

WILLARD COMMUNITY CENTER PRESCHOOL SUMMER PROGRAM 2022 REGISTRATION FORM

Summer Themes:

May 31-June 3*: Summer Fun
June 6-10: Down at the Campfire
June 13-17: Shapes
June 20-24: Under Water
June 27-July 1: Ooey Gooey Week
July 5-8*: Heroes
July 11-15: Space
July 18-22: Around the World Adventures
July 25-29: Outdoor Science
August 1-5: Crawly Critters
August 8-10: On the Farm

Full-Time
Weekly Rate
\$160

Why Choose Willard?

- Water days
- One field trip per week
- Experienced staff
- Age-appropriate planned activities for each weekly theme
- State child care subsidy accepted
- Tuition assistance is available for qualifying families

Please return all required paperwork no later than April 30, 2022, to reserve your child's spot!

(Please return the bottom portion with the completed enrollment form.)

We will be staffing according to weekly attendance. Prior knowledge of when your child will attend is crucial!

Please (X) each week your child will attend.

- ☐ #1 May 31-June 3*
☐ #2 June 6-10
☐ #3 June 13-17
☐ #4 June 20-24
☐ #5 June 27-July 1
☐ #6 July 5-8*
☐ #7 July 11-15
☐ #8 July 18-22
☐ #9 July 25-29
☐ #10 August 1-5
☐ #11 August 8-10*

Participant's Name:

School/program attending in fall:

*Indicates when full weeks of care are not offered.



Registration Fee:

- Non-refundable \$140 registration fee per child, regardless of how many weeks signed up. The full fee amount must be paid before summer sessions begin. Care will not be allowed until payment is received.
- Preschool will pay a non-refundable registration fee of \$80.
- **State child care subsidy does not pay the registration fee**; each family is responsible for the full amount.

Payment Information:

- A weekly fee of \$160 per child per week, regardless of the number of days attended in a week.
- If your child does not attend an entire week, there will be no charge.
- Accepted forms of payment include cash, check, money order, Venmo, PayPal, and payments made through Brightwheel.
- Payments are due the first day of each week unless an alternate payment plan has been set up with the administration.

Enrollment Forms:

Your child will not be enrolled until you:

- Complete a NEW enrollment form and the bottom portion of this form (the registration form).
- Any of the information is missing from the forms or if not all the documents are turned in.
- Sign the field trip permission form and return it with your enrollment and registration forms.

Summer Hours:

- School-age: 6:30 AM - 6:00 PM
- Preschool: 6:30 AM - 5:30 PM
- We will be closed on the following days: May 26, May 27, May 30, July 4, August 11, and August 12.
- Our first day of care will be Tuesday, May 31 and our last day of care will be Wednesday, August 10. Willard will be having a building set-up and staff training day on May 26 and 27 and program set up and fall open houses on August 11 and 12.

I understand that swimming and field trips are subject to change due to COVID19. Y N

I understand that care does not start until Tuesday, May 31. Y N

I understand that Willard will be closed on May 26, 27, 30, July 4, August 11 & 12. Y N

I understand that I will be required to bring my child's lunch each day. Y N

I understand that my child's 2021-2022 school year account needs to be in good standing or a payment plan in place before being considered for summer enrollment. Y N



Signature of Parent/Guardian

Date





Summer Program

2022 Enrollment Form

Summer Age Group: ☐ Preschool ☐ School-age (already completed at least Kindergarten)

Registration Fee: ☐ I have included the registration fee with paperwork ☐ Registration fee will be paid by _____

Weekly Fees: ☐ I will pay the weekly fee at the beginning of each week ☐ Other: _____

☐ My child qualifies for state subsidy, but I understand it is my responsibility to pay the registration fee

STUDENT INFORMATION:

Student's Name _____

Name your child goes by: _____ ☐ Male ☐ Female Age _____ Date of Birth _____

Child's Home/Billing Address _____ Zip code _____

When did your child first enroll in a Willard program? _____ Grade/program just completed _____

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: _____

Father/Guardian: _____ Cell Phone: _____

Home Address: _____ Zip _____ Employer: _____

Employer Address: _____ Work Phone: _____

Email Address: _____

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: _____

PLEASE CONTINUE TO PAGE 2 INFORMATION



Child's Name: _____

Child's Age: _____

HEALTH INFORMATION:

Does your child have any health 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, 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 I understand that my child must be on-site at Willard Community Center when vans leave for field trips and swimming. Otherwise, my child will not be able to attend.
- 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 (5:30 pm for preschool and 6:00 pm for school-age).



Parent/Guardian Signature _____ Date: _____

Willard Community Center

Summer 2022 Field Trip

Permission Slip

Because this activity will take place away from Willard Community Center, some special considerations and procedures apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from the program may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional program functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and any potential risks that will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

Willard will provide booster seats for children 8 and under to follow car seat regulations. All students who fall within the 8 and under category will be required to be in a booster seat; otherwise, we will not be able to provide transportation for your child.

I hereby give my student permission to attend the field trips listed on the back of this page. I consent that I understand the rules and regulations expected.

