

CHILD'S NAME: \_\_\_\_\_



**WAVERLY**  
COMMUNITY SCHOOLS

**Colt Child Care**  
**Before and After School Program**  
**for GSRP Students**  
**2024/2025**

➤ **Quality Before and After School experiences**

➤ Location	Address	Phone Number	Hours of Operation
Colt Early Childhood Education Center	4344 W. Michigan Ave. Lansing, MI 48917	Child Care Main Office @ Waverly East: 517-321-6999	6:30am-8:15am 3:15pm-6:00pm *No school day, delayed start day and early release day care is offered for an additional fee. FULL DAY HOURS: 6:30am-6:00pm

For more information, visit the Waverly Community Schools website or contact Lacey Balzer (Child Care Supervisor) at [lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net).

**RETURN COMPLETED PACKETS TO EAST  
INTERMEDIATE SCHOOL DOOR #14!**

\*Please keep this page for your records. \*

CHILD'S NAME: \_\_\_\_\_



## **Enrollment Process**

### **Waverly Child Care**

The Colt Child Care Before and After School Program for GSRP Students is located at Colt Early Childhood Education Center in the gymnasium. The program will accept students in the 4-year-old GSRP Program.

- To enroll complete every page in the Enrollment Packet. Please complete ONE packet PER CHILD. Paperwork is due a **MINIMUM** of 24 business hours before care is needed. (i.e., Paperwork turned in on Monday by 5:30pm will have a WEDNESDAY start date if space allows.) **\*Enrollment space MAY be LIMITED.**
- Include money order payment or completed Tuition Express form (included) to pay the registration fee of \$40 (\$25 per additional child) for the school year to complete the enrollment process.
- Complete a calendar for EACH month with the dates that your child will be attending circled. Changes with a minimum of 48 hours' notice can be made with written approval from the Supervisor.
- **Turn the PACKET & CALENDARS (with registration payment) into the Student Center located at East Intermediate School in the Community Center Room. (Entrance through outside door #14 before or after school.)**

\*Child Care Staff Members are available before and after school to accept enrollment packets.

For further questions contact Lacey Balzer (Child Care Supervisor)  
[lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net).

\*Please keep this page for your records. \*

CHILD'S NAME: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_



## Colt Child Care Before and After School Program for GSRP Students

### 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 willfully vandalize Student Center property. (Vandalism is defined as the willful destruction and defacing of district/program property. The student and parent will be held financially responsible for damages including, but not limited to, the cost for district staff or others to repair, replace, and/or clean-up the damaged property.)
- ❖ I will not participate in bullying behavior.

Some examples of specific behaviors that constitute bullying include but are not limited to:

- 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.

### Behavior Policy for Physical Aggression:

- 1<sup>st</sup> Incident: Warning- Verbal/Written: Conversation with parent.
- 2<sup>nd</sup> Incident: 1 Day Suspension
- 3<sup>rd</sup> Incident: 2 Day Suspension
- 4<sup>th</sup> Incident: 1 Week Suspension
- 5<sup>th</sup> Incident: Meeting with parent to discuss behavior plan.
- 6<sup>th</sup> Incident+: Determined by Behavior Plan

**\*Persistent VERBAL/SOCIAL Bullying WILL fall under the Behavior Policy for Physical Aggression. \***

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'S NAME: \_\_\_\_\_

### **Colt ECEC Childcare Rates and Payment Schedule**

#### **2024/2025 School Year Registration Fees**

- One Child: \$40
- Each Additional Child: \$25 (maximum family registration fee of \$90)

#### **2024/2025 School Year Before and/or After School Rates**

- Before School (6:30am-8:15am)
  - \$10.00/day
- After School (3:15pm-6:00pm)
  - \$12.00/day
- Delayed Start Mornings (6:30am-10:15am)
  - \$12.00/day
- Early Release Afternoons (11:15am-6:00pm)
  - \$30/day
- No School Days (6:30am-6:00pm)
  - \$30.00/day HALF DAY (5 Hours or LESS)
  - \$45.00/day FULL DAY (5.01 hours or MORE)

