

**WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM**

**Registration & Permission Form
(Please PRINT all information)**

_____ / ____ / _____
Full Name of Child Date of Birth

_____ City Zip

_____ Parent(s) Name(s) Work Phone(s)

_____ Emergency Phone

_____ Grade

1. Individuals authorized to pick up my child _____

2. This is a recreational program and open to all children wishing to participate. However, children demonstrating any excessive need for supervision or discipline WILL be dismissed from the program. This is done for the protection of all participants.

3. Medication/allergies/special needs: _____

4. Is your child diabetic? Yes _____ No _____ If yes, we need a copy of your care plan.

5. I AGREE BY SIGNING BELOW, TO RELEASE AND WAIVE ALL CLAIMS, EXCEPT FOR WILLFUL AND WANTON ACTS, AGAINST WAULLA SENIOR CITIZENS/WAKULLA BEFORE/AFTER SCHOOL PROGRAM OR WAKULLA COUNTY SCHOOL BOARD.

_____ Date

Parent Signature

Health Record Form
Wakulla Senior Citizens Program

Participants County: Wakulla

1. Please type or print.
2. Statement provides basis for medical car while at BS/AS Program. You will not be denied admission for medical conditions unless you have a condition which may prove harmful to other members of the group or for which appropriate facilities and/or medical treatment are not available.

PERSONAL INFORMATION

Name: _____ (Last, First, Middle)		
Birthdate: ____/____/____	Height: _____	Weight: _____
Permanent Address: _____		
City: _____	State: _____	Zip: _____
Age: _____	Sex: _____	Race: _____
Physician's Name: _____		Phone: _____

NEXT OF KIN OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Relationship: _____		Phone: _____

STATEMENT OF UNDERSTANDING & AUTHORIZATION FOR TREATMENT

In consideration of having been accepted by the Wakulla Senior Citizens Child Care Program to attend any activities. I hereby release the WSCC, its employees and volunteers from any financial responsibilities for the sickness of or accident of her/him. I also give my permission for the him/her to be treated in case of medical emergency, while going to, returning from, and while at this activity. To assure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expenses considered necessary and agree to pay for the same, if this is not covered by an accident and sickness insurance policy.

I also give my consent for my son/daughter to be under disciplinary control of the official chaperon(s) designated by Wakulla Senior Citizens Council.

Parent/Guardian Signature

Participant Signature

Date

Sworn to and subscribed before me

This _____ day of _____ 20 ____
Notary Public:
Personally known: _____ OR Produced Identification: _____
Type of ID Produced: _____

THIS FORM MUST BY NOTARIZED

**WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
RULES & REGULATIONS**

Program will run from August 11, 2022 through May 26, 2023

1. Parent(s) if you have more than one child in the after school program and one of your children will be absent please call our office (888-1022) between the hours of 7am and 3:00 pm so accidents like children going home to empty houses does not happen.
2. Program hours are from 6:00 am 9:00 am 3:00 pm to 6:30 pm
3. Children must wear shirts and shoes at all times.
4. Children may bring electronic items or toys with them. WSCC school program will not be responsible for any lost, stolen or broken items. Appropriate games and music. No social media
5. We will not administer any medicine.
6. If your child can not abide by the rules and regulations of the program, you will have to make other arrangements for his/her care. Parent(s) will be required to remove the child from the program. **Biting, hitting, kicking and spitting on the other children or workers will not be tolerated. Dismissal will be decided by the Program Director or Executive Director.**
7. If you need to reach anyone in an emergency please call 888-1022 between the hours of 7:00am-2:00pm or call the main office for your child's school.
8. Children registered for the program must be able to take care of their own personal needs and be potty trained.
- 9. Children MUST be signed in and out by a parent/guardian or pre-authorized adult EACH DAY. MUST SHOW PICTURE ID.**
10. Any and all returned checks will be subjected to a \$40.00 returned check fee. In the incident a check is returned unpaid, all future payments must be paid in money order, cashier's check, credit card or debit card.
11. THERE WILL BE NO REFUNDS/CREDITS GIVEN FOR DAYS NOT ATTENDED.

If you have any questions regarding the program, please feel free to call 888-1022.

ALL FEES DUE IN ADVANCE!

LATE FEE: \$20.00 FOR EVERY 15 MINUTES PAST 6:30PM. THE FEE WILL BEGIN TO INCUR AT 6:31PM.

PARENT MUST SIGN BELOW

I have read the above rules and regulations and fully understand them. (Parental signature is required)