PARENT'S CONSENT:

EMERGENCY INFORMATION:

Name of Parent/Guardian: _____

Child's Name: _____

Parent/Guardian Signature: _____



Date signed: _____

In case of emergency, please contact the following:
(please list parents if that is who should be contacted first)

Emergency contact #1: _____

Phone number: _____

Relationship to child: _____

Emergency contact #2: _____

Phone number: _____

Relationship to child: _____

Please initial below to indicate that you are allowing your child to swim in water over his/her head at Lincoln City Pools with trained lifeguards.

(Kids will be in designated areas based on swim tests performed each swim day with trained Lincoln City Lifeguards. If children cannot swim or touch the bottom of the shallow pool, they will be in the kiddie pool area. Per City Pools, children are not allowed to bring floaty devices.)

*** Preschool & Pre-k age children will NOT go swimming but will participate in water days and go to Trago Spraypark. ***



_____ Parent/Gaurdian Initial



Summer 2022 Field Trip

Permission Slip

RULES:

If your child fails to abide by Willard's rules of conduct and staff instructions during the trip, it may become necessary to discontinue his/her participation in the activity. Field trips and/or swimming may be taken away from children if they have not earned the privilege to attend. Willard administration and staff have the right to decide if your child cannot attend a particular outing due to behaviors.

DISCLAIMER:

At this point, Willard's Administration is planning field trips and swimming outings as normal. Please understand that these are not set in stone. If Willard Board of Directors, Administration, or the Health Department feels safety for the children or adults is in danger due to the pandemic, we will stop all field trips and swimming until further notice. Your registration fee is non-refundable regardless if field trips or swimming outings are made.

FIELD TRIP DATES & TIMES:

A schedule of field trip dates and times will be given out to families in May. If children are not on-site at Willard Community Center locations when the van leaves, your child will not be able to attend the field trip/swimming.

Drop off at a location other than Willard will not be permitted. Picking up at a location other than Willard will not be allowed (unless there is an emergency).

SWIMMING HYGIENE:

Children will be required to come with a clean towel and suit each swim session/water day. If your child does not have a suit or towel, they may not be able to attend that session. Sandals brought or worn on swim days are preferred. Children will be required to wear shoes to and from the pool. Your child may keep a spare set at Willard if you would like. Having a swim bag for your child to take items to and from the pool is appreciated.

POSSIBLE FIELD TRIPS FOR 2022:

Oak Lake, Trago Spray Park, Joyo Theater, Parkway Lanes/Hollywood Bowl, Marcus Theaters, Willard/Shroeder Park/Lakeview Elementary School playground, Lost in Fun, Morrill Hall, Lincoln City Parks, Lincoln City Libraries, Lincoln City Pools, Star City Shores, State Capitol, Memorial Stadium, Saltdogs Stadium, Lincoln Children's Zoo, Lincoln Children's Museum, Wildlife Safari Park, Westminster Church (for the library), Prehistoric Putt, Strategic Air & Space Museum, Lincoln Airport, Schramm Education Center, Laser Quest, Lincoln Journal Star, The Bay, Sheldon Museum of Art, Lied Center of Performing Arts, National Museum of Roller Skating, International Quilt Museum, Lincoln Community Playhouse, Lincoln Public Schools, Lincoln Fire Stations.



Summer Program

2022 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 weekly fee of \$160 per week per child.
- ☐ I understand that it is my responsibility to pay the non-refundable registration fee of \$140 per child (for school-age) and/or \$80 per child (for preschool) before summer begins.
- ☐ I receive **state subsidy/assistance through Lincoln Littles** and will have my authorization switched to the summer program no later than Tuesday, May 31. **I understand that it is my responsibility to pay the non-refundable registration fee** of \$140 per child (for school-age) and/or \$80 per child (for preschool) before summer begins since Willard Community Center and the state of Nebraska does not have this contracted.
- ☐ I understand Willard Community Center uses Brightwheel for all charges, payments, and notifications regarding my child's care. (Please see information below)

Brightwheel:

Willard Community Center utilizes the child care software application called Brightwheel. When you sign up your child in any Willard programs, your child/children are added to our system. Parents/guardians will be added via their provided email addresses and phone numbers. **Notifications to parents will be made through the Brightwheel app.** Charges to your child's account will be made through the app, and payments can be made through Brightwheel to automatically withdraw from your banking account (PayPal, Venmo, cash, and checks still accepted). If more than one child attends a Willard program, each child will have separate accounts.

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, detailing 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.



Summer 2022

Parent Payment Contract Continued

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.

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 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. Care will be denied until payment is received. The late pick-up fee schedule is listed below.

School-Age (fees are per child)

6:00-6:05 \$5.00

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.

Preschool (fees are per child)

5:30-5:35 \$5.00

Between 5:35 to 5:45 \$10.00

Between 5:45 to 6:00 \$15.00

Between 6:00 to 6:15 \$20.00

Between 6:15-6:30 \$25.00

At 6:30 PM, the Lincoln Policy will be notified.

Signatures:

The signatures below indicate agreement with this contract and the written policy in the Center's Parent Handbook. 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 the advance written notice. (Only one parent/guardian signature is required).



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.