



Roper Before & After School Program

Through Willard Community Center
2021-2022 School Year Enrollment Form

New Family Fee: I have included the registration fee with paperwork \$30 Fee will be paid by _____ (child cannot start until this fee is paid)
Before School Only: Base Fee \$180 per month Reduced fee \$166 per month (must qualify for reduced lunches through LPS)
After School Only: Base Fee \$252 per month Reduced fee \$228 per month (must qualify for reduced lunches through LPS)
Before & After School: Base Fee \$314 per month Reduced fee \$284 per month (must qualify for reduced lunches through LPS)
I receive child care subsidy: Before school only After school only Before & after school
 I understand I am responsible for the registration fee, and Willard must receive my child's subsidy authorization before starting.

STUDENT INFORMATION:

Student's Name _____
Name your child goes by: _____ Male Female Age _____ Date of Birth _____
Child's Home Address _____ Zip code _____
When did your child first enroll in a Willard program? _____ Grade child is entering _____
How did you hear about Willard? School Friend /Family Advertisement Other: _____

ETHNICITY:

- African American
- Asian
- Caucasian (White)
- Hispanic/Latino
- Middle Eastern
- Native American
- Other: _____

STATISTICAL INFO:

My child qualifies for free/reduced lunch
 Yes No
My child is an English Language Learner
 Yes No
Native language, if yes: _____
My child receives SPED services during the school year
 Yes No

GUARDIAN INFORMATION:

PARENTAL STATUS: Married/long term partner Single Divorced/Separated Widowed Other: _____
CUSTODIAL & LEGAL GUARDIAN: Mother Father Both Other: _____

Mother/Guardian: _____ Cell Phone: _____
Home Address: _____ Zip _____ Employer: _____
Employer Address: _____ Work Phone: _____
Email Address: _____ May we email you? Yes No

Father/Guardian: _____ Cell Phone: _____
Home Address: _____ Zip _____ Employer: _____
Employer Address: _____ Work Phone: _____
Email Address: _____ May we email you? Yes No

AUTHORIZED PERSONS TO PICK UP CHILD:

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

Name: _____ Phone: _____ Relation to child: _____
Name: _____ Phone: _____ Relation to child: _____
Name: _____ Phone: _____ Relation to child: _____
Name: _____ Phone: _____ Relation to child: _____

EMERGENCY CONTACT INFORMATION:

If neither parent/guardian can be reached in an EMERGENCY, please call: (At least one emergency contact is REQUIRED)

Name: _____ Phone: _____ Relation to child: _____
Name: _____ Phone: _____ Relation to child: _____



Child's Name: _____

Child's Grade: _____

HEALTH INFORMATION:

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

Will your child require any medication during Willard hours? _____

Parent/Guardian Medication Administration Permission:

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 the medication, and the directions for administering the dosage. I understand that Willard Administration has the responsibility to assess staff's ability to safely give or apply medication.

I _____, have determined that Willard Community Center staff is competent to give or apply medications and first aid products to my child, _____

Medications: Yes No First Aid: Yes No

REQUIRED PERMISSIONS:

By signing this, I agree to the following (please circle each answer)

Yes No I permit my child to be enrolled in the Willard Community Center programs.

Yes No I give the Willard Community staff permission to use any photographs, live streaming, writings, artwork, etc., for use on the Willard Community Center's social media platforms, promotional materials, presentation/documentary purposes, etc.

Yes No I consent to my child's transportation by any means of transportation deemed appropriate for Willard Community Center programming participation. Car/booster seats will be provided as required by licensing regulations.

Yes No When the parent/guardian/emergency contact cannot be reached in an emergency, the staff has permission to call the family doctor/health service. Permission is now granted for another physician to give emergency care if the child's physician can not be reached.

Dotcor/Health Service Name: _____ Phone Number: _____

Yes No 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 help my child apply program-provided sunscreen with a 30 SPF or higher to my child as needed. If NO, I have provided the following type/brand for Willard staff to use on my child with my child's name on it: _____

Yes No I understand that Willard Community Center does not carry health and accident insurance for my child. As a parent/guardian, I will be primarily responsible for an injury where bills are incurred.

Yes No I have received and read a Parent Handbook and Parent Information Brochure (can be found on our website www.willardcommunitycenter.org if needed).

Yes No I understand that I am financially responsible for all charges and that I am liable for all legal fees.

Yes No I understand that I will be charged a late fee to be paid in cash if I do not pick up my child by closing (6:00 pm for school-age).

 Parent/Guardian Signature _____ Date: _____





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2021-2022 School Year Parent Payment Contract

Child registration is not complete, and your child will not have a secure spot until your contract is turned in.

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

Name of parent(s)/Guardian(s) who will be responsible for paying any child care fees associated with the summer program

The contract is for the care of the following children (only one per family is required):

Child's name and date of birth

Child's name and date of birth

Child's name and date of birth

I understand it is my responsibility to pay the monthly fee by the first of each month or set up alternate payment dates with the Program Director.

I understand that it is my responsibility to pay the non-refundable family fee of \$30 per family before my child can begin the program.

I receive **state subsidy** and understand that Willard must receive my child's authorization before my child can begin. I understand that it is my responsibility to pay the one-time non-refundable family fee of \$30 per family before my child can begin. Willard Community Center and the State of Nebraska do not have this contracted; therefore, each family's responsibility is to pay this fee.

Roper's Provider number: 22293820

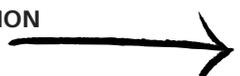
Family fees must be paid by the 1st of the month. If you pay a separate provider your family fee, a letter from the other provider stating the family fee is paid to them is required.

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 more than four weeks without Executive Director (or Board approval as required) will be turned over to collections at the Board of Director's 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 emergencies. Any family may request a temporary exception to the policy in writing, which should detail the reason(s) for the exception and the proposed payment plan. The Executive Director or appointee may only approve deviations up to a maximum of and total of \$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 Director's written approval. Accounts remaining unsettled will receive monthly notification of delinquency. Delinquent accounts appearing uncollectable may be turned over to collections, resulting in additional legal and financial consequences.

PLEASE CONTINUE TO PAGE 2 INFORMATION



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 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. Willard Community Center staff may deny care until payment is received. The late pick-up fee schedule is listed below.

School-Age

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

Our license ends at 6:00 PM; staying late with a child would put us in violation of our license agreement with the State of Nebraska.

All payments can be made on-site via check, cash, or money order (change will not be available for any cash payments). Card payments can be made by going to our website www.willardcommunitycenter.org and using the secure PayPal check out. We also accept Venmo payments @willardcommunity-center.

Signatures:

The signature(s) below indicate agreement with this contract and the written policy in the Center's Parent Handbook. The parent(s) agree to pay for the child’s fees on time and agree to the terms and payment of late fees. The provider may change policies as needed with the advance of written notice.



Parent signature & date: _____



Parent signature & date: _____

Willard Staff signature & date: _____

Please let the Program Director know if you would like a copy of your signed contract, and one will be mailed to you.