

Waverly Student Centers

Before and After School Program

2023/2024

Quality Before and After School experiences

Homework help

STEAM Activities (Science, Technology, Engineering, Art and Math)

Snack provided daily

Location	Address	Phone Number	Hours of Operation
East Intermediate School	3131 W. Michigan	K-1 st Grade: 517-321-	6:30am-School Bell
Student Center (Outside	Ave.	6166	School Bell-6:00pm
Door #14)	Lansing, MI 48917	2 nd -3 rd Grade: 517-	*Early Release and no school
		321-3985	day care is offered for an
		4 th -6 th Grade: 517-	additional fee.
		321-1967	FULL DAY HOURS:
		Child Care Office: 517-	6:30am-6:00pm
		321-6999	

Transportation to and from Colt, Winans and Elmwood Elementary will be provided. (Exact time of departure TBD.)

For more information, visit the Waverly Community Schools website or contact Lacey Balzer (Child Care Supervisor) at <u>lbalzer@waverlyk12.net</u> or Hanna Sayles (Assistant Child Care Supervisor) <u>hsayles@waverlyk12.net</u>.

*Please keep this page for your records. *



Enrollment Process

Waverly Student Centers

Waverly Student Centers are combined at one location, East Intermediate School. The program will accept students from Kindergarten through 6th grade. Students will be bussed to their schools after the morning session and will be bussed to the Student Center after individual schools are dismissed.

- To enroll complete every page in the Student Centers 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.) *Once we are FULL, students will be placed on a WAITING LIST.*.
- Include money order payment or completed Tuition Express form (available online or at East) 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 or Assistant Supervisor.
- Turn the PACKET & CALENDARS (with registration payment) in to the Student Center located at East Intermediate School in the Community Center Room. (Entrance through outside door #14 before or after school.)

*Student Center Staff are available before and after school to accept enrollment packets.

For further questions contact Lacey Balzer (Child Care Supervisor) <u>Ibalzer@waverlyk12.net</u> or Hanna Sayles (Assistant Child Care Supervisor) <u>hsayles@waverlyk12.net</u>.

*Please keep this page for your records. *

School Year 2023/2024

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Waverly Student Center Rates and Payment Schedule

2023/2024 School Year Registration Fees

- One Child: \$40
- Each Additional Child: \$25 (maximum family registration fee of \$80)

2023/2024 School Year Before and/or After School Rates

- Grades K-4:
 - \$9.00/am session (sibling rate: \$8.00/am session) 6:30 am-8:30 am*
 - \$10.00/pm session (sibling rate: \$9.50/pm session) 3:30* pm-6:00 pm
 - \$19.00/day (sibling rate: \$17.50) attends both before *and* after school
- Grades 5-6:
 - \$8.00/am session (sibling rate: \$7.50/am session) 6:30 am-7:30 am*
 - \$11.00/pm session (sibling rate: \$10.00/pm session) 2:30pm-6:00 pm
 - \$19.00/day (sibling rate: \$17.50) attends both before *and* after school

*Exact time of school commencement and dismissal may vary by building

Special Rates School Half Days

- Grades K-4:
 - \$24.00/day Half Day (sibling rate: \$22.50) (\$33/day if child attends before school and half day; sibling rate: \$30.00)
- Grades 5-6:
 - \$25.00/day Half Day (sibling rate: \$22.50) (\$33/day if child attends before school and half day; sibling rate: \$30.00)

School Full Day Off Rates (I.e. Winter Break, Spring Break, PD days, Holidays)

- For all Grade Levels:
 - \$28/day Half Day (5 hours or less) (sibling rate: \$25.00)
 - \$40/day Full Day (sibling rate: \$35.00)
 - FEE FOR NO SHOW/CANCELLATION (without 24-hour notice): \$15/day

Emergency School Closings (including inclement weather, etc.) *Student Center will open 2 hours later than normal (8:30am) under discretion of the Superintendent. *

- For all Grade Levels:
 - \$28/day Half Day (5 hours or less) (sibling rate: \$25.00)
 - \$40/day Full Day (sibling rate: \$35.00)

*Please keep this page for your records. *

Payment Schedule

- Complete a calendar for EACH month with the dates that your child will be attending Student Center circled. (Schedule is **REQUIRED** to facilitate student bussing to and from schools as well as to help us keep ratio compliance). Schedule will be required to guarantee a spot in the Student Center Program. **Changes in attendance will need to be approved 48 hours in advance by Lacey Balzer or Hanna Sayles.**
- Student Center requires a 3-day attendance 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 supervisor to secure the child's spot on the bus (I.e. My child needs to attend on Wednesday not the Thursday that was scheduled.) CHANGES ARE AT SUPERVISOR DISCRETION.
- 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 only at Student Center

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 Student Center 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 Student Center program.

