



**WAVERLY STUDENT
CENTER PRESENTS:
DESTINATION
DISCOVERY
SUMMER CAMP 2020**

Located at
Waverly East Intermediate
3131 W. Michigan Ave.
Lansing, MI 48917
Outside Door # 14
517-321-3985
Hours: 6:30am-6:00pm



Summer Enrollment Process 2020

Waverly Student Centers

- Complete every page in the Student Centers Summer Packet. Circle dates that your child will attend on the calendars (please turn in a separate calendar for **EACH STUDENT** attending.) *3 Day **MINIMUM***
- For days that are scheduled as “half days,” please indicate estimated time of arrival. Half Days are considered 5 hours or less.
- Include money order payment or completed Tuition Express form to pay the registration fee of \$25/child for the summer program to complete the enrollment process. Enrollment fee includes 2 field trip shirts and a Student Center drawstring bag. **CURRENT TUITION BALANCE MUST BE PAID IN FULL BEFORE ENROLLING!**
- **Include payment for summer activity fees** (\$15/week/child.) Ask SC staff about the activity fee fundraiser! ☺ **Fundraiser: March 30th-April 24th**
- **Turn the packet (with payment) in to the Student Center no later than Friday May 1st** to guarantee a spot in the Summer Program. After May 1st, Student Center cannot guarantee that a spot will be available or that field trip shirts will be available.
- **Once the enrollment deadline has passed, we will NOT be able to add on weeks or field trip days!**
- **Please read the full contract carefully as some policies have changed.**

*Summer Enrollment Packets should be turned in to Lacey Balzer or Greg Daza. They can be submitted to the mailbox on the office door or via e-mail.

For further questions contact Lacey Balzer (Childcare Supervisor)
lbalzer@waverlyk12.net or Greg Daza (Assistant Childcare Supervisor)
gdaza@waverlyk12.net

Please keep this page for your records.



Summer Camp 2020 Rates

Waverly Student Center will be open 6/8/20*-8/14/20 at Waverly East Intermediate.

*TBD (based on snow day make up days)

Select full time or part time options (3 days per week minimum)

Fee	First Child	Additional Child(ren)
Summer Registration (includes 2 field trip t-shirts and a Student Center drawstring backpack)	\$25	\$25
Activity Fees (non- refundable)	\$15/week of attendance	\$15/week of attendance
Half Day (5 hours or less)	\$25	\$22
Full Day (more than 5 hours)	\$35	\$32
FEE FOR NO SHOW/CANCELLATION WITHOUT 24 HOURS NOTICE	\$15/day	\$15/day
DROP IN RATE (does not include field trip days)	+\$5.00/day	+\$5.00/day

- Student Center will provide an afternoon snack and drink as well as occasional theme related treats. Please notify SC Staff if your child has any food allergies.
- Student Center families may choose to participate in the Waverly School District's summer free food program for breakfast and lunch each day. Free breakfast and lunch will be provided beginning (DATE TBD). Please send **COLD lunches for the first & last week!** If you choose to send your child with a cold lunch, please remember that Student Center is a NUT-FREE facility due to allergies.
- Registration fees and activity fees are **non-refundable** and due when summer enrollment paperwork is turned in.
- Activity fees cover all field trip expenses for the summer including transportation and admission fees as well as supplies for each week. (Don't forget to check out information about the Student Center Fundraiser to help families with the cost of their activity fees. Fundraiser: March 30th-April 24th)
- Volunteer chaperones must complete a Volunteer background check form (included in this packet) and pay for any field trips that they will be attending upon enrollment. (Field Trip Volunteer Chaperone Admission payment can be made via cash or money order.)

*Please keep this page for your records. *

Summer Camp 2020 Registration Reminder

Please remember to bring the following items when you pack for your child's Summer Camp Adventures! (Items can be left at Student Center in a bag labeled with your child's name. They will need to be taken home weekly for washing or after use.)

- ✓ Bathing Suit
- ✓ Towel
- ✓ Water Shoes
- ✓ Change of Clothes (appropriate for summer including underwear and socks)
- ✓ Gym Shoes
- ✓ Light Weight Jacket
- ✓ Sheet/Blanket
- ✓ Sunscreen/Bug Spray (Student Center does not provide Sunscreen or Bug Spray. Please write your child's name on their items to keep at Student Center.)

