



Waco Charter School - After School Care Application

(After School Care is completely voluntary and is NOT a mandated Program)

Sabrina Gray, Director

615 N. 25th St

Waco, TX. 76707

Phone: 254-754-8169 / Fax: 254-754-7389

Childs First Name: _____ Last Name: _____ D.O.B _____

Teacher: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Mother's Phone #: _____ Father's Phone #: _____

Mother's Work #: _____ Father's Work #: _____

Person(s) Authorized to pick up your child / Emergency Contact: (These People MUST show I.D.)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Child Lives with: _____ Father _____ Mother _____ Step Parents _____ Foster _____ Legal Guardian _____ Other

Primary Language: _____ English _____ Spanish _____ Other

Please be sure that your child(ren) are picked up on time to avoid late fees. Three (3) Late pick ups will result in removal from the After School Program.

Please Sign Below:

Parent or Guardian Signature: _____ Date: _____

Print your Name: _____

For Office Use Only

Enroll Date: _____ **Initials:** _____

Dismissal Date: _____ **Reason:** _____ **Initials:** _____

Special Needs / Allergies: (Please Check the appropriate Statement)

_____ My Child has NO Special Needs or Allergies

_____ YES, My child has Special Needs / Allergies

Please list any Allergies, Existing Illness, Previous Serious Illness / Injury, hospitalizations during the Past 12 months, and/or any medications prescribed for continuous long term use along with a Doctor's note indicating use.

In the event of an accidental ingestion of an allergen or problems relating to your child's medical condition(s), Please list the proper procedures to be followed including any medications and proper doses.

Please sign below:

Parent / Guardian Signature: _____ Date: _____

Print your Name: _____

Release of Liability & Acknowledgment:

- I hereby grant permission for my child to use all of the day equipment and participate in all activities unless Limitations have been provided in writing.
- I understand that I am responsible for any damage done by my child with malicious intent to the equipment.
- I understand that if my child is ill or shows signs of illness or communicable conditions that he/she will not be brought to the Afterschool Care facilities for care.
- I hereby acknowledge my understanding and agreement to all of the policies and rules for the After-School Care Program.

Please sign Below:

Parent/ Guardian Signature: _____ Date: _____

Print your Name: _____

After School Care Fee's and Guidelines

Program Fee's listed below are weekly, you will be required to pay 2 weeks in advance. Failure to pay on time can result in removal from the After-School Care Program.

1 Child = \$5.00/week

For Families with more than 1 child, the fees are as follows:

2nd child= \$4.00/week

3rd child and all additional children= \$3.00/week

(Example: 3 children would be $5+4+3=\$12.00$ / week)

Late Fees are:

- \$8.00 PER Child after 5:30pm
- \$16.00 PER Child after 6:00pm
- \$32.00 PER Child after 6:00pm

Our Hours of Operation are 3:30pm-5:30pm. Any Child(ren) that are not picked up on time will be charged the late fees. Three (3) Late Pickups will result in removal from the program.

I understand the fees and late fees and I agree to follow all of the guidelines set forth by the Waco Charter School After-School Care Program.

Parent / Guardian Signature: _____ Date: _____

Print your Name: _____