

Stillwater Area Community Services Center, Inc.  
 School-Age Child Care Program  
**2025 SUMMER PROGRAM PACKET**  
**REGISTRATION INFORMATION**

(Must be completed by Parent/Guardian & returned with payment)

**TO REGISTER YOUR CHILD:**

- Complete a School-Age Child Care Summer Camp Registration Packet- **one per child.**
- Attach an annual **\$30.00 non-refundable registration fee per child and payment.**
- Sign and return "Parent's Statement of Understanding and Agreement" with completed registration.
- **Refer to the Handbook for all policies and procedures.**

**Summer Camp Program Hours:**  
**6:30am-5:00pm, Monday - Friday**

The School-Age Child Care Program serves a nutritious morning snack (7am-9am) and an afternoon snack (3pm-4pm) each day in accordance with the NYS Department of Health's Child and Adult Care Food Program.

**Rates:**

**Annual Registration per child- \$30.00**  
 (This includes 1 shirt)

**1 Day- \$60.00**  
**Or**  
**\$275.00 per week**

20% Second Child Discount applies to all fees.  
EXCEPT registration.

**T-Shirt Size: child / adult S M L XL**  
 (circle)

**T-SHIRTS MUST BE WORN ON FIELD TRIPS, IN HOUSE DAYS ARE OPTIONAL**

Additional or lost shirts may be purchased for \$15.00 each.  
 Please include a separate payment for additional shirts.

- Field Trips and In-House Guests are included in the Summer Camp Rates unless stated otherwise.
- Summer Camp starts Monday, June 30 and runs until Friday, August 22, 2025
- **We will not be able to accommodate summer school/enrichment program children on field trip days.**
- **There will be a \$30.00 Field Trip Fee for Monday, Aug. 18, 2025**

**PLEASE MARK THE BOX FOR THE DAYS YOU ARE SIGNING UP FOR**

- IF DATE IS NOT SELECTED, WE CAN NOT PROVIDE CARE FOR THAT DAY.
- DATES CANNOT BE SWITCHED OR ADDED AFTER REGISTRATION IS CLOSED.

	MON.	TUES.	WED.	THUR.	FRI.	TOTAL # OF DAYS
<b>Week #1: June 30- July 4, 2025</b>					<b>CLOSED</b>	
<b>Week #2: July 7-11, 2025</b>						
<b>Week #3: July 14-18, 2025</b>						
<b>Week #4: July 21-25, 2025</b>						
<b>Week #5: July 28-Aug.1, 2025</b>						
<b>Week #6: August 4-8, 2025</b>						
<b>Week #7: August 11-15. 2025</b>						
<b>Week #8: August 18-22, 2025</b>						

**Time of Arrival:** \_\_\_\_\_

**Time of Departure:** \_\_\_\_\_

Stillwater Area Community Center, School-Age Childcare Program, P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170  
 Phone: 518-664-2515 ext.223

Stillwater Area Community Services Center, Inc.  
School-Age Child Care Program  
**2025 SUMMER PROGRAM PACKET**  
**PAYMENT INFORMATION:**

**Weekly payments MUST be made in advance by Friday prior to each upcoming week.**

**If payment is not made your child's spot will be released to a child on the wait-list.**

**\*\*YOU WILL BE RESPONSIBLE FOR PAYMENT ON THE DAYS YOU HAVE SELECTED WHETHER YOUR CHILD IS IN ATTENDANCE OR NOT.\*\***

Sign To Acknowledging Payment Policy: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information Continued:**

Payments can be made in the form of CASH, CHECK, OR CHARGE.

