

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*Date*

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*Parent/Guardian signature*

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*Date*

**Two Week Notice - All Programs**

I understand that I must give Windham/Raymond S.A.C.C. a two week written notice when I withdraw my child/children from the program.

I understand that if I fail to give a two week written notice, I am obligated to pay two weeks worth of tuition past the last day of my child's attendance.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**READ AND SIGN**

I certify that all the answers and statements contained in the Admission Information Sheet are true to the best of my knowledge and belief. I also affirm that I have read and understand the Windham/Raymond School Age Child Care Program's policies as outlined herein and in the program handbook.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*

***\*Your child may not start at the SACC program until this information sheet is complete***

**Windham/Raymond School Age Child Care  
Facebook Photo Permission**

*Please fill out ONE of the sections below and sign*

I \_\_\_\_\_, give Windham/Raymond S.A.C.C. permission to use photographs taken of \_\_\_\_\_ for the purpose of posting pictures of the programs on our FaceBook site. Children's names will not be used with their pictures. We only allow access to the site by current and former SACC/Café Teen enrolled families.

I \_\_\_\_\_, DO NOT give Windham/Raymond S.A.C.C. permission to use photographs taken of \_\_\_\_\_ for the purpose of posting pictures of the programs on our FaceBook site.

## **Windham/Raymond School Age Child Care Full Day Payment & Sign up Policy**

*This includes all in-service, holidays and vacations that SACC is open*

All scheduled full days for SACC will be held in Windham at a site to be determined on an annual basis. There are deadlines in place to sign up for a space at a full day. If a child is not signed up to either attend or not attend, by the deadline, the parent/legal guardian will be charged the full day rate for attendance. If a child is not signed up, but attends on any full day, there will be a \$10 charge in addition to the regular full day fee for the day. Families will be contacted initially through email and follow up will take place at centers.

I understand the above policy and agree to abide by the terms of sign up or pay the fees associated with not signing up or dropping my child in.

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*Parent/Guardian Signature*

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*Date*

**All Children are required to bring a lunch with them for full day care. Any children that do not bring a lunch will be provided with a basic lunch and the family will be charged \$10 to cover the cost to the program.**

## Emergency Medical/Dental Consent

We hereby give consent to WRSACC employees to arrange for emergency medical or dental care treatment necessary to preserve the health of our child. We acknowledge that we are responsible for all charges in connection with the care and treatment rendered to our child during that period.

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Date of Last tetanus: \_\_\_\_\_

Child's allergies: \_\_\_\_\_

If parents are not available, please list nearest relative or friend to contact in case of emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**ABOUT YOUR CHILD- any information provided to help meet the needs of your child.**

1. Child's Name \_\_\_\_\_

2. What special interests and talents and skills does your child have? \_\_\_\_\_

\_\_\_\_\_

3. How would you best describe your child in a group? Circle all that apply.

shy                  a loner                  competitive                  cooperative                  disruptive

4. Is your child generally: Circle all that apply.

cooperative      happy      angry      whiny      submissive      aggressive      sensitive      quiet

Please list other behavior characteristics of your child: \_\_\_\_\_

\_\_\_\_\_

5. Does your child exhibit specific fears?      Yes      No

Please explain: \_\_\_\_\_

\_\_\_\_\_

6. Is there any social or emotional adjustment information we should know about your child?

\_\_\_\_\_

\_\_\_\_\_



7. Is your child taking any medications?                      Yes                      No

If yes, please list and explain (including diagnosis): \_\_\_\_\_

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8. Are there any activities your child should not participate in? \_\_\_\_\_

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9. Are there any foods your child may not eat?

Due to religious customs:

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Due to allergies:

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10. Does your child have any other allergies?

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11. Please tell us any other pertinent information that you feel we should know about your child in order to help us make this experience happy, healthy, and enriching. Thank you.

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