WILLARD SUMMER PRE-K PROGRAM
2020 Registration Packet

Weekly Rate $150

K-8th Grade Themes:

May 25-29*	Summer Safety
June 1-5	Camping Out
June 8-12	Investigating Insects
June 15-19	Down at the Pond
June 22-26	Passport to the World
June 29-July 3*	Red, White and Blue
July 6-10	Nebraska Wildlife
July 13-17	Art Walk
July 20-24	Water Week
July 27-31	Summer Olympics
August 3-7*	Smoothie Creations

Why choose Willard...

- One field trip every week
- Experienced staff
- State subsidy accepted
- Planned age appropriate activities
- Water days
- Tuition assistance for qualifying families

(Keep top portion for your reference)
(Complete and return bottom portion, new enrollment form and payment)

Please (X) each week your child will attend.

___ #1 May 25-29*
___ #2 June 1-5
___ #3 June 8-12
___ #4 June 15-19
___ #5 June 22-26
___ #6 June 29-July 3*
___ #7 July 6-10
___ #8 July 13-17
___ #9 July 20-24
___ #10 July 27-31
___ #11 August 3-7*

*Indicates when full weeks of care are not offered.

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

Participant's Name: _____

Program attending in the fall: School Pre-k

If school, please indicate which school _____

(If you are expecting your child to progress to kindergarten this fall, your child will remain in the pre-k program throughout the summer.)

More information on backside →

Registration Procedure

Registration Fee

- Pre-k and Preschool will pay a non-refundable $70 registration fee. This pays for all field trip expenses.
- State subsidy does not pay for the registration fee; each family is responsible for full amount.

Payment Information

- Weekly fee of $150 per child per week, regardless of the number of days attended. If your child does not attend an entire week, there is no charge for that week.
- Required to register for at least 8 of the 11 weeks. If your child attends less than 8 weeks, you will still be billed for eight.

Enrollment Forms

Your Child will not be enrolled until you:

- Complete a NEW enrollment form, bottom portion of this form (Registration form) and submit at least half of the registration fee. Your child will not be signed up if information is missing from forms, not all documents are turned in and/or if at least half the payment is not made.
- Sign the field trip permission form and return with your enrollment and registration forms.

Summer Hours

- 6:30 a.m.-5:30 p.m.
- We will be closed May 22nd, May 25th, May 26th, July 3rd, August 6th and August 7th.
- Our first day of care is Wednesday, May 27th and our last day will be Wednesday, August 5th. Willard will have a building set-up and staff training day May 22nd and 26th, and building set up and fall school open house August 6th and 7th.

I understand that care does not start until Wednesday, May 27th. (please circle)	Y	N
I understand that Willard will be closed the following days: May 22, 25, and 26, July 3, and August 6 and 7. (please circle)	Y	N
I understand that I am required for my child to attend at least 8 weeks or pay for 8 weeks. (please circle)	Y	N
I understand that my child's 2019-2020 school year account needs to be in good standing or payment plan in place before being considered for summer enrollment. (please circle)	Y	N

Signature of Parent/Guardian

Date

Willard Summer Program
2020 Enrollment Form

***Please fill out form entirely. If information is missing, your child will not be signed-up until resubmitted and completely filled out.**

STUDENT INFORMATION:

Student's Name_____

____ Male ____Female Date of Birth_____

Home Address_____(zip)_____

How did you hear about us?_____

When did your child first enroll in a Willard program? _____

Ethnicity:
- ❑ African American
- ❑ Asian
- ❑ Caucasian (White)
- ❑ 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_____

PLEASE FILL OUT:

Weekly payments:
- ❑ My child qualifies for state subsidy, but I understand it is my responsibility to pay the registration fee.
- ❑ I will pay the weekly fee at the beginning of each week ($150/week)
- ❑ I will pay the weekly fee at the beginning of each month.

Registration Fee:
- ❑ I have included the registration fee with this paperwork.
- ❑ I have included a partial payment towards the registration fee in the amount of $_____, the remaining amount will be paid by _____ (must be paid by first day of summer).
- ❑ The registration fee is not included, but will be paid by _____ (must be paid by first day of summer, child cannot start until paid).

Summer Age Group
- ❑ Preschool
- ❑ Pre-k (at 1030 W. 'Q' Street)
- ❑ School-age (already completed Kindergarten or higher)

FAMILY INFORMATION:

Parental Status:

__ Married __ Single __ Widowed __ Divorced __Separated __Other: _____

Custodial & Legal Guardians:

__ Mother __ Father __ Other: _____

Mother/Guardian_____ Employer_____

Home Address_____(zip)_____ Work Phone_____

E-mail Address_____ Work Address_____

May we email you? Yes_____ No_____

Home Phone_____ Cell Phone_____

Father/Guardian_____ Employer_____

Home Address_____(zip)_____ Work Phone_____

E-mail Address_____ Work Address_____

May we email you? 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:

WILLARD COMMUNITY CENTER

HEALTH INFORMATION:

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

_____

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 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.

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 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. Car seats and booster seats will be provided as required by licensing.

YES NO I understand that once vans for field trips have left from Willard, I cannot drop my child off at the field trip location. My child must be on site before the vans are scheduled leave to attend.

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 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.

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 if I do not pick-up my child by the required time. (Preschool & Pre-K close at 5:30 PM and the K-8th grade program close at 6:00 PM)

Parent/Guardian Signature **Date**

Willard Field Trip List for Summer 2020

Because this activity will take place away from Willard Community Center, there are some special considerations and procedures which 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 of any potential risks which 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.

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.

- By signing below, I am also indicating that I am allowing my child to swim in water over his/her head. *(Please know that kids will be in designated areas based on swim tests performed with trained Lincoln City Lifeguards.) *** Preschool & Pre-k will NOT go swimming. ****

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

I hereby give my permission for my student to attend the below possible field-trips.

Parent/Guardian Signature_____Date_____

Child's Name _____

Possible field trips for 2020:

Oak Lake
Trago Spray Park
Joyo Theater
Pioneers Park/Nature Center
Wilderness Ridge Park
Parkway Lanes Bowling/Hollywood Bowl
Lakeview Elementary School Park
Willard/Schroeder Park
Marcus Theaters
Lost in Fun
Morrill Hall
Antelope Park
Lincoln City Libraries
Woods Pool
Belmont Pool
Irvingdale Pool
Star City Shores
Westminster Church for library
Champions Fun Center
State Capitol
Memorial Stadium/Saltdogs Stadium
Champions Fun Center
Tierra Brairhurst Park/Roper Park
Lincoln Children's Zoo
Lincoln Children's Museum