

**LAKE ORION COMMUNITY SCHOOLS
SCHOOL AGE CHILD CARE (SACC/latchkey)
STUDENT SCHEDULE**

School (check one): ☐ **Blanche Sims** ☐ **Carpenter** ☐ **Orion Oaks** ☐ **Paint Creek** ☐ **Stadium** ☐ **Webber**

☐ **School of Choice** ☐ **New Family** ☐ **Returning Family**

Child's Name: _____ Primary Name on Account: _____

Address: _____ City: _____ Zip: _____

Primary Email Address: _____ Primary Phone: _____

Health Appraisal Information – Parents of School Age Child Care students acknowledge and agree that the SACC program may have access to their child's Health Appraisal on file at the child's elementary school office for licensing purposes. Initial: _____

Initial: _____ The child is in good health with activity restrictions noted.

Initial: _____ The child's immunizations are up to date.

Initial: _____ The immunization record or appropriate waiver is on file with the child's school.

Please place an X in each box that applies to your child's schedule. Keep in mind that SACC hours are no earlier than 6:30 a.m. and no later than 6:00 p.m. Current family registration fee will be charged to the Tuition Express account on file in the office. New family registration fee may be paid by check, cash or credit card.

DAY	A.M. (mark X days needed)	P.M. (mark X days needed)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parent Signature: _____ Today's Date: ____/____/____

Please note: Your first monthly bill will be charged in August **BEFORE** school starts to reserve child placement in the program. Placement with a particular provider cannot be guaranteed.