

Wesleyan Christian Academy
School – Age Extended Care Program Registration Form
Kindergarten – 6th Grade
2014 – 2015

School Age Daycare Program Information

An extended care program is provided as a service for students in Kindergarten – 6th grade. This is an optional program provided by Wesleyan Christian Childcare. A separate fee is charged for this program (see rate schedule). Parents needing this service must complete the School-Age Extended Care (SAEC) Registration form and return it to the Academy office with the Academy registration material. Listed below are the options available.

Program Selection - Please check the type of Extended Care Program you need:

- _____ Early Morning Extended Care.....(6:30 – 7:30) No charge
 _____ One Hour Care.....(2:30-3:30, Monday-Friday) **\$18.00 per week**
 _____ Weekly Care.....(2:30-6:00, Monday-Friday) **\$58.00 per week**
 _____ Daily Care (when needed) _____ **\$18.00 per day**

For students arriving very early, an Early Morning Extended Care Program is available from 6:30 - 7:00 in Room 11 of the Childcare and from 7:00 – 7:30 in the dining hall by Childcare staff. Students arriving between 7:30 - 8:00 are supervised in the dining hall by academy teacher assistants. Before school care is provided free of charge.

Student/Family Information - Please complete the information requested below:

Student's Name _____

Grade for which application is being made: _____

Date of Birth: _____ Gender (check one): _____ Male _____ Female

Father's Name _____ Work # _____ Home # _____ Cell # _____

Mother's Name _____ Work # _____ Home # _____ Cell # _____

Do you have any other children enrolled at WEC? _____

If yes, list name and grade level _____

Who has custody of the child? ___ Both Parents ___ *Mother ___ *Father ___ *Other (list names) _____

*Please attach court order for our files.

Does your child have any medical problems? (Allergies, etc.) ___yes ___no If yes, please describe type, possible reactions, or any special instructions pertaining to any medical needs: _____

Student's Doctor _____

Name Address Phone

Student's Dentist _____

Name Address Phone

The following persons have permission to pick up my child and/or to be called if neither the father or mother can be contacted.

Name	Relationship to Child	Phone Numbers
		Work: ()
		Home: ()
		Cell: ()
		Work: ()
		Home: ()
		Cell: ()
		Work: ()
		Home: ()
		Cell: ()
		Work: ()
		Home: ()
		Cell: ()

I agree that the director or his 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.

Parent's Signature _____ Date _____

Child and Adult Care Food Program (CACFP)
Participant Enrollment Form

Institution Name: Wesleyan Education Center
Facility / Provider Name: Wesleyan Education Center

Agreement Number: 7104

Dear Parent/Guardian,

Your day care 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. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

Guide:

Normal hours of care- Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care- Please circle the days of the week the participant is usually in attendance at the facility.

(**M**=Monday, **T**=Tuesday, **W**=Wednesday, **TH**=Thursday, **F**=Friday, **Sat**=Saturday, **Sun**=Sunday)

Meals Normally Eaten- Please circle the meals the participant usually eats at the facility. (**B= Breakfast; L= Lunch; PM= PM Snack** are the only meals that Wesleyan serves to children. Please choose from B, L, and/or PM only.)

SUMMER CAMP

Participant's First Name	Participant's Last Name	Normal/ Typical Hours of Care (Circle all that apply)	Normal/ Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
		_____ to _____ a.m. a.m. p.m. p.m.	M T W TH F Sat Sun	B L PM AM Su LPM

WESLEYAN AFTERSCHOOL CARE (SAEC) ~ Hours for SAEC begin at 2:30 pm

Participant's First Name	Participant's Last Name	Normal/ Typical Hours of Care (Circle all that apply)	Normal/ Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
		_____ to _____ a.m. a.m. p.m. p.m.	M T W TH F Sat Sun	B L PM AM Su LPM

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the participant withdrew: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the base of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____