

WOODWARD NORTH AFTER SCHOOL CARE 2011-2012

PLEASE READ CAREFULLY AND FILE FOR REFERENCE

1. After School Care will not be held on any school holiday or when school is dismissed at noon. Please make a note of these dates and make arrangements for your child as needed.
2. If your child becomes ill after arrival at After School Care, you will be called and expected to pick him or her up as soon as possible. **Please make sure all emergency numbers are current.** The After School Care teachers will administer medicine only if a written note is sent with the medicine daily. The director of Woodward North's After School Care is a registered nurse. Students requiring emergency care of a serious nature will be taken to Gwinnett Medical Center of Duluth. Parents are responsible for all expenses and will be notified immediately of the measures being taken. Parents should leave at least two emergency numbers and names for the school personnel to call. Parents should not permit students with serious illnesses or contagious illness to attend any extended day program.
3. If your child is on a restricted diet or behavior modification medication, this information must be on file so that we can best serve your child.
4. Any messages to After School Care teachers must be written and signed by a parent. (For example, a change in the routine pick-up time or the person usually picking up, or, if a child is not coming on a particular day.) We can take phone messages but only if there is a last minute change in routine due to an emergency. The number to call to reach the After School Care Director is **404-765-4497 or 404-765-4498.** After School Care hours are from 3:00P.M. to 6:00 P.M. Be sure that your child cleans up and puts away any play materials he or she might be using when you arrive. It is the responsibility of child and parent to see that all books, papers, and clothing are taken home. Please check your child's book bag. Parents **must sign child out with the teacher in their designated area. A late fee of \$30.00 will be charged if the child is not picked up by 6:00 P.M.** Consistently late pick up may necessitate withdrawing your child from the After School Care program.
5. Children will be accompanied to After School Care immediately upon school dismissal. If a child is staying with a teacher for any reason, he or she must notify the After School Care personnel. This is critical for student accountability, and we need your cooperation in this matter. The children will be served a snack at approximately 3:15 P.M.
6. Each student should bring a box of tissues to be shared by the group.
7. "Drop ins" are students who do not regularly stay for After School Care. All drop-in students must have an application on file. Please give 24 hour notice if you have a drop-in situation. In emergency situations, parents who plan to use our drop in After School Care need to send a note to the teacher or call the office before 12:30 P.M. on the day in question. We are happy to be able to offer this service to parents. We are looking forward to a successful year.

Mrs. Wanda Straughn, Director

APPLICATION ASC 2011-12
ASC 2011-12

Student _____
Last First Middle

Grade _____ Date of Birth _____

New to WA ___ Re-enrolling ___

Address _____
Street City State Zip

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Business Phone _____ Father's Business Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact _____ Phone _____

Please check one of the following:

___ Pre-Kindergarten Begins 2:30 P.M. ___ Kindergarten Begins 2:30 P.M.
___ First through Sixth Begins 3:00 P.M.

A flat hourly rate of \$6.25 will be assessed for all day care service. An additional hourly rate will be assessed for any time exceeding 15 minutes past the hour. **Children must be picked up by 6:00 P.M. A \$30.00 late fee will be charged to parents who pick up their children after 6:00 P.M.** Consistently late parents will be asked to withdraw their children from the extended day care program.

Approximate time child will be picked up: _____

Child will be picked up by: Name _____ Relationship _____

List name(s) and grade(s) of brothers and sisters who attend Woodward Academy:

Name _____ Grade _____ Name _____ Grade _____

Medical History: All applicants must have on file the Physical Health Form in the regular Woodward Academy application and the Certificate of Immunization Form 3231 required by the Georgia State Department of Health.

To the best of our knowledge, the information contained in this application is true and accurate. We understand that the After School Care fee is in addition to the regular tuition, and we agree to pay the amount specified at the times specified. We understand that the applicant is to adhere to the code of conduct and disciplinary regulations of the Academy. In addition, we understand that the Academy may remove the applicant from the After School Program if he fails to abide by the code of conduct, if there is habitual late pick-up, or if we fail to make financial payments on time. Parents of children enrolled in the After School Care Program will be billed monthly.

___ (Please check box) We authorize Woodward Academy and its delegated professional staff to obtain medical or surgical treatment and hospital service at our expense in case of an emergency.

Please list below other information concerning your child that would be beneficial to the professional staff.