

EMERGENCY FORM

Emergency Treatment:

(Child's Name)

In the event of an illness or accident which requires immediate medical treatment at a time when a parent or guardian cannot be located, I _____ give permission for the Program Director or other program personnel designated by the Director to authorize such treatment. I will not hold the Center or medial personnel responsible. This is done with the understanding that every attempt will have been made to contact the parent/guardian, the child's physician, and other persons listed for emergency contact.

Signed: _____ Date: _____

Daytime Phone Number(s): _____

Permission to Leave Premises:

I am willing for staff members at Wee Disciples to take _____
_____ (child's name) on planned excursions with the understanding that all possible precautions are taken to insure the health and safety of my child.

Parent/Guardian: _____

Date: _____

I have read and agree to adhere to the policies set forth in this handbook. I also understand that late fees will apply and I will be responsible for payment.

Signature

Date

WEE DISCIPLES

**Asbury United Methodist Church
Wee Disciples**

Before and After School Care Programs

**Page Jackson and Wright Denny
School Districts and
Children enrolled in Wee Disciples'
Kindergarten and First Grade**

Wee Disciples

110 West North Street
Charles Town, WV 25414
304-707-6812
www.WeDisciples.com

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BEFORE AND AFTER SCHOOL CARE SERVICES

Wee Disciples will be providing Before and After School Care for Page Jackson and Wright Denny School Districts Monday through Friday.

Program	Coordinator	Time	Daily Cost	Weekly Cost
Before School	Nicki Anders	6:30 a.m. until bus arrival	\$12.00	\$60.00
After School	Tomoko Thaldorf	3:15 p.m. until 6:00 p.m.	\$15.00	\$75.00

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.
- If your child attends Wee Disciples' Kindergarten or First Grade, a 10% discount will be given.
- Siblings will be given a 10% discount. The discount will apply to the second child.
- There will be no charge for the weeks of Christmas and Spring Break. Payment for two days during Thanksgiving break will apply.
- **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:

- You must be pre-registered. Drop-ins must call the afternoon before or notify the office.
- Activities for the morning will vary from watching a movie, reading, games, puzzles, etc.
- Activities for the afternoon will include homework help, snack, recreation, Bible study and more.
- For students attending Wright Denny, they will ride bus 75 from St. James Catholic Church at 8:12 a.m. and return to St. James by bus 75 at 4:00 p.m.
- For students attending Page Jackson, they will ride bus 60 from St. James Catholic Church at 8:12 a.m. and return to St. James by bus 60 at 3:53 p.m.

BREAKFAST/SNACKS

A light, prepackaged breakfast will be served before school.
A light, prepackaged snack will be offered after school.

REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

School Attending: _____

Days to Attend: _____

Emergency Names, Phone Numbers and Addresses:

Physician: _____

Relative or friend (note relation): _____

Names of persons to whom we may release your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

1. Does your child have any diet restrictions? _____ If yes, explain.

2. Does your child have any allergies? _____ If yes, explain.

3. Does your child have any condition requiring medication? _____
If yes, explain. _____

4. Does your child have any activity restrictions? _____ If yes, explain.

5. Is there anything else we should know about your child? _____