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 classroom session ends.

Child Illness Guidelines:

I understand that if my child becomes ill while in attendance at the Student Center, 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_____

Date of Application:	Da	ate you wish your child to beg	gin:
CHILD'S			
NAME	SCHOOL AND	GRADE (2022/2023 School Year)	
BIRTHDATE	GENDER:	PREFERRED PRONOUNS:	
Parent/Guardian Informat	ion		
Mother/Guardian			
First Name:	M.I Last Nam	e:	
Home Address:		Home Pho	ne:
Cell Phone:	Check fo	or Text Messaging: Service Carrier:	
Employer:	Work Pl	ione:	_
Mother/Guardian SS#:	Email:		
[] Custodial Parent (If married, mar	k both parents)		
Father/Guardian			
First Name:	M.I Last Nam	e:	
Home Address:		Home Pho	ne:
Cell Phone:	Check fo	or Text Messaging: Service Carrier:	
Employer:	Work Pl	none:	_
Father/Guardian SS#:	Email:		
[] Custodial Parent (If married, mar	k both parents)		
PG-Movie Permission: I giv	e permission for m	y child to view carefully seled	ted movies with a PG rating.
Please circle and initial	_Yes/No		
Care hours. I understand t	hat the photo/vide	to be photographed or video os will be used for informatio e related to Waverly Commu	
Please circle and initial:			
Information/Promotions	Yes/No	Newsletters	Yes/No

Facebook _____Yes/No

District Website _____Yes/No

CHILD INFORMATION RECORD

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

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 Adr	nission	Date of	Discharge			
Name of Child (Last, First, Middle In	nitial)						Child's Date of Birth
Address (Number and Street, Build	ing/Apartme	ent Number)		City	Sta	ite	Zip Code
Parent/Legal Guardian's Name Primary Phone ()		9	Parent/Legal Guardian's Name (Optional)		onal)	Primary Phone ()	
Home Address (if not child's addres	is)	2 nd Phone (if ap	plicable)	Home Address (if not child's a	address)	2 nd Phone (if applicable) ()
City	State	Zip Code		Dity	Sta	ite	Zip Code
Email Address (optional)				Email Address (optional)			
Employer Name Work Phone			Employer Name			Work Phone ()	
Name of Child's Physician or Healt	h Clinic			Physician's or Health Clinic's ()	Phone I	Number	
Hospital Preferred for Emergency T	reatment (o	ptional)					
Allergies, Special Needs and/or Sp	ecial Instruc	tions? Yes 🗆 No 🗆] If yes,	explain:			
(Attach additional sheets, if necessary.)							
CCL-3731 (Rev. 3/17/2022) Previous editions	7-18 & 4-21 m	ay be used					See Reverse Side

Emergency Contact & Release of Child: List all possible, include at least one person other than the second phone number column can be left blank. (I	e parents/legal guardians t	to be contac	ted in an emergency and to whom the ch	• •
1.			()	()
2.			()	()
3. ()			()	()
Release of Child Only: List all individuals, other than	the parents/legal guardians	s, to whom th	e child may be released. (If more individual	s, attach additional sheets.)
1.	()	2.		()
3.	()	4.		()
Parent/Legal Guardian Initials:				
I give permission to, 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 a	and if anything changes.	I will notify	the provider by updating this form.	
Signature of Parent or Guardian	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	Parent or Legal	Date Card	Parent or Legal	Date Card	Parent or Legal	Date Card	Parent or Legal
Reviewed	Guardian Initials	Reviewed	Guardian Initials	Reviewed	Guardian Initials	Reviewed	Guardian Initials
	LARA is an equal opportunity employer/program.						3 PA 116 equired folation Citation.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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.



WAVERLY STUDENT CENTER

Getting Acquainted with Your Child

To help us pro	ovide the best car		ur child, please com ration packet.	plete and return t	his form with your
	-Confidential inf	ormation will be	reviewed only by S	tudent Center staf	f. —
Child's Full Name:			Birthdate	:	
Nickname/Name yo	ur child prefers to	be called:			
Child's Preferred Pro	onouns:				
Parent(s)/Guardian(s) Name				
Mother/Guardian		Fath	er/Guardian		
Marital Status: Siblings Names & Ag	O Married	O Single	O Divorced	O Widowed	O Other
My child's favorite t Have there been any					
My child's greatest f	fears are:				
When angry, my chi	ld will:				
My child has difficul	ty:				
Please share any far	nily traditions/ho	liday celebration	s/heritage informat	tion:	
My child will need a understanding/follo	•		-	•	-
Other helpful inform	nation:				