Auto-Withdrawal options are also available. Please See Main Office for Auto-Withdrawal Forms

Make checks payable to the: **Stillwater Area Community Center or SACC**

**Please make all payments to the Main Office.**

**When paying with a credit card, a 3.5% interest rate will be applied.**

**ENROLLMENT INFORMATION**

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Male \_\_\_ Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Entering Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Siblings Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Enrolled in program: Y/N

School District Enrolled In: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

(1) Parent/Guardian:

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(2) Parent/Guardian:

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PARENT'S MARITAL STATUS:** \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Single \_\_\_Widowed

If separated or divorced, who has legal custody? \_\_\_\_\_

Is the child's time divided between parents because of divorce or separation? \_\_\_ Yes, \_\_\_No

If so, how is it divided? \_\_\_\_\_

**\*Court Orders are needed if a parent/guardian is denied access to the child/ren.**

Stillwater Area Community Services Center, Inc.  
School-Age Child Care Program  
**2025 SUMMER PROGRAM PACKET**

**MEDICAL**

**\*We are NOT MAT Certified and NO Medications Can or Will be Given by Staff\***

**(If your child needs medication during camp hours, please a plan for yourself or another appointed adult to come and administer the medication)**

1. Known Allergies: \_\_\_\_\_
2. In case of an allergic reaction what action should be taken? \_\_\_\_\_
3. Chronic or recurrent illness or disorders: \_\_\_\_\_
4. Name of medications and dosage child is presently taking: \_\_\_\_\_
5. Will medication need to be given during program hours? If yes, when: \_\_\_\_\_
6. What should be done if your child has a problem related to the medical condition during program hours? \_\_\_\_\_  
\_\_\_\_\_
7. Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Does your child have any disabilities? \_\_\_Hearing\_\_\_Speech \_\_\_Vision \_\_\_Seizures \_\_\_Other  
Describe other: \_\_\_\_\_
9. Physical handicaps: \_\_\_\_\_
10. Services received through school: \_\_\_\_\_

**EMERGENCY**

In an emergency, person to contact first: \_\_\_Father \_\_\_Mother \_\_\_Guardian

In the event that I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/legal guardian(s) of the above named minor do hereby appoint the Stillwater Area Community Services Center staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian Signature #1 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature #2 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Specialist Requested: \_\_\_\_\_ Phone #: \_\_\_\_\_

(for pre-existing medical problem)

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Local Emergency Contacts (If Parents cannot be reached)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

Stillwater Area Community Services Center, Inc.  
School-Age Child Care Program  
**2025 SUMMER PROGRAM PACKET**

**CONSENT TO RELEASE INFORMATION**

I give permission for my child to be released from the Stillwater Area Community Services Center School-Age Child Care Program to the following people. I further understand that the people listed below must show identification for a child to be released. It is required that parents notify staff in advance if someone other than themselves is picking up their child.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

8. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

9. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

10. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

11. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

12. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

**Stillwater Area Community Services Center, Inc.**  
**School-Age Child Care Program**  
**2025 SUMMER PROGRAM PACKET**

**PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT**

- I understand that I am enrolling my child for the current summer program. I will submit the completed registration packet with all required forms, the registration. I will ensure this information is kept accurate as outlined in the Handbook.
- I agree to adhere to all policies, procedures, and guidelines printed in the Stillwater Area Community Services Center (SACC) School-Age Child Care Program Handbook and give my child permission to participate fully in the program. I have attached the annual \$30.00 non-refundable registration fee.
- I understand that the program is open according to the official school calendar of the Stillwater Central School District, and is open during vacation, inclement weather days, for the summer program, and closed for certain Holidays as stated in the Handbook.
- If a medical emergency arises the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.
- I must pay all fees on time. I am responsible for payment of weekly fees that may be reserved for the entire month at the beginning of each month or by the Friday prior to each upcoming week. If fees are not submitted on time, childcare will not be available for the following week.
- If my payments are past due, I will be subject to a 10% late fee as stated in the Handbook.
- If my childcare payments are past due my child may be discharged from the program.
- I must give the SACC a 2-week written notice prior to the time I may choose to withdraw my child from the program.
- Children must be picked up by 5pm, the close of program. There is a late fee of \$5.00 per child for the first 5-15 minutes the parent/guardian is late in picking up. Each additional minute is \$1.00/minute per child.
- Children are entitled to a pleasant and harmonious environment at the program. Children cannot be served who display chronic disruptive behavior.
- The SACC is not responsible for items brought to the School-Age Child Care Program. Please clearly label all of your child's items.
  - Please see the main office for any medication questions, only emergency medication can be given with proper paperwork filled out by the child's doctor, parent and childcare director. All medication must be in the original, labeled container and submitted to the program director only.
  - In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.
- I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of emergency.
- I am responsible for any Health/Accident costs.
- I must notify SACC staff if my child is going to be absent from the program. There will be no refunds.
- Please do not send a child to the program if they are ill and unable to participate according to the Exclusion Criteria.
- I understand that the SACC staff and volunteers cannot transport my child any time at the program.
- The program staff will assume full responsibility for my child from the time s/he is signed in until my child is signed out.
- I understand that I am not to leave my child at the program unless a program staff member or program volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the School-Age Child Care Summer Registration Packet and present photo identification.
- I understand that the SACC is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.
- I give the SACC School-Age Child Care Program, in the event that emergency shelter is needed, permission to take my child to the Stillwater Stewart's Shop.
- I give the SACC permission to take of myself and/or my child videos/photographs/appear in media coverage approved by the SACC.
- I give permission for my child to participate in all off-site activities and trips by either walking or being transported by a transportation company contracted out by the SACC. I understand there will be a counselor at the door when children arrive and depart on the bus. All transportation of children will be in compliance with NYS Regulations, Part 414.6, as well as the requirements of SACC.
- I understand lifeguards will be on duty at all swim areas. Children will remain in areas appropriate for their ability and staff will be present for assistance.
- I will send sunscreen labeled with my child's name daily and give permission for application throughout the day.

**MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE**

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

Stillwater Area Community Services Center, Inc.  
School-Age Child Care Program  
**2025 SUMMER PROGRAM PACKET**

**BEHAVIOR CONTRACT**

I, \_\_\_\_\_ a participant in the School-Age Child Care 2025 Summer Program agree to the following rules:

I, \_\_\_\_\_ a parent of \_\_\_\_\_ participant in the School-Age Child Care 2025 Summer Program agree to the following rules:

Summer Camp is all about having fun, new experiences and growth. We expect our campers to always act respectfully when they are on our property or participating in our programs/field trips. Campers are to behave in a mature, responsible way and respect the rights and dignity of other campers and counselors.

**Campers are to:**

- Take responsibility for their actions and words and belongings.
- Respect themselves, other campers, their counselors, camp equipment and environment.
- Honesty will be the basis for all relationships and interactions.
- Show kindness and compassion to other campers and their counselors.

Campers should talk to a counselor or any camp staff member if they are uncomfortable with any experience/conversations or need any assistance while at camp.

When a camper does not follow the behavior guidelines, we will take the following steps as behaviors/problems progress.

1. Staff will redirect the camper to more appropriate behaviors. If inappropriate behavior continues, the camper will be reminded of the behavior guidelines and camp rules, and the camper will be asked to decide on action steps to correct their behavior.
2. If a child's behavior still does not meet expectations and if affecting the experience of other campers, they will be referred to the Childcare Director/Community Center Administrator.
3. If inappropriate behavior continues, as a final action step, the camper will be dismissed from camp for the remainder of the day and will not be able to return the next day.
4. **If a camper is not making safe choices, is having difficulty controlling their actions or is not listening to a counselor on a field trip, field trips will no longer be an option for the camper for the remainder of the summer.**

**Examples of unacceptable/disruptive behavior:**

- Refusing to follow behavior guidelines and/or camp rules.
- Using profanity, vulgarity or obscenity towards or around other campers/staff.
- Stealing or damaging property (personal or camp property).
- Refusal to participate in activities or cooperate with staff.
- Disrupting the program/special guest.
- Leaving a program without permission.
- Endangering the health and safety of children/staff.
- Use of illicit drugs, alcohol or tobacco or sexual conduct of any kind.
- Teasing, taunting, making fun or bullying of other campers or staff.
- Fighting of any kind/ Putting hands or feet on another camper or staff member.

**Physical violence or bullying toward another camper or staff member will result in immediate dismissal from the camp program for the remainder of the summer.**

**\*Camper fees are non-refundable if a camper is sent home for disciplinary reasons.**