Have you completed all of your child's enrollment paperwork? (REQUIRED)

- ✓ Registration Form
- ✓ Emergency Card
- ✓ Medical History Form
- ✓ Getting Acquainted
- ✓ Parent Agreement
- ✓ Playground Consent & Liability Waiver
- ✓ Written Information Documentation
- ✓ Attendance Calendars

*****Electronic devices are permitted under the discretion of the Director. The center will not be held responsible for any lost or broken electronic devices.**

ANY STUDENTS FOUND PLAYING GAMES THAT ARE NOT SCHOOL APPROPRIATE WILL LOSE THEIR ELECTRONICS PRIVILEGES.

*****Field Trip permission slips will be available at least 1 week prior to field trips. Please make sure that you sign your student up as field trip space will be limited. Students will be REQUIRED to attend field trips if they are in attendance. If your child forgets their shirt, arrives after the bus has left OR behavior prohibits field trip attendance, your child will be required to stay home. *Exception: Doctor's Note/Court Orders/Summer School Enrollment***

*****Field Trip shirts must be worn on ALL field trips. Student Center will have a limited number of extra field trip shirts available for purchase (\$10 each) if a shirt is forgotten. 2 field trip shirts are included in the registration fee. A child will not be permitted to attend an off-site field trip without their field trip shirt.**

Please keep this page for your records.

WAVERLY

COMMUNITY SCHOOLS

Pride. Tradition. Excellence.

VOLUNTEER/CHILD CARE BACKGROUND CHECK

Service to provide: _____ Date(s) to Provide Service: _____

Please circle one: VOLUNTEER

CHILD CARE

INTERN

Building(s) _____

In order to ensure the protection of children in the care of Waverly Community Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a background check. The background check is a name check only, through the State of Michigan ICHAT system and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____
[mm/dd/yyyy]

Race (Please check one): White _____ Black _____ Asian/Pacific Islander _____ American Indian/Alaskan Native _____
Unknown/Other _____

Address _____

Telephone Number _____ Cell Phone Number _____

HISTORY INFORMATION

1) Have you volunteered at Waverly Community Schools before? ☐ Yes ☐ No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

☐ Yes ☐ No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

WAVERLY

COMMUNITY SCHOOLS

Pride. Tradition. Excellence.

Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

☐ Yes ☐ No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

3) Are you the subject of a current criminal investigation or have pending charges against you?

☐ Yes ☐ No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

****FOR CHILD CARE ONLY:**

4) U.S. Citizen: Yes _____ No _____ Have you ever lived outside of Michigan? Yes _____ No _____

If you have lived outside of Michigan, please indicate where and when. Location _____
Year(s) _____

Waverly Community Schools reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check. Please note that any incorrect, false, or incomplete information to the questions above will be grounds for stopping the employment, volunteering, or doing an internship.

Signature: _____

Date Signed: _____



Permission is granted to have this
background volunteer screening
performed annually

Please return completed form to the Main Office of the building. Questions or concerns, please contact Susan Friend at 319-3023 or by email at sfriend@waverlyk12.net

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied _____

Determining Staff Member _____

“Destination Discovery” Summer Camp 2020

Week 1: Survivor: Outsmart, Outlaugh, Outfun

This week is all about teamwork, making friends, good sportsmanship and leadership. Students and staff will be assigned to teams to compete in fun and wacky challenges throughout the week. At the end of the week, everyone comes together as one for the final Tribal Council!

Week 2: Around the World

Students will have lots of fun travelling to different areas of the world without ever having to get on a plane! Their minds will be open to new experiences and learning about diverse cultures with creative activities!

Week 3: Through the Decades

This week is going to be totally RAD! Throughout the week we will discover music, dance moves, technology, fashion, art and memorable events popular in the 1920s, 50s, 60s, 80s and 90s! From creating our own art deco and learning about the discovery of King Tut's tomb to break dancing and the placement of the Hubble Space Telescope into orbit, students will have a roaring good time!

Week 4: The Great Outdoors

Join us as we bring all of the best elements of the outdoors to our Summer of Wonder! Students will make branch art, leaf rubbings, explore animals like birds, bugs, and fish, make nature portraits, go on a scavenger hunt, and more!