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 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:

- 1st Incident: Warning- Verbal/Written: Conversation with parent
- 2nd Incident: 1 Day Suspension
- 3rd Incident: 2 Day Suspension
- 4th Incident: 1 Week Suspension
- 5th Incident: Meeting with parent to discuss behavior plan
- 6th 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:

Waverly Student Center Tuition:

- Complete a calendar for each month with the dates that your child will be attending Student Center circled. (Schedule is required to facilitate student bussing to and from schools as well as help keep us in ratio compliance).
- Student Center requires a 3-day attendance minimum per week for regular rates. (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
- L agree to call or email the childcare site **48 hours** in advance to inform staff of a change in my child's scheduled attendance
- □ _____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.
- Lunderstand that I will be informed and must provide permission for all planned field trips.
- L agree to take full responsibility for any damage to person or property caused by my child while in care.
- Lagree 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.
- (SUMMER ONLY) 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. ***If your child is absent for school, they may not attend the after school program that day.***
- □ _____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:

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.
 - o The licensing notebook is available to parents during regular business hours.
 - O 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

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 <u>lbalzer@waverlyk12.net</u> or <u>hsayles@waverlyk12.net</u>.

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

Child's Name ______School ______Teacher/Grade ______

	August 2023 (TENTATIVE)						
Monday	Tuesday	Wednesday	Thursday	Friday			
	1	2	3	4			
7	8	9	10	11			
				LAST DAY OF SUMMER PROGRAM			
14	15	16	17	18			
STUDENT CENTER CLOSED	STUDENT CENTER CLOSED	STUDENT CENTER CLOSED	STUDENT CENTER CLOSED	STUDENT CENTER CLOSED			
21	22	23	24	25			
STUDENT CENTER	STUDENT CENTER	FIRST DAY OF SCHOOL- EARLY	Before School	Before School			
CLOSED	CLOSED	RELEASE: STUDENT CENTER CLOSED	After School	After School			
28	29	30	31				
Before School	Before School	Before School	Before School				
After School	After School	After 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.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net.

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

Child's Name School Teacher/Grade

	Septer	mber 2023 (TENT	ATIVE)	
Monday	Tuesday	Wednesday	Thursday	Friday
				1 STUDENT CENTER CLOSED: LABOR DAY
4 STUDENT CENTER CLOSED: LABOR DAY	5 Before School After School	6 Before School After School	7 Before School After School	8 Before School After School
11 Before School	12 Before School	13 Before School	14 Before School	15 Before School
After School	After School 19	After School	After School	After School
Before School	Before School	Before School	Before School	HALF DAY (less than 5 hours)
After School	After School	After School	After School	FULL DAY
25	26	27	28	29
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After 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. •

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@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 2023 (TENTATIVE)						
Monday	Tuesday	Wednesday	esday Thursday Friday			
2	3	4	5	6		
Before School	Before School	Before School	Before School	Before School		
After School	After School	After School	After School	After School		
9	10	11	12	13		
Before School	Before School	Before School	Before School	Before School		
After School	After School	After School	After School	After School		
16	17	18	19	20		
Before School	Before School	Before School	Before School	HALF DAY		
				(less than 5 hours)		
After School	After School	AFTER SCHOOL: EARLY RELEASE	AFTER SCHOOL: EARLY RELEASE	FULL DAY		
23	24	25	26	27		
Before School	Before School	Before School	Before School	Before School		
After School	After School	After School	After School	After School		
30	31					
Before School	Before School					
After 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. •

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@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 2023 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday	
		1	2	3	
		Before School	Before School	Before School	
		After School	After School	After School	
6	7	8	9	10	
Before School	HALF DAY (less than 5 hours)	Before School	Before School	Before School	
After School	(,	After School	After School	After School	
	FULL DAY				
13	14	15	16	17	
Before School	Before School	Before School	Before School	Before School	
After School	After School	After School	After School	After School	
20	21	22	23	24	
Before School	Before School	HALF DAY	STUDENT CENTER	STUDENT CENTER	
		(less than 5 hours)	CLOSED-	CLOSED-	
After School	After School		THANKSGIVING	THANKSGIVING	
		FULL DAY			
27	28	29	30		
Before School	Before School	Before School	Before School		
After School	After School	After 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.

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 https://www.ubit.com or hsayles@waverlyk12.net .

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

Child's Name School Teacher/Grade

December 2023 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
				1 Before School
				After School
4	5	6	7	8
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
11	12	13	14	15
Before School	Before School	Before School	Before School	Before School
After School	After School	AFTER SCHOOL: EARLY RELEASE	After School	After School
18	19	20	21	22
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
25 STUDENT CENTER CLOSED: CHRISTMAS	26 STUDENT CENTER CLOSED: CHRISTMAS	27 HALF DAY (less than 5 hours)	28 HALF DAY (less than 5 hours)	29 STUDENT CENTER CLOSED: NEW YEAR
		FULL DAY	FULL DAY	

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. •

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net.