**Emergency School Closings (including inclement weather, etc.) \*Child Care will open 2 hours later than normal (8:30am) under discretion of the Superintendent. If the Superintendent closes Child Care as well, parents will be notified via the school broadcast system, email and Facebook\***

#### **Payment Schedule**

- Complete a calendar for EACH month with the dates that your child will be attending Child Care circled. (Schedule is **REQUIRED** to help us keep ratio compliance). **Changes in attendance will need to be approved 48 hours in advance by Lacey.**
- There is a 3-day attendance requirement minimum per week. (i.e., Less than 3 days will be charged as 3 days.)
- We will **NOT** be able to accommodate "drop in" (unscheduled) care.
- Adjustments to schedules must be emailed a minimum of **48 hours in advance and approved by the supervisor** to secure the child's spot. (I.e., My child needs to attend on Wednesday not the Thursday that was scheduled.) **CHANGES ARE AT SUPERVISOR DISCRETION AND ARE NOT GUARANTEED.**
- Attendance calendars are due upon enrollment.
- 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.
- Tuition may be paid via Tuition Express automatic withdrawal, Tuition Express online, attendance computer POS or by money order.

CHILD'S NAME: \_\_\_\_\_

### Late Fees and Child Illness Guidelines

#### Late Tuition Payment:

I am aware that tuition payments are due by Monday following the week of attendance unless I have made arrangements in writing with Child Care staff and that a late payment fee of \$20.00 will be applied to accounts that are 2 weeks past due. **Failure to make timely payments will result in my child being dis-enrolled from the program. If my child is dis-enrolled, I will have to pay an additional registration fee to re-enroll my child in the Child Care program if space allows.**

#### Late Pickup Fee:

I am aware that I must pay a late pick-up 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 center has closed.

#### Child Illness Guidelines:

I understand that if my child becomes ill while in attendance at Child Care, that staff will notify me in cases of minor accident or illness. In serious cases, 911 will be called and if the condition is judged serious enough, the child will be transported to one of the local hospitals by emergency vehicle for treatment and the parents will be called as soon as possible.

Child's Name \_\_\_\_\_

Parent/Guardian Signature/Date \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_



**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



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CHILD'S NAME: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date you wish your child to begin: \_\_\_\_\_

### CHILD'S

NAME \_\_\_\_\_ GSRP CLASSROOM: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER: \_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_

### Parent/Guardian Information

#### 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)

#### 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 Child Care Centers.

Please circle and initial:

Information/Promotions \_\_\_\_\_ Yes/No

Newsletters \_\_\_\_\_ Yes/No

Facebook/Instagram \_\_\_\_\_ Yes/No

Website/Blog \_\_\_\_\_ Yes/No



CHILD'S NAME: \_\_\_\_\_

## CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - 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.

<b>For Provider Use Only:</b>		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		Primary Phone (     )	Parent/Legal Guardian's Name (Optional)		Primary Phone (     )
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )	Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (     )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
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/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	(     )	(     )			
<b>Release of Child Only:</b> 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.	(     )		
5.	(     )	6.	(     )		

<b>Parent/Legal Guardian Initials:</b>
_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

CHILD'S NAME: \_\_\_\_\_

### ***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 have provided ONE of the following to the center:**

- A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the department of health and human services (DHHS).
- A copy of a waiver addressed to DHHS and signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons.

**I have included a copy of my child's physical evaluation. The physical evaluation must have been completed within the last 12 months.**

**YES** \_\_\_\_\_

**NO (must provide a copy within 30 days)** \_\_\_\_\_

**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. \_\_\_\_\_

### ***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.

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

If "yes," please submit a copy to Child Care Staff.

