



WESLEYAN CHRISTIAN ACADEMY

After School Program Application

2018-19 School Year – Kindergarten-6th Grade

AFTER SCHOOL PROGRAM INFORMATION

The After School Program is provided as an optional service for students in Kindergarten - 6th grade for an additional fee. Listed below are the options available. Please complete and return this form.

PROGRAM SELECTION - Please check the After School Program you need:

- Early Morning Care: 6:30 - 7:00 am Childcare Rm 11 / 7:00 - 8:00 am Cafeteria - **NO CHARGE**
- One Hour Care: 2:30 - 3:30 pm / Monday thru Friday - **\$20.00/week**
- Weekly Care: 2:30 - 6:00 pm / Monday thru Friday - **\$60.00/week**
- Daily Care: as needed - **\$18.00/day**

STUDENT/FAMILY INFORMATION

Name _____
(First) (Middle) (Last) (Grade - Application Year)

Date of Birth _____ M F Siblings enrolled at WEC _____
(Name) (Grade)

FATHER _____
(First) (Middle) (Last)

Telephone _____
(Home) (Work) (Cell)

MOTHER _____
(First) (Middle) (Last)

Telephone _____
(Home) (Work) (Cell)

Who has custody of the child?* Both Parents M F Other: _____
**Please attach court order if applicable.* (Name)

Does your child have any medical conditions? (Allergies, asthma, etc.) Y N

If so, please describe _____

Student's Doctor _____
(Name) (Address) (Phone)

Student's Dentist _____
(Name) (Address) (Phone)

PERSONS WITH PERMISSION TO PICK UP MY CHILD

Name _____
(First) (Middle) (Last) (Relationship to Child)

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____
(First) (Middle) (Last) (Relationship to Child)

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____
(First) (Middle) (Last) (Relationship to Child)

Home Phone _____ Work Phone _____ Cell Phone _____

I agree that the director or his/her designee may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian

Date



WESLEYAN CHRISTIAN ACADEMY

Child and Adult Care Food Program

Participation Enrollment Form

Institution Name: WESLEYAN EDUCATION CENTER
Facility/Provider Name: WESLEYAN EDUCATION CENTER

Agreement Number: 7104

Dear Parent/Guardian,

Your childcare facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. A parent or guardian should complete this form for each enrolled participant using the guide below.

NORMAL HOURS OF CARE: Please insert the usual arrival time and the usual departure time. Indicate am or pm.

NORMAL DAYS OF CARE: Please check the days of the week the participant is usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday; F=Friday)

MEALS NORMALLY EATEN: Please check the meals the participant usually eats at the facility.

(B=Breakfast; L=Lunch; PM=PM Snack)

AFTER SCHOOL PROGRAM

Participant _____ Date of Birth _____
(First Name) (Middle Name) (Last Name)

Normal/Typical Hours of Care _____ to _____ Normal/Typical Days of Care M T W TH F
(pm) (pm)

Meals Normally Eaten PM

SUMMER CAMP

Participant _____ Date of Birth _____
(First Name) (Middle Name) (Last Name)

Normal/Typical Hours of Care _____ to _____ Normal/Typical Days of Care M T W TH F
(am/pm) (am/pm)

Meals Normally Eaten B L PM

Parent/Guardian _____ Phone _____
(First Name) (Middle Name) (Last Name) (Home) (Work)

Address _____
(Street) (City) (State) (Zip)

Signature _____ Date _____

FOR FACILITY/PROVIDER USE ONLY:

Facility Representative _____ Date _____ Date Participant Withdrew _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 202509410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

FOR STATE USE ONLY:

Complete _____ Incomplete _____ Reason _____ Verified By _____ Date _____