



## Westminster After School Care Program

The Westminster After School Care Program (ASC) is licensed by the Department of Early Care and Learning. The program is open to children who are enrolled at Westminster Day School, grades Pre-K through 5<sup>th</sup>. The daily schedule begins at noon with lunch, playtime and nap time for the Pre-K, TK and Kindergarten students. Upon their release from their Day School schedule, the first through fifth graders come to ASC where they will have the opportunity to complete daily homework assignments and participate in playtime and crafts projects. ASC provides a nutritious snack to all children in the program between 2:30 and 3:30 p.m. each day.

This program opens at noon and closes at 5:30 each day that WDS is in school.

ASC will be open early on the days of early release for WDS to receive those children who need ASC. ASC will open at 7:30 a.m. on the days of parent-teacher conferences in October to receive children who are in need of full day care and care while parents are in conferences.

In order for your child to attend ASC this school year, the two attached forms must be on file and signed by **both parents/guardians**. These forms are the **Enrollment/Parental Agreement Form**, and the **Medical Information/Emergency Authorization Form**. Please return the enclosed forms to the office to ensure a place for your child.

The hours and fees for enrolled students are on page 2 of the **Enrollment/Parental Agreement Form** attached.

For parents of returning ASC students, you will need to note changes in hourly rates and additional requirements of the licensing authority in the following **Enrollment/Parental Agreement Form**, and the **Medical Information/Emergency Authorization Form**.

If you have any questions about the ASC program, please contact Peggy Dixon at 706-731-5260 during ASC hours or you may email [pdixon@wsa.net](mailto:pdixon@wsa.net).



Westminster After School Care Program
Enrollment Form/Parental Agreement

Child's Full Name \_\_\_\_\_ Called \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Father's (or guardian) Name/Home Address/Telephone Number \_\_\_\_\_

Father's (or guardian) Place of Employment/Address of Employment/Business Telephone Number \_\_\_\_\_

Mother's (or guardian) Name/Home Address/ Telephone \_\_\_\_\_

Mother's (or guardian) Place of Employment/Address of Employment/Business Telephone Number \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_ Mother's E-Mail Address \_\_\_\_\_

Child Lives with: [ ] Both Parents [ ] Mother [ ] Father [ ] Other
Legal Guardian: [ ] Both Parents [ ] Mother [ ] Father [ ] Other

After School Care is needed on the following:

- [ ] Mon. until \_\_\_ p.m. [ ] Wed. until \_\_\_ p.m. [ ] Fri. until \_\_\_ p.m.
[ ] Tues. until \_\_\_ p.m. [ ] Thurs. until \_\_\_ p.m. [ ] Occasional Use

Does your child have any special procedures required in caring for them? \_\_\_\_\_

In addition to parents, the child may be released to the following persons:
(Include Westminster Siblings)

Table with 4 columns: Name, Relationship to Child, Address, Phone Number. Includes three rows for data entry.



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I (we) understand and agree with the following:

The Westminster After School Care Program agrees to provide for my child on the days I have indicated on the preceding page and other occasional days, as room is available, at the rates listed below:

<b>Time Frame</b>	<b>Daily Maximum</b>	<b>Weekly Maximum</b>
<b>12:00 - 3:10</b>	\$15.00	\$60.00
<b>3:10 - 5:30</b>	\$10.00	\$40.00
<b>12:00 - 5:30</b>	\$20.00	\$80.00

\*Any other time frame will be subject to a \$5.00 hourly charge.

Parents who utilize the weekly maximum as the standard of payment will receive full day ASC on teacher-parent conference days in October included in the weekly maximum listed above. Standard hourly rates apply in other cases with a maximum of \$40 for the day.

The ASC program closes at 5:30 p.m. each day. A \$10.00 late fee will be assessed for each child picked up between 5:31 and 5:45. At 5:45, the fee increases to \$20.00. With prior notification and approval, ASC may be available until 6:00 on occasion. Please check with Mrs. Dixon to make these occasional arrangements. The ASC office must be notified if an emergency arises and your child will not be picked up until after 5:30 p.m.

I will have access to all center areas used by my child at all times. The ASC program encourages parental involvement and observation of their child's activities.

I am responsible for notifying the ASC director and my child's teacher about any change in my child's ASC attendance or occasional need for ASC attendance.

