

**July 2026**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**August 2026**

S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**September 2026**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**October 2026**

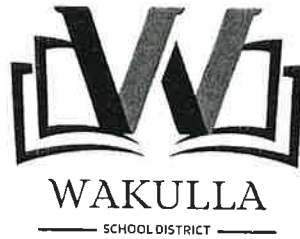
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**November 2026**

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**December 2026**

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



**WAKULLA COUNTY SCHOOL CALENDAR  
2026 — 2027**

**July**

2 Independence Day Holiday

**August**

3-7 Pre-Planning /Inservice(10 & 9 1/2 Month Personnel)

10 Students and 9 Month Personnel Return/Early Release

**September**

7 Labor Day Holiday

**October**

9 End of 1st Nine Weeks

12 Teacher Planning/Inservice Day (No Students)

**November**

11 Veterans' Day Holiday

23-27 Thanksgiving Holidays (All Personnel and Students—  
Holiday begins at end of day on 11/20)

**December**

18 Early Release/End of 2nd Nine Weeks/ End of Semester 1

21-31 Winter Holiday (All Personnel and Students — Holiday begins at end of day on 12/18)

**January**

1 Winter Holiday (All Personnel and Students)

4 Teacher Planning/Inservice Day (NO Students -10 & 9 1/2 Mo.Personnel Return)

5 Students and 9 Month Personnel Return

18 Martin Luther King, Jr. Holiday (All Personnel and Students)

**February**

15 Presidents' Day Holiday (All Personnel and Students)

**March**

12 Early Release/End of 3rd Nine Weeks/Teacher Planning & Inservice

15-19 Spring Break (begins at the end of the day on 3/12 - All Personnel and Students)

22 Teacher Planning/Inservice Day (NO Students -10 & 9 1/2 Mo.Personnel Return)

23 Students and 9 Month Personnel Return

29 Spring Holiday

**April**

**May**

20 GRADUATION

25 Early Release

26 Early Release/End of 4th Nine Weeks/End of Semester

27-28 Post Planning

31 Memorial Day Holiday (12 Month Personnel)

**January 2027**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**February 2027**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

**March 2027**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**April 2027**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**May 2027**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**June 2027**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

*Possible unplanned closure make up days to be determined as needed 11/23, 24/2026; 5/26, 27, 28, 29/2027*



WAKULLA SENIOR CITIZENS
BEFORE/AFTER SCHOOL PROGRAM
Registration & Permission Form
(Please PRINT all the information)
August 10, 2026, through May 26, 2027

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent(s) Name(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Name of School Presently Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*\*\*\*\*

1. Individuals authorized to pick up my child \_\_\_\_\_

2. This is a recreational program 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 WAKULLA SENIOR CITIZENS/WAKULLA BEFORE/AFTER SCHOOL PROGRAM OR WAKULLA COUNTY SCHOOL BOARD.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 him/her to be treated in case of medical emergency and 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 personnel designated by Wakulla Senior Citizens Council.

\_\_\_\_\_

Parent/Guardian 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:**

RUBELLA VACCINATION

DIPHTHERIA TETANUS IMMUNIZATION (W/IN 10 YRS)

POLIO SERIES

MEASLES VACCINATION

COMPLETED

YEAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

The program will run from August 10, 2026, through May 26, 2027

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 Debbie (888-1022) or Jackie (850) 888-1024 between the hours of 8:00 am and 1:00 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 always wear shirts and shoes.
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 cannot 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. **Bullying, Biting, Hitting, Kicking and Spitting on the other children or workers will not be tolerated. Dismissal will be decided by the Program Director.**
7. If you need to reach anyone in an emergency, please call Debbie (850) 888-1022 or Jackie (850) 888-1024 between the hours of 8:00 am-1:00pm 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 \$50.00 returned check fee. In the incident a check is returned unpaid, all future payments must be paid by money order, cashier's check or credit/debit card.
11. **NO CREDIT WILL ROLL OVER FROM ONE YEAR TO THE NEXT!**

If you have any questions regarding the program, please feel free to call Debbie (850) 888-1022 or Jackie (850) 888-1024

**ALL FEES DUE IN ADVANCE!**

**LATE FEE: \$25.00 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.wakullaseniocenter.com](http://www.wakullaseniocenter.com)**

## ATTENTION PARENTS

Until now this program has always tried to be understanding regarding payments due. I've made allowances for those parents that have been late or for payments that fell short of the amount due.

Unfortunately, some parents have taken advantage of the kindness shown. Now a hard line must be drawn.

