Willard Community Center

Before and After School Program at Roper Elementary

- Our before and after school programs strive to provide safe, structured and educationally enriched activities to help your child be successful in school, develop positive relationships and strengthen families.
- You will need to come to door number 23, ring the doorbell, and a Willard staff will let you in the building to drop off or pick up your child. There are days that we will be moved to the West side of the building. You will then need to go to door number 19. We will try to have this information posted as soon as we know.

Before School Care

This program runs from 6:30 am to the beginning of the school day. Enrollment in the before school program also allows you after school care on the early out days until normal school dismissal time. It also includes, for no additional charge, all care on the random 1 or 2 days that school is not in session. Non-school days will be held at Willard Community Center.

After School Care

This program runs from dismissal (including early release days) to 6:00 pm. We provide afternoon snack and a variety of engaging activities. The after school program includes, for no additional charge, all day care on the random 1 or 2 days that school is not in session.

Before and After School Care

This program runs from 6:30 am to the beginning of the school day and runs from dismissal (including early release days) to 6:00 pm. We provide an afternoon snack and a variety of engaging activities. The enrollment includes, for no additional charge, all care on the random 1 or 2 days that school is not in session.

Winter & Spring Break Fees

Parents may enroll their children in the all day program held at Willard Community Center. There is an additional fee on top of the regular monthly fee. Pre-registration is required!

$50 set fee for any week offered (regardless of days attended)

$23 for any day that an entire week is not offered

Two snacks will be provided throughout the day. Students will need to bring a sack lunch. Planned activities will be implemented.

Base Rates

Before School Only: $164/ month
After School Only: $230 month
Before and After School: $286/ month

Discounted Rates

Before School Only: $149
After School Only: $209
Before and After School: $260

**Discounted rates are only available to families who qualify for free/reduce lunch through the school. The letter from the school district is required stating your child qualifies.

New Family Registration $30
(due before care will provided)

Child Care Fees

August: Payment half the full month amount.
Monthly: Payments must be paid in full by the first of the month before care is needed.

To Register: Fill out enrollment paperwork then fax, mail or hand deliver it to secure your spot!

Willard Community Center
1245 Folsom Street
Lincoln, NE 68522

WILLARD COMMUNITY CENTER

Phone: 402-475-0805
Fax: 402-438-0574
E-mail: willard@willardcommunitycenter.org
Questions? Please contact Sarah Reinke

WILLARD COMMUNITY CENTER (2018-2019 school year)

Roper Before & After School Student Enrollment Form

***All information is required for your child to be registered.
If information is missing, your child will not have a spot***

PARENT/GUARDIAN PLEASE FILLOUT:

New Family Registration Fee:
- ❑ $30 is included with paperwork.
- ❑ $30 not required; not new family.
- ❑ $30 will be paid by _____ (must be paid before first day of school to be enrolled in program)

Before School Care Only:
- ❑ $164/ month (base fee)
- ❑ $149/ month (free/reduced lunch letter has been provided to Willard)
- ❑ Approved for Title xx at Roper program. (Authorization required before first day of school)

After School Care Only:
- ❑ $230/ month (base fee)
- ❑ $209/ month (free/reduced lunch letter has been provided to Willard)
- ❑ Approved for Title xx at Roper program. (Authorization required before first day of school)

Before & After School Care:
- ❑ $286/ month (base fee)
- ❑ $260/ month (free/reduced lunch letter has been provided to Willard)
- ❑ Approved for Title xx at Roper Program. (Authorization required before first day of school)

STUDENT INFORMATION:

Student's Name_____

____ Male ____Female Date of Birth_____ Grade entering_____

Home Address_____(zip)_____

When did your child first enroll in Willard programs? _____

Ethnicity:
- ❑ African American
- ❑ Asian
- ❑ Euro-American (Caucasian)
- ❑ Hispanic / Latino
- ❑ Middle Eastern
- ❑ Native American
- ❑ Other_____

Statistical Info:

____ (Y or N) My child qualifies for free or reduced lunch.

____ (Y or N) My child is an English Language Learner

Native Language _____

FAMILY INFORMATION:

Parental Status:

__ Single __ Married __ Other: _____

Custodial & Legal Guardians:

__ Mother __ Father __ Other:

Mother/Guardian_____Where Employed_____

Home Address_____(zip)_____ ***Work Phone**_____

E-mail Address_____ ***Work Address**_____

Can we email info? ___ YES ___ NO

Home Phone_____Cell Phone_____

Father/Guardian_____Where Employed_____

Home Address_____(zip)_____ ***Work Phone**_____

E-mail Address_____ ***Work Address**_____

Can we email info? ___ YES ___ NO

Home Phone_____Cell Phone_____

Persons, other than parent/guardian, that are authorized to pick up your child:

(A form of identification will need to be presented to the staff upon pick up, matching the information you have provided)

Name_____ Name_____

Relationship to you_____ Relationship to you_____

Phone_____ Phone_____

Name_____ Name_____

Relationship to you_____ Relationship to you_____

Phone_____ Phone_____

EMERGENCY CONTACT INFORMATION:

If neither parent/guardian can be reached in an EMERGENCY, please call (at least one is required):

_____

WILLARD COMMUNITY CENTER

HEALTH INFORMATION:

Does your child have any health issues/allergies or other concerns that we need to be aware of?

_____

_____

Parent Permission Form:

According to Nebraska State Licensing Standards, prescription and over the counter medications, can be given at the Center when brought in the original container and clearly labeled with the child's name, name of medication, and the directions for administering the dosage. I also understand that the Willard Community Center staff may apply first aid products, such as bandages, to my child.