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

Child's Name School Teacher/Grade

January 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
1 STUDENT CENTER CLOSED: NEW YEAR	2 HALF DAY (less than 5 hours)	3 HALF DAY (less than 5 hours)	4 HALF DAY (less than 5 hours)	5 HALF DAY (less than 5 hours)
	FULL DAY	FULL DAY	FULL DAY	FULL DAY
8	9	10	11	12
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
15	16	17	18	19
STUDENT CENTER CLOSED: MARTIN	Before School	Before School	Before School	Before School
LUTHER KING JR. DAY	After School	After School	After School	AFTER SCHOOL: EARLY RELEASE
22	23	24	25	26
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
29	30	31		
Before School	Before School	Before School		
After School	After 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).

- 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.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net.

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

Child's Name School Teacher/Grade

February 2024 (TENTATIVE)					
Monday	Tuesday	Wednesday	Thursday	Friday	
			1	2	
			Before School	Before School	
			After School	After School	
5	6	7	8	9	
Before School	Before School	Before School	Before School	Before School	
After School	After School	AFTER SCHOOL: EARLY RELEASE	After School	After School	
12	13	14	15	16	
Before School	Before School	Before School	Before School	Before School	
After School	After School	After School	After School	After School	
19	20	21	22	23	
STUDENT CENTER	HALF DAY	HALF DAY	HALF DAY	HALF DAY	
CLOSED: PRESIDENT'S DAY	(less than 5 hours)	(less than 5 hours)	(less than 5 hours)	(less than 5 hours)	
	FULL DAY	FULL DAY	FULL DAY	FULL DAY	
26	27	28	29		
Before School	Before School	Before School	Before School		
After School	After School	After 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).

- 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.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net .

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

Child's Name School Teacher/Grade

March 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
				1
				Before School
				After School
4	5	6	7	8
Before School	Before School	Before School	Before School	HALF DAY
				(less than 5 hours)
After School	After School	AFTER SCHOOL:	AFTER SCHOOL:	
		EARLY RELEASE	EARLY RELEASE	FULL DAY
11	12	13	14	15
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
18	19	20	21	22
Before School	Before School	Before School	Before School	HALF DAY
				(less than 5 hours)
After School	After School	After School	After School	
				FULL DAY
25	26	27	28	29
HALF DAY	HALF DAY	HALF DAY	HALF DAY	HALF DAY
(less than 5 hours)	(less than 5 hours)	(less than 5 hours)	(less than 5 hours)	(less than 5 hours)
FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY

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).

Student Center requires a 3-day attendance minimum per week.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net .

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

Child's Name School Teacher/Grade

April 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
8	9	10	11	12
Before School	Before School	Before School	Before School	Before School
After School	After School	AFTER SCHOOL: EARLY RELEASE	After School	After School
15	16	17	18	19
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
22	23	24	25	26
Before School	Before School	Before School	Before School	HALF DAY (less than 5 hours)
After School	After School	After School	After School	(
				FULL DAY
29	30			
Before School	Before School			
After 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).

Student Center requires a 3-day attendance minimum per week.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net .

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

Child's Name School Teacher/Grade

May 2024 (TENTATIVE)				
Monday	Tuesday	Wednesday	Thursday	Friday
		1 Before School	2 Before School	3 Before School
		After School	After School	After School
6	7	8	9	10
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
13	14	15	16	17
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
20	21	22	23	24
Before School	Before School	Before School	Before School	Before School
After School	After School	After School	After School	After School
27	28	29	30	31
STUDENT CENTER	Before School	Before School	Before School	Before School
CLOSED: MEMORIAL DAY	After School	After School	After 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).

• Student Center requires a 3-day attendance minimum per week.

Directions for use: Circle the days/times you are planning to use the childcare program for each month. hsayles@waverlyk12.net .

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

Child's Name ______School ______Teacher/Grade ______

June 2024 (TENTATIVE)					
Monday	Tuesday	Wednesday	Thursday	Friday	
3 Before School	4 Before School	5 Before School	6 Before School	7 STUDENT CENTER CLOSED ALL DAY:	
After School	After School	After School	After School	LAST DAY OF SCHOOL	
10 FIRST DAY OF SUMMER PROGRAM!	11	12	13	14	
17	18	19	20	21	
24	25	26	27	28	

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).

Student Center requires a 3-day attendance minimum per week.