Week 5: The Greatest Showkid

Join us for a Greatest-Showman-themed, circus-fun-filled week! Students will participate in show-stopping activities, create trapeze art, work on their stand up comedy, cook up some tasty circus treats like cotton candy and kettle corn, and even work on some Greatest Showman choreography!

Week 6: Fairy Tale STEAM

Adventure is out there! Our imagination is loaded with the newest STEAM challenges inspired by classic fairy tales such as Jack and the Beanstalk, The Three Little Pigs, Rapunzel, Little Red Riding Hood, and more! Help solve the mystery of who pushed Humpty Dumpty off the Wall, what they used to do it, and where they hid the item. Embark on an imaginative adventure designing and engineering solutions to problems that occurred “once upon a time.” Watch how our challenges each day unfold, from introducing each story, preparing for the challenge, and finally...putting our STEAM minds to the test!

Week 7: Lego Factory

Join us for a LEGO-themed week full of designing and building! Students will build all sorts of fun LEGO creations, letting their imaginations guide them! This week will be filled with STEAM challenges, LEGO-themed crafts, and a LEGO brownie recipe that your kid will LOVE.

Week 8: Disney Adventures

This week we'll be doing activities and games from all of your favorite Disney movies, classic and current! We'll go under the sea with Ariel and Sebastian, have a Mad Tea Party with Alice in Wonderland, cook up some yummy dishes with Ratatouille, play with the Toy Story heroes, and more!

Week 9: Epic Adventures

Prepare for a week full of ADVENTURE and excitement! Each classroom will form a team to decipher clues, complete scavenger hunts and engage in challenges to figure out which U.S. states we're traveling to each day. They will learn the art of teamwork and building friendships to last a lifetime.

Week 10: Tri Wizard Tournament

Join us for a fun-filled, Harry Potter themed week! Like in the book, *Harry Potter and the Goblet of Fire*, students will be engaging in some friendly competition to see who will win the Tri-Wizard Cup! Students will be creating wands and broomsticks, making and cooking up yummy treats from the Leaky Cauldron like kid-friendly ButterBeer, overcoming tournament obstacles, and enjoying other classic Harry Potter activities.

Summer 2020

Left Blank Intentionally

Summer 2020

Date of Application: _____ Date you wish your child to begin: _____

CHILD(REN)'S

NAME _____ SCHOOL AND GRADE _____ BIRTHDATE _____ GENDER: _____

Tee Shirt Size: YXS YS YM YL YXL ASM AM AL AXL

Parent/Guardian Information

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ ☐ Check for Text Messaging: Service Carrier: _____

Employer: _____ Work Phone: _____

Mother/Guardian SS#: _____ Email: _____

[] Custodial Parent (If married, mark both parents)

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ ☐ Check for Text Messaging: Service Carrier: _____

Employer: _____ Work Phone: _____

Father/Guardian SS#: _____ Email: _____

[] Custodial Parent (If married, mark both parents)

PG-Movie Permission: I give permission for my child to view carefully selected movies with a PG rating.

Please circle and initial _____ Yes/No

Photo Release: I give permission for my child to be photographed or videotaped during Waverly Child Care hours. I understand that the photo/videos will be used for information/promotional purposes, newsletters, Facebook/Instagram and Website related to Waverly Community Schools Student Centers.

Please circle and initial:

Information/Promotions _____ Yes/No

Newsletters _____ Yes/No

Facebook/Instagram _____ Yes/No

Website _____ Yes/No



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Authorized Signature _____		Date _____	

For Official Use Only

Date Received _____
Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226	
Pay to the order of: _____		Attach Voided Check Here \$ _____			
		Deposit slips not accepted _____ Dollars			
123456789	1800336	0226			
Routing Number	Account Number	Check Number			

A service of



procure
SOFTWARE®



Waverly Student Center

Student Behavior Expectations

- ❖ I will follow directions the first time they are given.
- ❖ I will keep my hands, feet and all objects to myself.
- ❖ When in the building, I will use the voice level that is expected by my teacher during an activity.
- ❖ I will use appropriate language.
- ❖ I will ask a teacher for permission to leave the classroom.
- ❖ I understand that the Student Center is not responsible for the loss, theft, damage, or vandalism to student property including electronic devices and that the use of electronic devices is at Student Center staff's discretion.
- ❖ I will not participate in bullying behavior.