Lunch for those in ASC at noon may be brought from home or provided by the school lunch program at no additional charge. If your child brings lunch from home, you must agree to provide a lunch that includes all of the components as specified by the attached U.S. Department of Agriculture Child Care Food Program. A snack will be provided by ASC for each child between 2:30 p.m. and 3:10 p.m. Each day my child will be offered 2% milk, fruit juices, peanut butter, crackers, American cheese plus other nutritional food within the USDA Child Care Food Program.

Before any medication is dispensed to my child, I understand that I must complete and return to the ASC program a *Permission to Administer Medication Form* that is available from the school or ASC office. All medication sent to the school needs to be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by his or her parent(s), a person authorized by parent(s), or facility personnel. In each case signing in/out is required. I agree to my child using the art room, library, and gym on occasional basis under the supervision of ASC personnel.

The ASC personnel will be available to communicate with me on a daily basis information about my child's activities and behavior.



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The interaction and instruction in this program is based on the Christian worldview. The *WDS Parents' Handbook* policies and procedures apply to the ASC program. The ASC personnel will utilize positive means to encourage and facilitate appropriate behavior by my child, but will use time-out as a means of discipline if necessary. I will be notified of any concerns regarding my child's behavior either by telephone contact or when I pick up my child from ASC. I will work with the ASC personnel on any of my child's behaviors that are disrupting the ASC class.

I acknowledge it is my responsibility to keep my child's records current to reflect significant changes as they occur such as telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which affect my child. The ASC director will contact me when a notifiable communicable disease is present on the same day they are aware of this.

The ASC program will conduct drills for fire, tornado, and other emergency situations as required by the licensing authority.

The ASC personnel are mandated by law to report any suspected cases of child abuse or neglect to the Department of Family and Children Services.

The ASC program does not discriminate based on sex, race, or culture.

I authorize Westminster ASC to meet the needs of my child in case of an emergency.

Westminster ASC will send home a monthly statement of fees incurred. I understand that if my account is not paid in full each month by thirty (30) days of the date of the invoice a \$10 fee will be added to my account. I understand that if my account remains unpaid sixty days (60) from the date of the invoice, my child will not be allowed to attend ASC until the account is paid in full.

I understand that my cooperation in prompt payment of fees, communication with teachers, and faithful prayer for our program is appreciated.

**Both parents (or guardians) must sign this form.**

\_\_\_\_\_  
Father's signature (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's signature (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's signature, Westminster ASC

\_\_\_\_\_  
Date



Westminster After School Care Program

Medical Information/Emergency Authorization

Name of Child \_\_\_\_\_ Birth date: \_\_\_\_\_
Address of Child \_\_\_\_\_
Home Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_
Second Choice of Physician \_\_\_\_\_ Phone \_\_\_\_\_
Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Is your child on any medication that the school should be aware of? \_\_\_\_\_

Does your child have any allergies or other medical or drug-related circumstances (i.e. diabetes, asthma)? \_\_\_\_\_

Does your child have any physical problem, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the school's program and activities? \_\_\_\_\_

Father work phone \_\_\_\_\_ Mother's work phone \_\_\_\_\_
Pager or other \_\_\_\_\_ Pager or other \_\_\_\_\_

If an emergency arises and neither parent can be reached, please list who can act on your behalf. Please make sure these people know what to do for your child.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Should my child suffer an injury or illness while in the care of the Westminster After School Care Program and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Father's signature (or guardian) \_\_\_\_\_ Mother's signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_
Both Parents (or guardians) must sign this form.

Director, Westminster After School Care



**Westminster After School Care Program**

**Child Care Food Program Meal Patterns  
Amounts and Types of Foods to be Served to Children**

<b>Meal Components</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>
Lunch or Supper		
• Milk <sup>1</sup> , fluid	¾ cup	1 cup
• Meat, or poultry, or fish, or egg (large), or cheese,	1 ½ ounces	2 ounces
• or cooked dry beans, peas,	¾ egg	1 egg
• or peanut butter and other “butters”,	1 ½ ounces	2 ounces
nuts and seeds <sup>2</sup> or yogurt	3/8 cup	½ cup
• Vegetables and/or fruits <sup>3</sup> (2 or more total)	3 Tbsp.	4 Tbsp.
• Bread or bread alternate <sup>4</sup>	¾ ounce	1 ounce
	6 ounces	8 ounces
	1/2 cup	¾ cup
	½ serving or ½ slice	1 serving or 1 slice

<sup>1</sup> Milk include whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

<sup>2</sup> For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.

<sup>3</sup> Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

<sup>4</sup> Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.