Parent Signature

Date

NAME(S) OF CHILD(REN): _____

PARENT(S) PHONE: (WK) _____ (HM) _____ (CL) _____

YOU MAY ACCESS OUR FORMS ON OUR WEBSITE AT www.wakullaseniorcenter.com

**WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
RULES & REGULATIONS**

Program will run from August 11, 2022 through May 26, 2023

1. Parent(s) if you have more than one child in the after school program and one of your children will be absent please call our office (888-1022) between the hours of 7am and 1pm so accidents like children going home to empty houses does not happen.
2. Program hours are from 6:00 am to 9:00 am and 3:00 pm to 6:30 pm.
3. Children must wear shirts and shoes at all times.
4. children may bring electronic items or toys with them. WSCC school program will not be responsible for any lost, stolen or broken items. Appropriate games and music...NO social media.
5. We will not administer any medicine.
6. If your child can not abide by the rules and regulations of the program, you will have to make other arrangements for his/her care. Parent(s) will be required to remove the child from the program. **Biting, hitting, kicking and spitting on the other children or workers will not be tolerated. Dismissal will be decided by the Program Director or Executive Director.**
7. If you need to reach anyone in an emergency please call 888-1022 between the hours of 7:00 am - 2:00 pm or call the main office for your child's school.
8. Children registered for the program must be able to take care of their own personal needs and be potty trained.
9. **Children MUST be signed in and out by a parent/guardian or pre-authorized adult EACH DAY. MUST SHOW PICTURE ID.**
10. Any and all returned checks will be subjected to a \$40.00 returned check fee. In the incident a check is returned unpaid, all future payments must be paid in money order, cashier's check, credit card or debit card.
11. THERE WILL BE NO REFUNDS/CREDITS GIVEN FOR DAYS NOT ATTENDED.

If you have any questions regarding the program, please feel free to call 888-1022.

ALL FEES DUE IN ADVANCE!

LATE FEE: \$20.00 FOR EVERY 15 MINUTES PAST 6:30 PM. THE FEE WILL BEGIN TO INCUR AT 6:31 PM.

YOU MAY ACCESS OUR FORMS ON OUR WBSITE AT www.wakullaseniorcenter.com

**WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM**

ATTENTION PARENTS!

**WHEN YOU PAY FOR YOUR CHILD CARE, PLEASE HAVE THE CORRECT
CHANGE. WE DO NOT KEEP CHANGE AT THE SCHOOLS
WHEN YOU WRITE YOUR CHECK, WRITE IT FOR THE WEEKLY RATE OR
DAILY RATE ONLY. IF CHECK IS MORE/LESS THAN CORRECT AMOUNT,
YOU WILL BE ASKED TO REWRITE CHECK. WE DO NOT GIVE
REFUNDS/CREDITS.**

THANK YOU FOR YOUR HELP WITH THIS PROBLEM!

WE HOPE YOU AND YOUR CHILD HAVE A GOOD YEAR.

**IF YOU HAVE QUESTIONS PLEASE CALL 888-1022 BETWEEN THE
HOURS OF:**

MONDAY – FRIDAY 7:00AM – 1:00PM

**The numbers below are for Before/After School Program only for
EMERGENCIES**

CRAWFORDVILLE	273-1150
MEDART	273-1143
RIVERSINK	273-2325
SHADEVILLE	273-1151

**WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
33 MICHEAL DRIVE, CRAWFORDVILLE, FL 32327
PHONE: (850) 888-1022
FAX: (850) 926-8138**

RATE SCHEDULE

ALL FEES ARE DUE WHEN YOUR CHILD FIRST ATTENDS AM/PM PROGRAMS

No Refunds/Credit Given For Days Not Attended

Regular schedule rates:

Daily

One Program (before OR after)	\$10.00
Both Programs (before and after)	\$20.00

Weekly

One Program	\$50.00
Both Programs	\$100.00

FEES FOR CHILDREN THAT ATTEND ON EARLY RELEASE DAYS

Early Release Days (1:00 – 6:30pm)

The Rate is \$15.00

CLOSED FOR CHRISTMAS DECEMBER 21, 2022 THRU JANUARY 5, 2023

WE WILL REOPEN JANUARY 5, 2023

RETURN CHECK FEE IS \$40.00

FEE FOR CREDIT CARDS IS \$2.00 PER TRANSACTION

ALL FEES ARE DUE ON THE FIRST DAY THE CHILD(REN) ATTEND.

LATE FEE: \$20.00 FOR EVERY 15 MINUTES PAST 6:30PM.

THE FEE WILL BEGIN TO INCUR AT 6:31PM.

We are open from 6:00 am 9:00 am 3:00 pm 6:30 pm.

Before/After School

CLOSED HOLIDAYS

SEPTEMBER 5	LABOR DAY
NOVEMBER 11	VETERANS DAY
NOVEMBER 21 - 25	THANKSGIVING BREAK
DECEMBER 21 - JANUARY 5, 2023	CHRISTMAS BREAK
JANUARY 16	MARTIN LUTHER KING HOLIDAY
FEBRUARY 20	PRESIDENTS DAY
MARCH 20-28	SPRING BREAK

WE WILL BE CLOSED FOR CHRISTMAS BREAK!
(DEC. 21, 2022 - JAN. 5, 2023)

EARLY RELEASE DAYS

(HOURS ON EARLY RELEASE DAYS: 1:00 - 6:30PM)

AUGUST 11, 2022

DECEMBER 20, 2022

MAY 25 - 26, 2023

We will let you know if we have a summer program at a later date...

TEACHER PLANNING DATES

SEPTEMBER 21st 2022

OCTOBER 18th 2022

JANUARY 4th 2023

FEBRUARY 2nd 2023

MARCH 27th 2023

DROP OFF TIME STARTS AT 6:00 AM

PICK UP TIME IS BY 6:30 PM

LATE FEE INCURS AT 6:31 PM AND IS
\$20.00 FOR EVERY 15 MINUTES LATE