I _____, have determined that Willard Community Center staff is competent to give or apply medications and first aid products to my child, _____. I understand that the Program Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child. *(If your child does take medication while in Willard care, please be prepared to fill out a medication log noting what your child takes, when it is to be taken, the route to be taken and possible side effects. If your child takes medication on an as needed basis, we will need a written statement from your child's health care provider to keep on file.)*

BY SIGNING THIS I AGREE TO THE FOLLOWING (please circle):

YES NO I give my permission for my child to be enrolled in Willard Community Center activities.

YES NO I give permission to the staff to contact Roper Elementary school for my child's immunization records and give the school permission to give out that information.

YES NO I give permission for the Willard Community Center staff to use any photographs, writings, artwork, etc. for use on the Willard Community Center website, for promotional materials, presentations and documentary purposes.

YES NO I consent to the transportation of my child by any means of transportation deemed appropriate for participation in Willard Community Center programming.

YES NO In an emergency, when the parent/guardian cannot be reached, the staff has permission to call the family doctor/health service (Doctor/health service name):
_____, Phone_____
and permission is hereby granted for another physician to give emergency care if the child's physician cannot be reached. I understand that if necessary Willard staff will transport my child to the nearest emergency facility. (If NO) I want my child transported to _____.

YES NO I give permission for the Willard Community Center staff to apply program provided sunscreen with a SPF of 30 or higher to my child as needed. (If NO) I have provided the following brand/type of sunscreen for Willard staff to use on my child as needed _____.

YES NO I have determined the Willard Community Center staff is competent to give or apply medication to my child.

YES NO I give permission for the staff at Willard to remove any splinters or bee stings that may occur while playing outside.

YES NO I understand that Willard Community Center does not carry health and accident insurance for my child, and that I as parent/guardian will be primarily responsible in case of injury where bills are incurred.

YES NO I have received and read a Parent Handbook. (Can be found on our website www.willardcommunitycenter.org)

YES NO I have received and read the Parent Information Brochure for licensed child care provided by DHHS (can be found on our website www.willardcommunitycenter.org)

YES NO By filling out this enrollment form, I understand that I am financially responsible for all charges and that I am liable for any and all legal fees.

Parent/Guardian Signature: **Date:**

Willard Community Center Parent Contract

For Roper, Lakeview and Park Programs

2018-2019 School Year

Child registration is not complete and your child will not have a secure spot until your contract is turned in and signed by a qualified staff member.

This contract is made between the parent(s)/guardian(s):

_____

Name of parent(s)

and **Willard Community Center, A Corporation** for the care of the following children:

_____ _____

Child's name and date of birth

_____ _____

Child's name and date of birth

_____ _____

Child's name and date of birth

The total payment for care shall be $_____ per month. Title Twenty families, please check here (___).

Payment is due to the provider in advance of care. Payment amounts may change at the beginning of the year and any changes will be given to the parents in writing no less than 30 days before they will go into effect.

Late Payment Policy

Delinquent accounts will be provided notice of deficiency. Accounts remaining delinquent in excess of four weeks without Executive Director (or Board approval as required) will be turned over to collections at the Board of Directors discretion. In recognition of our organization's mission, the Board of Directors has authorized the Executive Director or her appointee to approve individualized payment plans for families in rare instances of financial distress or emergency situations. Any family may request a temporary exception to the policy in writing which should detail reason(s) for the exception and proposed payment plan. The Executive Director or appointee may only approve deviations up to a maximum of and total $500.00 carrying balance per family. All families with a balance at the end of the month will be reported to the Board of Directors. Any family exceeding $500.00 will require the Board of Directors written approval. Accounts remaining unsettled will receive monthly notification of delinquency. Delinquent accounts appearing uncollectable may be turned over to collections which may result in additional legal and financial consequences.

Non-Sufficient Funds Check

If a check is returned to us due to non-sufficient funds, you will be charged a $5 processing fee that we are charged from the bank. Re-payment is required within one week's time. Payment must be made with either cash, money order or credit/debit card through our PayPal account that can be found on our website. A different check will not be accepted. If more than one check comes back as non-sufficient funds, you will no longer be able to use that payment option towards your child's account.

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Divorce Decrees

If there is a divorce decree between parents/guardians that state a payment plan, you must turn in the decree so we are able to have documentation and follow the order.

Child Care Termination

The Board of Directors authorizes the Executive Director to refuse services to any child due to delinquency of the account that is not in compliance with this policy. It is the family's responsibility to request any deviation from the formal payment policy of Willard.

Late Fees

If a parent is going to be late picking up the child, every effort must be made to contact the provider. Late fees must be paid in cash to the staff that day. Care will be denied until payment received. The late pick up fee schedule is listed below.

6:00-6:05	$5.00 per child
Between 6:05 to 6:15	$10.00
Between 6:15 to 6:30	$15.00
Between 6:30 to 6:45	$20.00
Between 6:45 to 7:00	$25.00

At 7:00PM the Lincoln Police will be notified.

Signatures

The signatures below indicate agreement with this contract and with the written policy in the Parent Handbook of the center. The parents agree to pay for their child's fees on time, and agree to the terms and payment of late fees. The provider may change policies as needed with advance written notice.

Parent signature & date: _____ _____

Parent signature & date: _____ _____

Willard Staff signature & date: _____ _____

Please let the Program Director know if you would like a copy and one will be mailed to you.