Washington Christian Academy

After School Enrollment Form

**Quick Contact Info:**

**Name (Adult): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Male Female**

**Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Washington Christian Academy Medical / Special Needs Information Form**

***Student Information (1 per child)***

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Name Called

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Current Grade (as of 20\_ school year)\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if the following applies to your child– (You will be asked to fill out a corresponding form)

□ Other concerns (e.g. Learning Disabilities)

□ My Child will take Prescription Medicine Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the Family**

**Mother/Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Care Information**

**Name of child’s Doctor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other emergency contacts:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Pickup Authorization**

**My child may be picked up by any of the following people:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(First) (Middle) (Last)**

**Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identify any medical or emotional illness or disorder which would affect the child’s functional ability to participate safely:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is this child taking prescription medication on a daily basis for a chronic illness/condition?**

**[ ] YES [ ] NO**

**This child is allergic to: [ ] Medication [ ] Bees [ ] Food [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child has: [ ] Asthma [ ] Diabetes [ ] Seizures**

**Please state which one(s) and explain & note if an medication is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the child on a special diet? [ ] YES [ ] NO**

**Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other behavioral / medical information that we need to be aware of?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Attach a doctor’s not regarding child’s medication if medicine is to be administered.\*\***

**Washington Christian Academy After School Program Policy**

**Please read each of the following and sign below to indicate your understanding of these policies.**

**Waivers/Permission**

1. I permit my child to participate in activities WCA conducts outside the After School Site.

2. **Field Trips** - I permit my child to leave WMBC on authorized trips under the supervision of the WCA staff. I may review a written schedule of activities to be conducted off the WMBC premises.

3. **Photography** - I permit the WCA to use images of my child as a WCA program participant in internal and external promotional material. This includes any printed material, broad cast and print advertising, promotional videos and the WCA Web Site which are published by WCA. I also permit the WCA to use images of my child in broadcast and print media news coverage of the WCA. I understand that my child’s name is not published.

4. **Payment Policies -** I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs are paid in full. WCA has been able to maintain low costs due to support from the community, sponsors, and grants, which allows us to provide After School services at **minimum cost. WCA requires a $25 registration fee for the first child and an additional $15 for each additional child.**

5. **Insufficient Funds** - If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child’s account up to date. I understand that I will be charged $30 for each returned check. I will need to send cash, money order, or a certified check for the check within 5 business days after I receive a notification letter from WCA. Payment in full is required before my child can continue to participate in WCA programs. If I have two returned checks within a six-month period, I will no longer have check writing privileges and will be required to pay full programs fees in cash, in advance.

6. **Refunds** - I understand that a refund or adjustments will be granted for non-attendance, illness, vacation, cancellation or when WCA programs are cancelled due to inclement weather. **Please be aware that Registration and Activity fees are NON-REFUNDABLE**.

**Medical Treatment Policies**

7. **Accident Insurance** - Participants are responsible for their own accident insurance when participating in WCA programs.

8. **Medication** - WCA does not normally administer any medication and will do so only when directed in writing by the child’s medical doctor in the prescribed bottle. However, in the event of an emergency in which the parent cannot be contacted, WCA staff may take appropriate action the best interest of the child.

9. **Blood Borne Pathogen Exposure** - I understand that while my child is in the care of WCA, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in the mouth or eye), from another child, the WCA staff will contact the parents of both children and explain what has occurred. If a staff member has a blood or body fluid exposure from a child, the WCA staff will contact the parent and explain what has occurred.

**I have read and agree with the statement and specifically authorize WCA to release the name and telephone number of my child’s physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.**

**Initial:** \_\_\_\_\_\_\_\_

**Program Policies**

10. **Babysitting Policy** - WCA strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. WCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the WCA is separate and independent from any WCA program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that the WCA shall not be responsible and will be held harmless from any claims or liability in connection with such employees acting in such a private, independent capacity.

11. **Inclement Weather** - I understand that programs are not available when school is closed due to inclement weather. This includes all school aged and preschool programs.