This is a private fee-based program, it is not run by the School System; it is run by the Wakulla Senior Citizens Center.

The registration packet you completed when you enrolled your child (children) in the Before/After School Program CLEARLY STATES ALL FEES ARE DUE IN ADVANCE. Payments are due ON MONDAY OR THE FIRST DAY YOUR CHILD (CHILDREN) ATTEND.

All payments (CHECK, MONEY ORDER, CREDIT/DEBIT CARD) are made daily, weekly at the school program.

**FAILURE TO PAY WILL RESULT IN YOUR CHILD (CHILDREN) NOT BEING ABLE TO ATTEND UNTIL ACCOUNT IS BROUGHT CURRENT.**

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

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Parent Signature

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Date

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

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

WAKULLA SENIOR CITIZENS  
BEFORE/AFTER SCHOOL PROGRAM

**ATTENTION PARENTS!**

**NO CREDIT WILL ROLL OVER FROM ONE YEAR TO THE NEXT!**

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

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

**IF YOU HAVE QUESTIONS, PLEASE CALL DEBBIE (850) 888-1022 OR  
JACKIE (850) 888-1024**

**BETWEEN THE HOURS OF:**

**MONDAY – FRIDAY 7:00AM – 1:00PM**

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

<b>SHADEVILLE</b>	<b>(850) 273-1151</b>
<b>RIVERSINK</b>	<b>(850) 273-2325</b>
<b>CRAWFORDVILLE</b>	<b>(850) 556-9231</b>
<b>MEDART</b>	<b>(850) 528- 4343</b>

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

**REGISTRATION FEE \$35.00 PER CHILD PER YEAR**

**NO CREDIT WILL ROLL OVER TO THE NEXT SCHOOL YEAR!**

Regular schedule rates:

**Daily**

**One Program (Before or After) \$13.00  
Both Programs (Before and After) \$26.00**

**Weekly**

<b>One Program</b>	<b>\$65.00</b>
<b>Both Programs</b>	<b>\$130.00</b>

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

**Early Release Days (1:00 – 6:30pm) The Rate is \$18.00**

**CLOSED FOR CHRISTMAS DECEMEBER 21, 2026 THRU JANUARY 4, 2027**

**WE WILL REOPEN JANUARY 5, 2027**

**RETURN CHECK FEE IS \$50.00**

**A FEE OF 3% IS AUTOMATICALLY ADDED BY CLOVER**

**FEE FOR USING A CREDIT/DEBIT CARD IS \$3.00 PER TRANSACTION**

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

**LATE FEE: \$25.00 FOR EVERY 15 MINUTES PAST 6:30PM.**

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

**HOURS OF OPERATION: MORNING: 6:00am -9:00am / AFTERNOON: 3:00pm -6:30pm**

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

**CLOSURE DATES**

<b>SEPTEMBER 7, 2026</b>	<b>LABOR DAY</b>
<b>OCTOBER 12, 2026</b>	<b>TEACHER PLANNING DAY</b>
<b>NOVEMBER 11, 2026</b>	<b>VETERANS DAY<sup>6</sup></b>
<b>NOVEMBER 23 – 27, 2026</b>	<b>THANKSGIVING BREAK</b>
<b>DECEMBER 21, 2026 – JANUARY 4, 2027</b>	<b>CHRISTMAS BREAK</b>
<b>JANUARY 18, 2027</b>	<b>MARTIN LUTHER KING HOLIDAY</b>
<b>FEBRUARY 15, 2027</b>	<b>PRESIDENTS DAY</b>
<b>MARCH 15 – 19, 2027</b>	<b>SPRING BREAK</b>
<b>MARCH 22, 2027</b>	<b>TEACHER PLANNING DAY</b>
<b>MARCH 29, 2027</b>	<b>SPRING HOLIDAY</b>

**EARLY RELEASE DAYS: EXTRA \$5.00 FEE PER CHILD**

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

**AUGUST 10, 2026**

**DECEMBER 18, 2026**

**MARCH 12, 2027**

**MAY 25, 26, 2027**

**WAKULLA SENIOR CITIZENS  
BEFORE/AFTER SCHOOL PROGRAM  
(2026-2027)**

**ZERO TOLERANCE**

**For any child who brings a weapon to the program.**

**The child will be dismissed immediately and forfeits the right to participate in the Before/After School Program.**

**ATTENTION PARENTS**

**Please update your personal phone number and address when they change. This is very important in case of an emergency.**