



**Health Record Form**  
Wakulla Senior Citizens Program

Participants County: Wakulla

1. Please type or print.
2. Statement provides basis for medical care 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**

**MEDICAL PROCEDURE SUGGESTED:**

**COMPLETED**

**YEAR**

RUBELLA VACCINATION

\_\_\_\_\_

\_\_\_\_\_

DIPHTHERIA TETANUS IMMUNIZATION (W/IN 10 YRS)

\_\_\_\_\_

\_\_\_\_\_

POLIO SERIES

\_\_\_\_\_

\_\_\_\_\_

MEASLES VACCINATION

\_\_\_\_\_

\_\_\_\_\_

If the answer is Yes to any of the following, enter details on the lines provided, indicating diagnosis, date of illness or injury, name of hospital, length of stay, name of doctor, etc.

**MY CHILD HAS HAD:**

1. Symptoms such as epilepsy, convulsion, loss of consciousness, dizziness paralysis.....Yes.....No
2. Disease of heart or blood vessels, increased or abnormal blood pressure.....Yes.....No
3. Lung disease: asthma, blood spitting, persistent cough.....Yes.....No
4. Pain in chest or shortness of breath.....Yes.....No
5. Stomach or intestinal trouble: ulcers, gall bladder or liver disorder, jaundice, hernia.....Yes.....No
6. Arthritis, rheumatic fever, goiter, diabetes, kidney or bladder disease.....Yes.....No
7. Hay fever or allergy.....Yes.....No
8. Impaired sight or hearing, chronic ear infections.....Yes.....No
9. Any surgical operations, incidents, or injuries.....Yes.....No
10. Skin diseases.....Yes.....No
11. Allergy to Medicines.....Yes.....No
12. Currently taking medications.....Yes.....No
13. Under care of a physician.....Yes.....No
14. There are certain types of activities my child should abstain from.....Yes.....No

BLOOD TYPE (if known): \_\_\_\_\_

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

Program will run from August 10, 2023 through May 22, 2024

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 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. Appropriate games and music, no social media. WSCC school program will not be responsible for any lost, stolen or broken items.
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 (850) 888-1022 between the hours of 7:00am-1:00pm or call the main office of 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 I.D.**
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 or credit/debit card.
11. **IF THERE IS A CREDIT LEFT ON YOUR ACCOUNT FOR THE MONTHS OF DECEMBER AND MAY, IT MAY NOT BE RETURNED.**

If you have any questions regarding the program, please feel free to call (850) 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.**

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**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) \_\_\_\_\_ (CELL) \_\_\_\_\_

**YOU MAY ACCESS OUR FORMS ON OUR WEBSITE AT [www.wakullaseniorcenter.com](http://www.wakullaseniorcenter.com)**

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WAKULLA SENIOR CITIZENS  
BEFORE/AFTER SCHOOL PROGRAM

**ATTENTION PARENTS!**

**IF THERE IS A CREDIT LEFT ON YOUR ACCOUNT FOR THE MONTHS OF  
DECEMBER AND MAY, IT MAY NOT BE RETURNED.**

**THANK YOU FOR YOUR HELP WITH THIS PROBLEM!**

**WE HOPE YOU AND YOUR CHILD HAVE A GOOD YEAR.**

**IF YOU HAVE QUESTIONS PLEASE CALL (850) 888-1022 BETWEEN THE  
HOURS OF:**

**MONDAY – FRIDAY 7:00AM – 1:00PM**

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

<b>CRAWFORDVILLE</b>	<b>(850) 273-1150</b>
<b>MEDART</b>	<b>(850) 273-1143</b>
<b>RIVERSINK</b>	<b>(850) 273-2325</b>
<b>SHADEVILLE</b>	<b>(850) 273-1151</b>

**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**

**IF THERE IS A CREDIT LEFT ON YOUR ACCOUNT FOR THE MONTHS OF DECEMBER AND MAY,  
IT MAY NOT BE RETURNED.**

**Regular schedule rates:**

**Daily**

<b>One Program (before OR after)</b>	<b>\$11.00</b>
<b>Both Programs (before and after)</b>	<b>\$22.00</b>

**Weekly**

<b>One Program</b>	<b>\$55.00</b>
<b>Both Programs</b>	<b>\$110.00</b>

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**FEES FOR CHILDREN THAT ATTEND ON EARLY RELEASE DAYS**

**Early Release Days (1:00 – 6:30pm)**

**The Rate is \$16.00**

**CLOSED FOR CHRISTMAS DECEMBER 25, 2023 THRU JANUARY 8, 2024**

**WE WILL REOPEN JANUARY 9, 2024**

**RETURN CHECK FEE IS \$40.00**

**FEE FOR USING A CREDIT/DEBIT CARD 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 6:00am - 9:00am and 3:00pm - 6:30pm.**

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

**CLOSURE DATES**

<b>SEPTEMBER 4, 2023</b>	<b>LABOR DAY</b>
<b>SEPTEMBER 20, 2023</b>	<b>PROFESSIONAL DEV. DAY</b>
<b>OCTOBER 16, 2023</b>	<b>TEACHER PLANNING DAY</b>
<b>NOVEMBER 10, 2023</b>	<b>VETERANS DAY</b>
<b>NOVEMBER 20 – 24, 2023</b>	<b>THANKSGIVING BREAK</b>
<b>DECEMBER 25, 2023 – JANUARY 5, 2024</b>	<b>CHRISTMAS BREAK</b>
<b>JANUARY 8, 2024</b>	<b>TEACHER PLANNING DAY</b>
<b>JANUARY 15, 2024</b>	<b>MARTIN LUTHER KING HOLIDAY</b>
<b>FEBRUARY 16, 2024</b>	<b>SCHOOL HOLIDAY</b>
<b>FEBRUARY 19, 2024</b>	<b>PRESIDENTS DAY</b>
<b>MARCH 18 – 22, 2024</b>	<b>SPRING BREAK</b>
<b>MARCH 25, 2024</b>	<b>TEACHER PLANNING DAY</b>
<b>MARCH 29, 2024</b>	<b>SCHOOL HOLIDAY</b>
<b>APRIL 12, 2024</b>	<b>SCHOOL HOLIDAY</b>

**EARLY RELEASE DAYS:**

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

**AUGUST 10, 2023**

**DECEMBER 22, 2023**

**MAY 21, 22, 2024**

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



WAKULLA SENIOR CITIZENS  
BEFORE/AFTER SCHOOL PROGRAM

**PAYMENTS**

NO CASH PAYMENTS IS ALLOWED. PAYMENTS MAY BE MADE BY CREDIT CARD, DEBIT CARD, MONEY ORDER, CHECK, OR MONEY CARD.

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PARENT SIGNATURE

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DATE

WAKULLA SENIOR CITIZENS  
BEFORE/AFTER SCHOOL PROGRAM

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