CHILD'S NAME: \_\_\_\_\_

Child Care Center Tuition:

- Complete a calendar for each month with the dates that your child will be attending Child Care circled. (Schedule is required to keep us in ratio compliance).
- There is a **3-day attendance requirement minimum per week**. (i.e., Less than 3 days will be charged as 3 days.)
- We will **NOT** be able to accommodate "drop in" (unscheduled) care.
- 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 **48 hours** in advance to inform staff of a change in my child's scheduled attendance.
- ☐ **No Show Fees:** Early Release and No School Days: **\$20/day** if cancellation is not made with at least 24 hours written notice
- ☐ \_\_\_\_\_ I understand that Student Center has a 3 Day Minimum Policy. If my child does not attend at least 3 scheduled days, I will be charged for 3 days.
- ☐ \_\_\_\_\_ I understand that the childcare 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 Child Care Center's Parent Handbook details these and other policies and procedures, and that I have received a Parent Handbook upon enrollment.
- ☐ \_\_\_\_\_ I understand that it is my responsibility to notify the Child Care 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 Child Care 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 the Child Care Center staff's discretion.

Parent/Guardian Signature & Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

**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 **Colt Child Care Program for GSRP Students** ("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

CHILD'S NAME: \_\_\_\_\_

Bureau of Community and Health Systems

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

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 December 2018.
  - 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](http://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.

BCAL-4340 (12-15) MS Word

CHILD'S NAME: \_\_\_\_\_

### GSRP Colt Student Center Childcare Attendance Calendar

**Directions for use:** Circle the days/times you are planning to use the childcare program for each month.

Submit this form to Student Center Staff on site or by email to [lbalker@waverlyk12.net](mailto:lbalker@waverlyk12.net).

**Only one child per calendar. Calendars including information for more than one child will be returned.**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

August 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6	7	8	9  LAST DAY OF SUMMER PROGRAM
12  STUDENT CENTER CLOSED	13  STUDENT CENTER CLOSED	14  STUDENT CENTER CLOSED	15  STUDENT CENTER CLOSED	16  STUDENT CENTER CLOSED
19  STUDENT CENTER CLOSED	20  STUDENT CENTER CLOSED	21  STUDENT CENTER CLOSED	22  STUDENT CENTER CLOSED	23  STUDENT CENTER CLOSED
26 Before School  After School	27 Before School  After School	28 Before School  After School	29 Before School  After School	30  STUDENT CENTER CLOSED

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools).
- Student Center requires a 3-day attendance minimum per week for regular rates.
- Payment for each week will be due by the Monday of the following week. A \$20 late fee will be charged to account that are 2 weeks past due.

CHILD'S NAME: \_\_\_\_\_

### GSRP Colt Student Center Childcare Attendance Calendar

**Directions for use:** Circle the days/times you are planning to use the childcare program for each month.

Submit this form to Student Center Staff on site or by email to [lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net).

**Only one child per calendar. Calendars including information for more than one child will be returned.**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

September 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
2 <b>STUDENT CENTER CLOSED</b>	3 Before School  After School	4 Before School  After School	5 Before School  After School	6 Before School  After School
9 Before School  After School	10 Before School  After School	11 Before School  After School	12 Before School  After School	13 Before School  After School
16 Before School  After School	17 Before School  After School	18 Before School  After School	19 Before School  After School	20 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
23 Before School  After School	24 Before School  After School	25 <b>Before School: Delayed Start</b>  After School	26 Before School  After School	27 Before School  After School
30 Before School  After School				

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools).
- Student Center requires a 3-day attendance minimum per week for regular rates.
- Payment for each week will be due by the Monday of the following week. A \$20 late fee will be charged to account that are 2 weeks past due.

CHILD'S NAME: \_\_\_\_\_

### GSRP Colt Student Center Childcare Attendance Calendar

**Directions for use:** Circle the days/times you are planning to use the childcare program for each month.  
Submit this form to Student Center Staff on site or by email to [lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net).

