

Wee Disciples' Christian Academy

Before and After School Care Programs For Public Schools

T. A. Lowery and North Jefferson School Districts

Wee Disciples' Christian Academy

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Before and After Care Services

Wee Disciples will be providing Before and After Care for T. A. Lowery and North Jefferson School Districts.

Program	Site Supervisor	Time	Daily Cost	Weekly Cost
Before School Care	Sheila Anders	6:30 a.m.	\$10.50	\$ 52.50
After School Care	Karen Proctor	3:00 p.m. until 6:00 p.m.	\$10.50	\$ 52.50
Fee for Both				\$105.00

Pricing:

- Payment is due the Friday prior to the week you are attending. If payment is past due by one week, your child will no longer be able to attend until payment is made in full.
- Siblings will be given a 10% discount. The discount will apply to the second child.
- Before and After students will not be charged for one-day holidays for the 2011/2012 school year. This does not apply to snow days or sick days. No tuition will be due for Christmas and Spring Break. Payment for two days will be due during Thanksgiving Break.
- **LATE FEES** - A late charge of \$10.00 will be assessed for pickup between 6:01 and 6:30. An additional \$10.00 charge will be incurred for every half hour after 6:30. Late payment is due at pick up. If you are late more than five days, your child will no longer be able to attend After School Care. This policy is necessary to compensate our staff.

Additional Information:

- Activities for the morning will vary from reading, games, puzzles, and breakfast.
- Activities for the afternoon will include homework help, snack, recreation, and more.
- For students attending T. A. Lowery, they will ride bus 103 from Rock Spring at 8:17 a.m. and return to Rock Spring by bus 103 at 4:12 p.m.
- For students attending North Jefferson, they will ride bus _____ from Rock Spring at _____ a.m. and return to Rock Spring by bus _____ at _____ p.m.
- **If there is a two (2) hour delay, Before School Care will start 8:30 a.m and After School Care will resume as scheduled.**

Before School Breakfast Menu

- Monday Cheerios, applesauce, and low fat milk.
- Tuesday Granola, orange juice, and low fat milk.
- Wednesday Fruit and fiber bar, applesauce, and low fat milk.
- Thursday Life cereal, fruit cup in light syrup, and low fat milk.
- Friday Corn Chex, orange juice, or low fat milk.

After School Snack

- Monday Carrots with low fat Ranch dip, milk, or 100% fruit juice.
 - Tuesday Cheese quesadilla (tortilla and cheese) and 100% fruit juice.
 - Wednesday Apple slices and peanut butter.
 - Thursday Pretzels and apple sauce.
 - Friday Yogurt and Ritz crackers.
- *Water will be offered with snacks.

**WEE DISCIPLES' CHRISTIAN ACADEMY
BEFORE/AFTER CARE FOR PUBLIC SCHOOL CHILDREN
REGISTRATION/EMERGENCY FORM 2011-2012**

A. Family Information

Male

1. Child's Name: _____ Birth Date: _____ Gender: Female

Home Address: _____

Child's School: _____ School Phone: _____

School Address: _____

Child's Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Preferred Hospital/Clinic for Emergency Care: _____

2. **Mother/Guardian Name:** _____ **Phone:** _____

Address: _____

Employer Name: _____ Work Phone: _____

Employer Address: _____

3. **Father/Guardian Name:** _____ **Phone:** _____

Address: _____

Employer Name: _____ Work Phone: _____

Employer Address: _____

B. Emergency Contact: Names and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	Address	Telephone Number
1.		
2.		
3.		

C. List of people with permission to pick child up from care (anyone not listed cannot pick up child within written permission from parents):

Name	Address	Telephone Number

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Special Instructions: Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Other restrictions on child pick up: _____

D. List any allergies, illnesses, regular medications, special needs and concerns:

E. Permission to Receive Medical Care:

I. _____ give my permission for _____
(Name of Parent/Guardian) (Child Care Provider
Name)

to consent for _____ to receive emergency medical, dental or surgical
(Name of Child)

treatment if I cannot be reached. I place the following restrictions on medical treatment: _____

F. Permission to Transport:

- I do not give the child care provider permission to transport my child for non-emergency reasons.
- I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips. etc.
- In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.
- In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation:

Parent/Guardian Signature: _____ Date: _____