



**2024 SUMMER
PROGRAM
REGISTRATION**
www.SONCCA.org

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

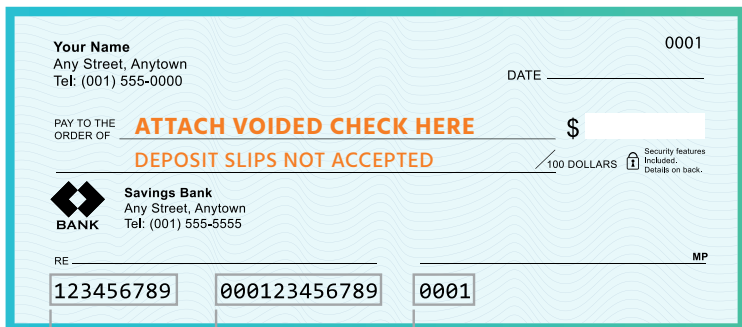
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	*CVV	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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SUMMER 2024 TUITION EXPRESS

SONCCA Tuition Express Clients

Summer Tuition Bills are due on the 14th of June for weeks 1-4 and the 12th of July for weeks 5-7. Please indicate below how you would like your payment processed:

All Enrolled Weeks Processed on the 14th of June. (Your \$100 deposit will be applied)

Weeks 1-4 Processed on the 14th of June/Weeks 5-7 Processed on the 12th of July.
(Your \$100 deposit will be applied on the July 12th payment)

The summer deposit of \$100 and the registration fee of \$30 per child must be paid by check or money order even if you're paying your weekly tuition thru Tuition Express.

Signature _____ Date _____



2024 SONCCA SUMMER PROGRAM REGISTRATION PACKET

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***Please provide us with a current copy of your child's (ren) physical. All children must have a copy of their physical to start Summer Camp. (Registration can still be turned in without medicals; we just need them prior to the first day.)**

***Any needed medications must be given on your child(ren) 's first day, with the correct paperwork, or they will not be able to attend. We are a licensed program, and the state mandates that we have the appropriate forms and medication for your child to attend. If you have any questions, please feel free to contact the office.**

2024 SONCCA Summer Program Fee Schedule

Fees Are Weekly & All-Inclusive in Full Time, Full Day Schedules

Two-Week Minimum Registration Is Required

Operates June 24 - August 09, 2024

Full Time (4-5 days) Per Week

8:00 a.m. - 6:00 p.m. \$270

Additional Child Discount Per Week

8:00 a.m. - 6:00 p.m. \$237

Part Time (1-3 Days) Per Week

8:00 a.m. - 6:00 p.m. \$218

AM Coverage (per week) \$30

If your child is attending summer school, please call the office for adjusted fee.

Check/Money Order payments only will receive a \$7.00 discount for full time and a \$3.00 discount for part time care services weekly Per Family.

Full Day Drop-Off Fee: \$60

Registration Fee: \$30

Late Child Pick-Up Fee - \$20.00/15 minutes

Late Tuition Payment Fee: \$25.00

SONCCA E.I.N. # (Tax I.D. Number): 06-1155484

2024 SONCCA SUMMER PROGRAM PARENT AGREEMENT

Registration for: _____

As parent/guardian of the above child, I hereby request SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to provide care for my child at the SONCCA-Seymour Middle School Location. Two-week minimum is required to register.

Please check all the appropriate schedules, times and days needed.

Week 1: June 24, 2024 - June 28, 2024

Full Time (4-5 days)		Part Time (1-3days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Week 2: July 01, 2024 - July 03, 2024 (Due to the holiday this is a part time week only)

Part Time (1-3 days)				AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>		

Week 3: July 08, 2024 - July 12, 2024

Full Time (4-5 days)		Part Time (1-3 days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Week 4: July 15, 2024 - July 19, 2024

Full Time (4-5 days)		Part Time (1-3 days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Week 5: July 22, 2024 - July 26, 2024

Full Time (4-5 days)		Part Time (1-3 days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Week 6: July 29, 2024 - August 02, 2024

Full Time (4-5 days)		Part Time (1-3 days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Week 7: August 05, 2024 - August 09, 2024

Full Time (4-5 days)		Part Time (1-3 days)		AM Drop Off: 7:00a.m. - 8:00 a.m.
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Please be sure to check all that apply.

PAYMENT AGREEMENT:

Enclosed is the \$30.00 non-refundable registration fee and the \$100 deposit payable by check, money order or Tuition Express only. Please place a check-mark next to your choice.

A non-refundable deposit of \$100.00 is required at the time of registration by check or money order. The first four weeks balance of \$_____ to be paid by June 14th and a balance of \$_____ for the last three weeks less the deposit by July 12th. (Your deposit will be applied to the July 12th payment.)

Full tuition of \$_____ for weeks (circle weeks) 1-2-3-4-5-6-7 at the time of registration.

The first 4 weeks to be paid in full by June 14th and the last 3 weeks less your deposit by July 12th.

Tuition to be paid by Tuition Express. (Please sign both Tuition Express forms in regards to payment.)

Tuition fees are payable by Tuition Express, check or money order made out to:

SONCCA, Inc., 256 Bank Street, Seymour, CT 06483

I understand that these fees are payable regardless of the number of days my child attends. I understand that I will be liable for any and all collection fees, legal fees and court fees incurred by SONCCA in its attempt to collect all tuition and fees as agreed upon in this registration contract.

I have received a copy of the PARENT HANDBOOK or read the one on line, including the Discipline Policy, and agree to abide by the policies contained therein. I also grant permission to the following:

1. For the Site Supervisor or any other qualified staff member to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:
 - A) Administering emergency first aid (by State-approved first aid certified SONCCA personnel);
 - B) Contacting the parent or guardian, either by calling them at their place of employment, or by attempting to contact them through any of the persons listed on the emergency information form. **(This form MUST be kept updated!);**
 - C) Contacting the child's physician or dentist;
 - D) Contacting another physician or calling an ambulance, if neither parent nor child's physician can be reached;
 - E) Accompanying your child in the ambulance to the hospital emergency room you have selected, if possible, otherwise, taking your child to Griffin Hospital;
 - F) Any expenses incurred will be borne by the parents.
2. For my child to use all of the playground equipment and to participate in all of the SONCCA program activities, unless exceptions are noted here:_____.
3. For my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips provided that I signed the specific permission slip for the planned activity. Means of transportation, if any, will be noted.
4. For my child to be included in photographs and evaluations associated with the program.
5. I understand that SONCCA will not be responsible for anything that may happen as a result of false information given at the time of enrollment or during program period.
6. I understand that parents are responsible for the daily signing in and signing out of their children and that SONCCA will not assume responsibility for any child not signed in by a responsible adult upon arrival in the morning.
7. Parents are expected to carry insurance for their children. SONCCA does not carry "medical payments for children" insurance or pay medical reimbursement.
8. I give permission for financial information to be shared with _____, who is responsible for partially or totally paying for my child's tuition fee.

9. IF BOTH PARENTS DO NOT SIGN THIS PAGE AND BOTH PARENTS WANT TO BE ALLOWED TO PICK UP THEIR CHILD, THE OTHER PARENT'S NAME MUST BE INCLUDED ON THE AUTHORIZED PICK-UP PAGE.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

2024 SONCCA SUMMER PROGRAM REGISTRATION FORM

Child's Name: _____

Address: _____ Phone: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade **Entering** in 9/24: _____ School: _____

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44)

Mother's (Legal Guardian's) Name: _____

Date of Birth: _____ Address if different from above: _____
verification purpose

Place of Employment: _____

Business Address: _____

Cell Phone: _____ Business Phone: _____

Father's (Legal Guardian's) Name: _____

Date of Birth: _____ Address if different from above: _____
verification purpose

Place of Employment: _____

Business Address: _____

Cell Phone: _____ Business Phone: _____

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Hospital Preferred: _____

Health Insurance Company: _____ Policy #: _____

Please provide an e-mail address where you would like to receive correspondence.