12. I understand WCA is not responsible for any personal items lost or stolen at our programs.

**I have read and understand all the policies stated above.**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

**Washington Christian Academy After School Program**

**Student & Parent Program Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will adhere to the following WCA Guidelines:

* I understand and agree that my child will not be allowed to leave the facility until the program ends, unless prior written permission by parents/guardians has been provided. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)
* Late pickup will result in parents/guardians being charged a $5 fee for the first five (5) minutes and $2 fee for each additional minute. The late fee must be paid upon arrival and/or within 24 hours of the pickup time or student will not be able to return to the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)
* I will abide by the rules and regulations of the program and pledge my support to work with staff to help maintain a safe, secure and supportive environment for all students. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)
* I will conduct myself in a respectful manner at all times. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)
* I will bring progress reports and report cards to share with WCA staff. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)
* I will attend parent sessions as scheduled. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

**Washington Christian Academy After School Program**

**Student Release Form**

Washington Christian Academy After School Program Release Form for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Name)

**Please initial each item where indicated.**

All WCA partners and their employees will exercise reasonable judgment and care in planning and operating program trips and/or activities. I understand and agree that no WCA partners or any staff will be liable for injuries resulting from accidents or unanticipated occurrences. I hold harmless and indemnify all WCA partners, agents, employees, volunteers, and contractors from any and all claims, demands, and causes of actions that arise resulting from my child’s participation in the After School Program. Yes \_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

In case of illness or accident, I request that WCA staff contact me. If I cannot be reached or my emergency contact cannot be reached at the numbers I have provided, I authorize and direct WCA personnel to seek emergency medical care or take action they believe is necessary under the circumstances to protect the best interests of my child. If my child is taken for emergency treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and agree to pay any resulting expense. Yes \_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

I understand that the After School Program is funded by various sources, including grants and donations, which may require evaluations in order to receive funds. I give my permission to my child’s school to share my child’s records, including IEP’s, with evaluation staff, with the understanding that all such data will be handled with the utmost confidentiality. Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

I understand some WCA program activities are away from the program facility. I give permission for my child to leave the assigned program facility and be transported as necessary by WCA staff. Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

WCA activities will include access to and use of the Internet for educational purposes. I give permission for my child to access the Internet for educational purposes. Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

I understand and accept that volunteers, including other parents, college students, high school students and members of the community will assist in the operation of the After School Program. Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

**I have read the above form and my signature below demonstrates that I have provided my consent for my child to participate in the program trips and/or program activities under the terms described above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Printed Name and Signature Date**

**Washington Christian Academy After School Program**

**Behaviors Expectations and Discipline Policy**

It is important that staff maintain good order and discipline in all programs. Top objectives in all WCA programs are safety and a positive atmosphere for learning and developing social skills. The WCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

**WCA does not condone and will not permit:**

1. Corporal punishment

2. Ridiculing, threatening, using an inappropriate loud voice

3. Leaving children unsupervised

4. Use of profanity

**A child’s behavior is expected to be consistent with the following:**

1. Use appropriate language at all times.

2. Cooperate with staff and follow directions

3. Respect other children and staff, equipment and facilities, and yourself

4. Maintain a positive attitude

5. Stay in the program areas - running away is not acceptable

**The Discipline Policy**

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.

2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate) parent(s) guardian and the program director.

3. If the child’s behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.

4. Failure of the parent(s)/ guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

**Behaviors which may result in immediate dismissal include but are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff

2. Fighting (Includes shoving, pushing and/or any intimidating act towards a staff member or program participant)

3. Possession of a weapon of any kind

4. Vandalism or destruction of WCA property or property of others

5. Inappropriate conduct

6. Swearing or Cursing

7. Possession of or use of alcohol or controlled sub-stances unless under the prescription of a doctor

8. Running away

9. Biting

**Special Circumstances**

Parents or guardians are required to inform the WCA in writing, prior to a child's acceptance in a WCA program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

**Please sign, indicating you have read and understand the above:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/legal guardian Date**

**I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ren.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/legal guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WCA Staff Date Completed App. Received**