

WRVS 2025-2026 After-school Program Information

The WRVS After-school Program is for scholars in **Kindergarten-5th Grade**. Please complete the attached after-school form IF you plan to access the program. The fee for the program will be \$10.00 per day, per child (Given to Mrs. Thompson in the office and she will give families a receipt of payment) We will collect the week's "tuition" on the Monday of each week, or your child's first day of attendance per week. Ultimately, payment prior to attending.

There is NOT a drop-in/drop-off option to this program, with no exceptions. Staffing and our work within licensing is based on known enrollment for that given day.

You CAN alter your participation week to week; we need to be aware of your child(ren) attending by the Friday prior to the next week starting. We will have a weekly notification to families to remind them to let us know.

The After-school Program **will not** be available on Professional Development days, Early Release days, and/or during school vacation days.

Waits River Valley School

2025-2026 After-school Program Admission Form

Parents/Guardians: This information is required prior to enrollment of your child. Please assist the staff at Waits River Valley School by completing this form accurately.

First day child will attend: _____ Last day child will attend: _____

List the days and hours the child will be attending: _____

CHILD INFORMATION

Child's Full Name: _____ Birth Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

PARENT INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZED PICK-UP

List all individuals who are authorized to pick-up your child: _____

MEDICAL CONTACTS

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

Parent/Guardian Signature

Date

I acknowledge that I will pay in advance at the beginning of each week, \$10 per day, per child. _____
Parent/Guardian Initials

Waits River Valley School
2025-2026 After-school Program
3:00-5:00 PM

Please fill out this form every week on the Friday before the week your scholar(s) will attend, if your scholar(s) will not attend regularly.

Weekly Plan of Attendance

Name of child(ren): _____

Parent/Guardian: _____

My child(ren) listed above will attend every week the following days:

Monday Tuesday Wednesday Thursday Friday

My child(ren) listed above will attend:

Week of: _____

Days of week attending:

Monday Tuesday Wednesday Thursday Friday

I understand that I will pay \$10 per day of attendance, per child for this program.

Parent/Guardian Signature

Date