**Only one child per calendar. Calendars including information for more than one child will be returned.**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

October 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
	1 Before School  After School	2 Before School  After School	3 Before School  After School	4 Before School  After School
7 Before School  After School	8 Before School  After School	9 Before School  After School	10 Before School  After School	11 Before School  After School
14 Before School  After School	15 Before School  After School	16 Before School  <b>AFTER SCHOOL: EARLY RELEASE</b>	17 Before School  <b>AFTER SCHOOL: EARLY RELEASE</b>	18 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
21 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	22 Before School  After School	23 Before School  After School	24 Before School  After School	25 Before School  After School
28 Before School  After School	29 Before School  After School	30 <b>Before School: Delayed Start</b>  After School	31 Before School  After School	

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools).
- Student Center requires a 3-day attendance minimum per week for regular rates.
- Payment for each week will be due by the Monday of the following week. A \$20 late fee will be charged to account that are 2 weeks past due.



CHILD'S NAME: \_\_\_\_\_

### GSRP Colt Student Center Childcare Attendance Calendar

**Directions for use:** Circle the days/times you are planning to use the childcare program for each month.

Submit this form to Student Center Staff on site or by email to [lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net).

**Only one child per calendar. Calendars including information for more than one child will be returned.**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

November 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
				1 Before School  After School
4 Before School  After School	5 <b>HALF DAY</b> (less than 5 hours)  <b>FULL DAY</b> ELECTION DAY	6 Before School  After School	7 Before School  After School	8 Before School  After School
11 Before School  After School	12 Before School  After School	13 Before School  After School	14 Before School  After School	15 Before School  After School
18 Before School  After School	19 Before School  After School	20 Before School  After School	21 Before School  After School	22 Before School  After School
25 Before School  After School	26 Before School  After School	27 <b>HALF DAY</b> (less than 5 hours)  <b>FULL DAY</b>	28 <b>STUDENT CENTER</b> <b>CLOSED-</b> <b>THANKSGIVING</b>	29 <b>STUDENT CENTER</b> <b>CLOSED-</b> <b>THANKSGIVING</b>

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools).
- Student Center requires a 3-day attendance minimum per week.
- Payment for each week will be due by the Monday of the following week. A \$20 late fee will be charged to account that are 2 weeks past due.

CHILD'S NAME: \_\_\_\_\_

## GSRP Colt Student Center Childcare Attendance Calendar

**Directions for use:** Circle the days/times you are planning to use the childcare program for each month.  
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**Only one child per calendar. Calendars including information for more than one child will be returned.**

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

December 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
2 Before School  After School	3 Before School  After School	4 Before School  After School	5 Before School  After School	6 Before School  After School
9 Before School  After School	10 Before School  After School	11 <b>Before School</b>  <b>AFTER SCHOOL: EARLY RELEASE</b>	12 Before School  After School	13 Before School  After School
16 Before School  After School	17 Before School  After School	18 <b>Before School: Delayed Start</b>  After School	19 Before School  After School	20 Before School  After School
23 <b>HALF DAY</b> (less than 5 hours)  <b>FULL DAY</b>	24 <b>STUDENT CENTER CLOSED: CHRISTMAS</b>	25 <b>STUDENT CENTER CLOSED: CHRISTMAS</b>	26 <b>STUDENT CENTER CLOSED: CHRISTMAS</b>	27 <b>HALF DAY</b> (less than 5 hours)  <b>FULL DAY</b>
30 <b>HALF DAY</b> (less than 5 hours)  <b>FULL DAY</b>	31 <b>STUDENT CENTER CLOSED: NEW YEAR</b>	<b>WINTER BREAK CARE WILL BE TENTATIVE DEPENDING ON HOW MANY STUDENTS ARE SCHEDULED.</b>	<b>IF NUMBERS ARE LOW, STUDENT CENTER MAY ADJUST HOURS FOR WINTER BREAK.</b>	

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools).
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CHILD'S NAME: \_\_\_\_\_