E-mail: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ADMINISTRATIVE OFFICE USE ONLY:

Date Starting Program: _____
() Tuition Deposit Amount Received \$ _____ () Check # _____
() Registration Fee Enclosed () Check # _____
() Tuition Express Forms

Pro Care _____

Billing _____

2024 SONCCA SUMMER PROGRAM NOTIFICATION & CHILD RELEASE AUTHORIZATION

Child's Name: _____

If SONCCA cannot reach me, I authorize the following person(s) to be notified. I also authorize SONCCA to release my child to any of the following person(s). This (these) individual(s) have my permission to sign him/her in or out in the event that I am unable to do so. State regulations require that at least one person other than parents be listed (at least one of the persons listed must be local, within a 10-minute drive, and available for an emergency pickup). **Please cross out and initial any black areas, changes can only be made in person.**

Name: _____
Relationship: _____ Cell Phone: _____
Address: _____
Business Phone: _____ Home Phone: _____

Name: _____
Relationship: _____ Cell Phone: _____
Address: _____
Business Phone: _____ Home Phone: _____

Name: _____
Relationship: _____ Cell Phone: _____
Address: _____
Business Phone: _____ Home Phone: _____

Name: _____
Relationship: _____ Cell Phone: _____
Address: _____
Business Phone: _____ Home Phone: _____

Name: _____
Relationship: _____ Cell Phone: _____
Address: _____
Business Phone: _____ Home Phone: _____

- I understand that my child will be permitted to leave SONCCA ONLY with those individuals listed above, all of whom are at least sixteen years of age.**
- I also understand that if both parents have not signed the forms and are not listed on this page, they will not be allowed to pick-up their child.**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**SONCCA SUMMER 2024
PROGRAM PHOTOGRAPH PERMISSION FORM**

Child's Name: _____

I give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs of my child participating in the SONCCA program for publicity and fund development purposes, some of which may be included on the SONCCA website.

I do not give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs of my child participating in the SONCCA program for publicity and fund development purposes, or to be shown on the SONCCA website

I also understand that SONCCA does take pictures and/or video for internal purposes only, even if I do not give permission for SONCCA to use them for publicity and fund development purposes, or to be used on the website. They are only for administrative purposes and are deleted.

Parent/Guardian's Signature: _____

Date: _____

**2024 SONCCA SUMMER PROGRAM
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: _____

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 10th 2024

Departure Location: Seymour Middle School

Destination: **Urban Air** - 425 Bank Street, CT

Departure Time: 9:30 a.m.

Return Time: Between 1:30 p.m. & 2:00 p.m.

Return Location: Seymour Middle School

***CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

***Parents must also sign the the Urban Air waiver form.**

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**2024 SONCCA SUMMER PROGRAM
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: _____

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 17, 2024

Departure Location: Seymour Middle School

Destination: **Quassy Amusement Park** - 2132 Middlebury Road, Middlebury, CT

Departure Time: 10:00 a.m.

Return Time: Between 5:00 p.m. & 6:00 p.m.

Return Location: Seymour Middle School

***CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**2024 SONCCA SUMMER PROGRAM
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: _____

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 24th, 2024

Departure Location: Seymour Middle School

Destination: **Amity Bowl** - 30 Seldon Street, Woodbridge, CT 06525

Departure Time: 10:00 a.m.

Return Time: 1:00 p.m.

Return Location: Seymour Middle School

***CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**2024 SONCCA SUMMER PROGRAM
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: _____

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 31st, 2024

Departure Location: Seymour Middle School

Destination: **Yale Peabody Museum** - 170 Whitney Ave, New Haven, CT

Departure Time: 9:15 a.m.

Return Time: Between 1:00 p.m. & 2:00 p.m.

Return Location: Seymour Middle School

***CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**2024 SONCCA SUMMER PROGRAM POOL TRIP
& TRANSPORTATION PERMISSION**

Child's Name: _____
As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Destination: Seymour High School

<u>Dates</u>	<u>Departure Time</u>	<u>Return Time</u>	
July 12, 2024	10:15 a.m.	12:45 p.m.	Parent Initials: _____
July 19, 2024	10:15 a.m.	12:45 p.m.	Parent Initials: _____
July 26, 2024	10:15 a.m.	12:45 p.m.	Parent Initials: _____
August 02, 2024	10:15 a.m.	12:45 p.m.	Parent Initials: _____

****CHILDREN WILL BE SERVED LUNCH SOON AS WE RETURN TO THE MIDDLE SCHOOL.**

Departure Location: Seymour Middle School

Return Location: Seymour Middle School

I/ We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**2024 SONCCA SUMMER PROGRAM - FIELD TRIPS
LUNCH FORMS**

Lunch is provided each Wednesday. Please indicate your child's meal choice for each date listed below. If any of the selections below are not acceptable to your child, please pack a brown bag lunch that day.

Child's Name: _____

Wednesday: June 26, 2024 - Minecraft Week

Ham & Cheese Turkey & Cheese Bologna & Cheese Pack Own Lunch

Wednesday: July 3, 2024 - Dog Man Week

Ham & Cheese Turkey & Cheese Bologna & Cheese Pack Own Lunch

Wednesday: July 10, 2024 - Urban Air

Pizza Pack Own Lunch

Wednesday: July 17, 2024 - Quassy Amusement Day

Hamburger Hot Dog Pack Own Lunch

Wednesday: July 24, 2024 - Bowling

Chicken Nuggets Hot Dog Grilled Cheese Pack Own Lunch

Wednesday: July 31, 2024 - Yale Peabody Museum

Ham & Cheese Turkey & Cheese Bologna & Cheese Pack Own Lunch

Wednesday: August 7, 2024 - SONCCA Fun Fair

Taco Bar Pack Own Lunch

2024 SONCCA SUMMER PROGRAM - Monday/Friday LUNCH FORMS

Please indicate your child's choice below. If any of the selections below are not acceptable to your child, please pack a brown bag lunch on that day.

Child's Name: _____

Monday	Friday
June 24, 2024 No Choice is needed. Ziti & Meatballs will be served. Pack Own Lunch	June 28, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch
July 1, 2024 No Choice is needed. Chicken Tenders will be served Pack Own Lunch	July 5, 2024 Closed Happy 4 th of July
July 8, 2024 No Choice is needed. Mac & Cheese will be served Pack Own Lunch	July 12, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch
July 15, 2024 No Choice is needed. Chicken Tenders will be served Pack Own Lunch	July 19, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch
July 22, 2024 No Choice is needed. Mac & Cheese will be served Pack Own Lunch	July 26, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch
July 29, 2024 No Choice is needed. Ziti & Meatballs will be served Pack Own Lunch	August 2, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch
August 5, 2024 Sandwiches Ham Turkey Bologna Pack Own Lunch	August 9, 2024 "No choice is needed. Pizza will be served." Pack Own Lunch

Note: All pizza lunches will have a side salad, Chicken Tenders with mashed potatoes, and mac and cheese with cut hot dogs. For all lunches, we will also offer Milk or 100% Juice.

Lunch

- A Field Trip Lunch Selection Form is provided and must be completed for children registered for the program during scheduled trip days. If your child requires a special diet, please provide lunch for him/her on those days.
- Parents must supply a brown bag lunch two days per week as indicated by the Activity Calendar. Lunches should include a beverage and ice pack for perishable foods. Please note that beverages should be stored in a thermos, and glass containers are prohibited. Cooler bags and lunch boxes are encouraged. Please do not pack lunches that require heating; unfortunately, the program does not have the facilities to accommodate that. If a child arrives on a brown bag day without a lunch, a \$5 charge will be added to the parent's account for the lunch supplied by the program.

Field Trips

- On scheduled field trip days, children must arrive to the site no later than 8:15 a.m.; buses leave promptly.
- A signed Field Trip Permission Form must be completed and on file for your child(ren) to attend field trips.
- Children must wear their Summer SONCCA T-shirt.
- If a scheduled field trip falls on a day a child is not registered to attend, the child may attend the trip for an additional charge of \$60.

Sign In/Sign Out

- All authorized pick-up people and Parents/Guardian should always have their ID with them at the door.
- Please be sure to include as many people needed on your pick up list last minute add-ons can not be accommodated via phone or email. If you need to add a person you must do it in person at the site or through the office several days in advance. This is for safety reasons.
- A staff member will be available at the door starting at 5 PM, before 5 PM; upon arrival, you must call the number on our whiteboard.
Please be aware that cell phones often do not work in many sections of the school.
Thank You for your patience and understanding.

Lunch, Field Trips & Sign In/Sign Out - Parent Initial: _____

SNACK:

- Snack will only be provided by SONCCA on field trip days.
- Parents are required to provide two snacks per day for their child(ren). Please ensure that your child's lunch box or bag is labeled with their name. If the snack you provide is cold, please note that we don't have enough refrigerator space to store your child's snack. So, it should be sent in an appropriate container with an ice pack to keep the items fresh throughout the day. Furthermore, please bear in mind that our camp is peanut-free.

SNACK Parent Initial: _____
(I have read the above statement)

Wet `N' Wild Days

- Wet `N' Wild Days will be provided throughout the seven-week summer program (please refer to the schedule in your Parent Handbook). Wet "N" Wild Days consist of bringing the children to Seymour High School Pool, or will take place at the Seymour Middle School Site and will involve a variety of water activities.
- **Parents are expected to ensure that their child(ren) arrive prepared for Wet "N" Wild Days. Children should have an appropriate bathing suit, water shoes, a towel and a plastic bag to store wet clothing items.**

Wet "N" Wild Days - Parent Initial: _____
(I have read the above statement)

How did you hear about us?

- My child attends SONCCA during the school year.
- I received a flyer from my child's school.
- A friend/family member told me about the program.
- Other: Please explain: _____

Thank You

**Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Medications by Program Staff**

To Staff:

I hereby request that the following non-prescription topical medications be administered to my child by a staff member of the SONCCA Program.

I understand that I must supply SONCCA with the non-prescription topical medication in the original container labeled with the child's name, name of medication, and the directions of the medication administration.

Name of Child: _____ **Date of Birth** _____

Address: _____

Name of Medication: _____

Schedule of Administration: _____

Site of Administration: _____

Reason medication is being administered: _____

Medication shall be administered from: _____ **to:** _____

Name of Parent/Guardian _____ **Date:** _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Signature: _____ **Relationship to Child:** _____

Address: _____ **Telephone:** _____

STAFF:

Parents authorization form and medication received by: _____
Signature of Staff Person

Medication Started: _____ **Medication Ended:** _____
Date and Time **Date and Time**

**SONCCA 2024
SUMMER GRANT INFORMATION QUESTIONNAIRE**

It is through the receipt of grants that SONCCA is able to provide quality care for your child at reasonable tuition rates. The following information is requested from local, state, federal, and other funding sources as a grant submission and reporting requirement. Please note names are not required. This form will be removed from your child's file and placed in our Grant Statistics file to be used when grant applications are made. If you wish, you may remove it from the rest of the packet and send it to the office separately.

Please place a checkmark or fill in all blanks, as appropriate:

Town: Seymour Oxford

Child's age: _____ Gender: _____ Grade as of September 2024: _____

Child's heritage:

Asian African-American Caucasian Hispanic Native American

Other, Please write in: _____

Family Size: _____ Number of Adults: _____ Number of Children: _____

Number of parents/guardians in the household: _____

Number of parents/guardians working: _____ in training: _____

Income: A: \$23,850 - \$32,913
 B: \$32,913 - \$47,700
 C: \$47,700 - \$71,500
 D: \$71,500 - \$110,000
 E: More than \$110,00

Child is cared for by: Parent(s)
 A "supervising adult" (grandparents, foster parents, etc.)