Fall 2018

New Life Creations Afterschool Program

Introduction

This Handbook is designed to inform children and parents/guardians of the policies and procedures of the New Life Creations Afterschool Program. It contains rules by which the program operates and helpful hints that will make everyone's experience more enjoyable. Each child and parent/guardian should review this guide as a condition of participation.

New Life Creations seeks to help children from all backgrounds develop the qualities needed to become responsible citizens and leaders.

The purpose of the program is to promote character development in young people by instilling a sense of competence, usefulness, belonging and influence with each member.

Enrollment

The Afterschool Program is open to youth who are currently attending school from the ages of 6-14. A parent or legal guardian is required to register children. Registration and payments must be completed in person at the program location. All registration forms must be completed in full or will not be accepted. Registration must be made prior to the first day of any session; The information requested is necessary for safety and for purposes of funding that supports the camp.

Membership and participation is open to all youth without regards to race, color, religion or national origin.

Fees

Afterschool program fees are determined annually. The Program includes 3 seasonal sessions of fall, winter, spring. Children may attend as many sessions as they chose. There are no discounts for multiple week registrations. Fees may not be pro-rated; the weekly fee applies regardless of the number of days attended. Fees include the afterschool program, activity costs and a daily snack.

The New Life Creations Afterschool program does not accept Care4Kids.

*Attending the New Life Creations Afterschool program is a privilege and should be treated as such. All children are subject to the Programs Discipline Policy.

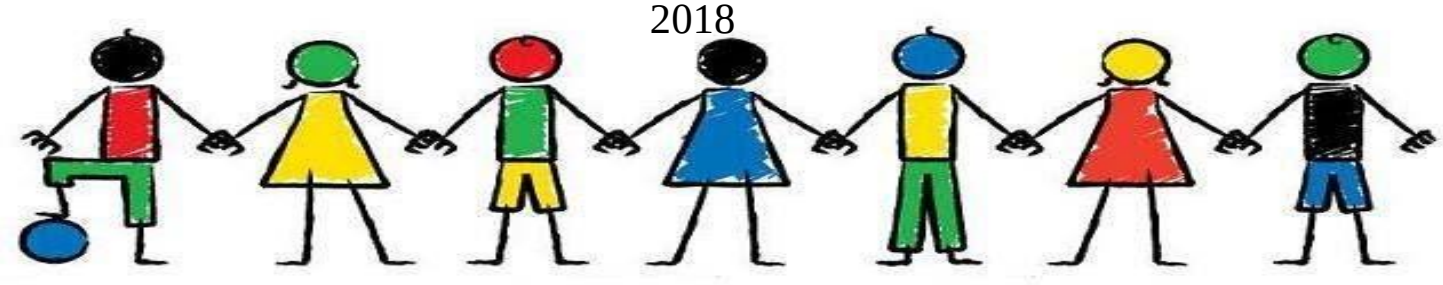
Hours of Operation

The hours of operation for the Afterschool Program are Monday-Friday, 2pm-6pm. Administrative hours at the Program are from 12:00 p.m. to 6:00 p.m., Monday – Friday. Registration, however, will be accepted Thursday and Friday between 11:00 a.m. – 3:00 p.m. ONLY.

***The program reserves the right to change its hours and days of operation based on need and/or economic circumstances. If such changes occur, parents will be notified in advance. Additionally, there may be days when it is necessary to close the Program due to unforeseen circumstances such as emergency repairs, inclement weather, etc.**

All parents/guardians MUST provide a cell phone number (or of a phone capable of receiving texts) to receive important messages from the Program, including those pertaining to closures and emergencies.

New Life Creations Afterschool Program 2018



Application – Fall 2018

Please complete the application below in its entirety (no blanks) and return it with your registration fee. Checks, Cash, Credit Cards, and/or money orders should be made out to New Life Creations. (A convenience fee applies to all credit card transactions). The paid registration fee and weekly deposit will reserve your child's spot for the week(s) you choose.

Registration will be August 30th and the 31st , 2018 and must be done in person at Mill Plain Union Church / Nea Zoe Church 242 Southmayd Rd. in Waterbury.
Registration will be Thursday& Friday 11:00am-3pm only.

FEES

Registration Fee (non-refundable) – paid at registration ……$20.00
Drop-offs/walkers …… $60.00/per week
Pick up's (Monday-Friday am-4pm) …… ……$75/per week

A complete application, signed health form and payment in full are required prior to any child starting the program.