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January 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
		1 <b>STUDENT CENTER CLOSED: NEW YEAR</b>	2 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	3 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
6 Before School  After School	7 Before School  After School	8 Before School  After School	9 Before School  After School	10 Before School  After School
13 Before School  After School	14 Before School  After School	15 Before School  After School	16 Before School  After School	17 <b>Before School</b>  <b>AFTER SCHOOL: EARLY RELEASE</b>
20 <b>STUDENT CENTER CLOSED: MARTIN LUTHER KING JR. DAY</b>	21 Before School  After School	22 Before School  After School	23 Before School  After School	24 Before School  After School
27 Before School  After School	28 Before School  After School	29 <b>Before School: Delayed Start</b>  After School	30 Before School  After School	31 Before School  After School

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools and to help maintain proper child/staff ratio).
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CHILD'S NAME: \_\_\_\_\_

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Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

February 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
3 Before School  After School	4 Before School  After School	5 <b>Before School</b>  <b>AFTER SCHOOL: EARLY RELEASE</b>	6 Before School  After School	7 Before School  After School
10 Before School  After School	11 Before School  After School	12 Before School  After School	13 Before School  After School	14 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
17 <b>STUDENT CENTER CLOSED: PRESIDENT'S DAY</b>	18 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	19 Before School  After School	20 Before School  After School	21 Before School  After School
24 Before School  After School	25 Before School  After School	26 <b>Before School: Delayed Start</b>  After School	27 Before School  After School	28 Before School  After School

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CHILD'S NAME: \_\_\_\_\_

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Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

March 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
3 Before School  After School	4 Before School  After School	5 Before School  <b>AFTER SCHOOL: EARLY RELEASE</b>	6 Before School  <b>AFTER SCHOOL: EARLY RELEASE</b>	7 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
10 Before School  After School	11 Before School  After School	12 Before School  After School	13 Before School  After School	14 Before School  After School
17 Before School  After School	18 Before School  After School	19 Before School  After School	20 Before School  After School	21 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
24 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	25 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	26 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	27 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>	28 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
31 Before School  After School				

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools and to help maintain proper child/staff ratio).
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CHILD'S NAME: \_\_\_\_\_

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Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

April 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
	1 Before School  After School	2 Before School  After School	3 Before School  After School	4 Before School  After School
7 Before School  After School	8 Before School  After School	9 <b>Before School</b>  <b>AFTER SCHOOL: EARLY RELEASE</b>	10 Before School  After School	11 Before School  After School
14 Before School  After School	15 Before School  After School	16 Before School  After School	17 Before School  After School	18 Before School  After School
21 Before School  After School	22 Before School  After School	23 Before School  After School	24 Before School  After School	25 <b>HALF DAY (less than 5 hours)</b>  <b>FULL DAY</b>
28 Before School  After School	29 Before School  After School	30 <b>Before School: Delayed Start</b>  After School		

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools and to help maintain proper child/staff ratio).
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CHILD'S NAME: \_\_\_\_\_

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May 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
			1 Before School  After School	2 Before School  After School
5 Before School  After School	6 Before School  After School	7 Before School  After School	8 Before School  After School	9 Before School  After School
12 Before School  After School	13 Before School  After School	14 Before School  After School	15 Before School  After School	16 Before School  After School
19 Before School  After School	20 Before School  After School	21 Before School  After School	22 Before School  After School	23 <b>STUDENT CENTER CLOSED: MEMORIAL DAY</b>
26 <b>STUDENT CENTER CLOSED: MEMORIAL DAY</b>	27 Before School  After School	28 Before School  After School	29 Before School  After School	30 Before School  After School

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools and to help maintain proper child/staff ratio).
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Child's Name \_\_\_\_\_ School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

June 2025 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
2 Before School  After School	3 Before School  After School	4 STUDENT CENTER CLOSED	5 STUDENT CENTER CLOSED	6 STUDENT CENTER CLOSED
9 FIRST DAY OF SUMMER PROGRAM!	10	11	12	13
16	17	18	19 Juneteenth: Student Center CLOSED	20
23	24	25	26	27
30				

- Complete a calendar for the following month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools and to help maintain proper child/staff ratio).
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