Some examples of specific behaviors that constitute bullying include:

- Spreading rumors or posting degrading, harmful, or explicit pictures, messages, or information using social media or other forms of electronic communication (also known as "[cyber-bullying](#)").
- Taunting or making sexual slurs about a person's gender orientation or sexual status.
- Name-calling, joking, or making offensive remarks about a person's religion, gender, ethnicity, or socioeconomic status.
- Physical acts of aggression, such as punching, slapping, or tripping someone.

I understand that my student is expected to follow all of the behavior expectations listed above. I understand that if he or she does not, he or she may be removed from the program.

Parent/guardian signature: _____ Date: _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

Parent/Legal Guardian Initials:	
_____ I give permission to _____ Waverly Student Center _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

MEDICAL HISTORY AND CUSTODIAL INFORMATION

CHILDS NAME/D.O.B.: _____

I hereby certify that my child is in good health, their immunizations are up-to-date and his/her immunizations or immunization waiver is on file with the school.

PARENT(S) NAME: _____ **PARENT(S) SIGNATURE:** _____

Date: _____

PARENT PERMISSION FOR TOPICAL, NON-PRESCRIPTION MEDICATION

I GIVE PERMISSION TO THE STAFF OF WAVERLY COMMUNITY SCHOOLS STUDENT CENTERS, TO APPLY TOPICAL, NON-PRESCRIPTION MEDICATION **PROVIDED BY ME (PARENT/GUARDIAN) (SUNSCREEN, INSECT REPELLENT, CHAPSTICK, LOTION, COUGH DROPS, ETC.)** ON MY CHILD.

PARENT(S) SIGNATURE: _____

Date: _____

MEDICAL HISTORY

PLEASE LIST BELOW ANY MEDICAL, SOCIAL AND/OR EMOTIONAL CONCERNS OR ALLERGIES (FOOD/ENVIRONMENTAL/MEDICATION/ETC.) THAT OUR STAFF NEED TO BE AWARE OF REGARDING YOUR CHILD. Please include if your child has a documented IEP/504 Plan.

1. _____

2. _____

3. _____

CUSTODIAL CONCERNS

(Including individuals that are not allowed to pick up, etc.)

PLEASE INFORM THE STAFF IN WRITING BELOW IF THERE ARE ANY CONCERNS WITH CUSTODIAL SITUATIONS IN REGARD TO YOUR CHILD.

1. _____

2. _____

I HAVE A COURT DOCUMENT REGARDING THE ISSUES OF CUSTODIAL CONCERNS YES / NO

If "yes," please submit a copy to Student Center Staff.

Playground Consent

The Department of Human Services, Office of Child Day Care Licensing has developed criteria for playgrounds and playground equipment as follows:

R400.8170 Outdoor Play Area

Rule 170

(11) The playground equipment, use zones, and surfacing in the outdoor play area shall be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of an original provisional license, upon request of the department, and before using any newly added playground equipment. The center shall provide documentation of the inspection to the department upon request and shall keep it on file at the center.

(19) **School-Age Centers operating in school buildings approved by the Michigan Department of Education are exempt from sub rule (11) of this rule, provided the licensee informs parents, in writing at the time of enrollment, if the center plans to use a public school's outdoor play area and equipment that does not comply with this rule.**

In order for a child enrolled in a licensed program within a school approved by the Michigan Department of Education to utilize the playground, guardians must give their consent. Please sign below to provide permission for your child to use outdoor school play areas with equipment that may not comply with sub rule 11 above.

Parent Name: _____

Parent Signature/Date: _____

Parent/Legal Guardian Waiver and Release of Liability ("Waiver")

I am the parent/legal guardian of _____, and I give my child permission to participate in the **WAVERLY STUDENT CENTER** ("the Program"), an enrichment and recreational program organized by Waverly Community Schools (the "District").

I understand that this opportunity is voluntary and I have voluntarily opted for my child to participate. I further understand that the Program will involve activities including but not limited to use of school playground equipment and science experiments, that some events may take place off District grounds, and that some activities carry the potential for death, serious injury, and property loss.