Registration Form:

Students Full Name: _____ **Date:** _____

Information:

Child's First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Current age: _____ (must be 6 years old as of 6/1/18)

Grade: _____ (fall 2018) School: _____

Gender (circle one): Male Female

Ethnicity (circle one):

African American or Black American or Alaska Native

Asian Hispanic or Latino

Native Hawaiian or Pacific Islander White

Other Two or more races

Does camper have any food allergies?:……...Yes No

Responsible Party (for payment):

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell phone: (___) _____ Work Phone (___) _____

Home Phone: (___) _____

Student's Full Name: _____ **Date:** _____

FOR OFFICE USE ONLY:

(ALL PAYMENTS MUST BE RECORDED BELOW)

Amount Paid: $_____(copy of receipt(s) must be kept in camper's file)

Paid by (circle one): Cash Credit Card Check#: _____

Payment for (circle one):

Registration – early **Registration**

Deposit **# of weeks _____**

Camp (balance due) **# of weeks _____**

Please Indicate Below Weeks for Which You Are Registering

Week #	Payment	Week of:	Payment due in full by: (Fridays prior)
1	$60-$75	Sept 10-14	September 7th
2	$60-$75	Sept 17-21	September 14th
3	$60-$75	Sept 24-28	September 21st
4	$60-$75	Oct 1-5	September 28th
5	$60-$75	Oct 8-12	October 5th
6	$60-$75	Oct 15-19	October 12th
7	$60-$75	Oct 22-26	October 19th
8	$60-$75	Oct 29-Nov 2	October 26th
9	$60-$75	Nov 5-9	Nov 2
10	$60-$75	Nov 12-16	Nov 9
11	(closed)	Nov 19-23 (closed)	(closed)
12	$60-$75	Nov 26-30	Nov 26 (Monday)
13	$60-$75	Dec 3-7	Nov 30
14	$60-$75	Dec 10-14	Dec 7
15	$60-$75	Dec 17-21	Dec 14
16	(closed)	Dec 24-28 (closed)	(closed)

PAYMENT IN FULL MUST BE RECEIVED BY 12 NOON ON THE FRIDAY PRIOR

Student's Full Name: _____ **Date:** _____

Parent/Guardian Contact Information:

Relationship to child: _____ Lives with child (circle one): Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: (___) _____ (required) Home: (___) _____

Work Phone: (___) _____ Place of employment: _____

Email: _____

Relationship to child: _____ Lives with child (circle one): Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: (___) _____ (required) Home: (___) _____

Work Phone: (___) _____ Place of employment: _____

Email: _____

Emergency Contact: (other than parent/guardian:

Relationship to child: _____ Lives with child (circle one): Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: (___) _____ (required) Home: (___) _____

Work Phone: (___) _____ Place of employment: _____

Email: _____

Student's Full Name: _____ **Date:** _____

Medical Information:

Physician: _____ Physician Phone: _____

Insurance Company: _____ Insurance ID#: _____

Does your child have any medical problems (circle one): Yes No

If yes, please explain:

Does your child have **ANY** allergies? (Circle one): Yes No

If yes, please explain:

Does your child use an Epi-Pen (circle one): Yes No

Does your child use an inhaler (circle one): Yes No

Does your child take any medications regularly (circle one): Yes No

If yes, please explain:

FIRST AID EMERGENCY RELEASE

In the event of a minor accident, a trained staff member will administer necessary first aid. We will clean and bandage small wounds, apply ice or warmth, provide a place to rest, and the like.

In the event your child requires emergency medical attention, we will call 911 and take the following steps pursuant to your direction.

PLEASE SIGN *ONLY ONE* OPTION BELOW FOR CASES OF MEDICAL EMERGENCY:

OPTION #1:

If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

_____ _____ _____

Parent/Guardian Signature **Phone #** **Date**

OPTION #2:

If my child requires emergency medical attention, it is my wish that treatment be started immediately while efforts are made to contact me. So that treatment is not delayed, I consent to medical procedures the emergency staff deem necessary and accept responsibility for all costs related to such treatment.

_____ _____ _____

Parent/Guardian Signature **Phone #** **Date**

Student's Full Name: _____ **Date:** _____

ADULTS AUTHORIZED TO PICK UP CHILD

Please list the names of the adults (including parents) authorized who may pick up the child from the Afterschool Program. Children will NOT be allowed to leave the program with anyone not listed below. Photo ID must be provided.

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____ **Email:** _____

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____ **Email:** _____

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____ **Email:** _____

Parent/Guardian Name: _____

Relationship to camper: _____

Phone: _____ **Email:** _____