On behalf of myself, my child, my family, and my successors, heirs, and assigns, I assume the risk of any and all injury that may occur in any manner related to the Program's activities. I freely and voluntarily agree to indemnify, defend, release, and forever hold harmless the District and its board members, officers, employees, volunteers, and agents from any claims, damages, costs, and/or responsibility of any kind ("Liability") that may be asserted by any person or entity for Liability, including attorney fees, caused by or arising out of my child's participation in the Program. This Waiver shall survive termination and/or completion of the Program and my child's participation therein.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____ **Telephone Number:** _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name Waverly Student Center
------------------------------------	--

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.



WAVERLY STUDENT CENTER

Getting Acquainted with Your Child

To help us provide the best care possible for your child, please complete and return this form with your registration packet.

-Confidential information will be reviewed only by Student Center staff. –

Child's Full Name: _____ Birthdate: _____

Nickname/Name your child prefers to be called: _____

Parent(s)/Guardian(s) Name

Mother/Guardian _____ Father/Guardian _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other

Siblings Names & Ages _____

My child's favorite toys are: _____

Have there been any changes in your child's life recently? _____

My child's greatest fears are: _____

When angry, my child will: _____

My child has difficulty: _____

Please share any family traditions/holiday celebrations/heritage information: _____

My child will need assistance with (i.e. going to the bathroom/remembering to use the bathroom, understanding/following directions, etc.): _____

Other helpful information: _____

Waverly Student Center Tuition:

- **Complete calendars for the entire Summer** with the dates that your child will be attending Student Center circled. (**Schedule is required** to facilitate student bussing and staff-to-student ratios.)
- Student Center requires a **3-day attendance minimum per week**. You will be charged for 3 days if minimum is not met.
- **There will be a fee of \$15/child/day if a child is scheduled to attend and does not show up/cancels without 24 hours' notice.**
- Tuition will be charged based on the schedule that is turned in, with days not scheduled (drop-in) being subject to an additional fee (see rate sheet for fees). **FIELD TRIP DAYS CAN NOT BE ADDED AFTER MAY 1st DEADLINE.**
- Payment for each week will be due by the Monday of the following week.
- A late fee of \$20.00 will be applied to accounts that are 2 weeks past due.

Please outline below whom is responsible for payment of tuition and fees.

Parent Agreement (please initial each policy):

- ☐ _____ I agree to clock my child in and out each day of attendance
- ☐ _____ I agree to call or email the childcare site 24 hours in advance to inform staff of a change in my child's scheduled attendance (**I understand that I cannot add field trip days after May 1st 2020.**)
- ☐ _____ I understand that the child care program is a **nut-free** environment and I will ensure that no nut products are sent with my child for lunch or special treats.
- ☐ _____ I understand that I will be informed and must provide permission for all planned field trips.
- ☐ _____ I agree to take full responsibility for any damage to person or property caused by my child while in care.
- ☐ _____ I agree that I, or one of my emergency contacts, will pick up my child immediately if his/her behavior or health requires sending him/her home.
- ☐ _____ I understand that after 6:00 p.m. I must pay a late fee of \$1.00 for each of the first 5 minutes (\$5.00) and \$2.00 for each additional five-minute period or portion thereof, after the classroom session ends.
- ☐ _____ I understand that the Waverly Student Center's Parent Handbook details these and other policies and procedures, and that I have received a Parent Handbook upon enrollment.
- ☐ _____ Students will be **REQUIRED** to attend field trips if they are in attendance. If your child forgets their shirt, arrives after the bus has left OR behavior prohibits field trip attendance, your child will be required to stay home. ***Exception: Doctor's Note/Court Orders/Summer School Enrollment ***
- ☐ _____ I understand that my child will ride a Waverly School District bus to school after Student Center morning attendance and from school to Student Center for afternoon attendance. I understand that my child will ride a Waverly School District bus for all Summer field trips.
- ☐ _____ I understand that it is my responsibility to notify the Student Center staff of any special need (i.e. IEP, 504, medical needs, allergies, etc.) so that they can plan accordingly to provide the best care possible for my child. **This would also include a child who is allowed to self-carry an inhaler or epi-pen.**
- ☐ _____ I understand that the Student Center is not responsible for the loss, theft, damage, or vandalism to student property including electronic devices and that the use of electronic devices is at Student Center staff's discretion.

Parent/Guardian Signature & Date:
