



21st Century Afterschool Program

Applicant Information

Participant's Name: _____ Submission Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthdate: _____ Gender: _____ School _____

mm-dd-yyyy Grade: _____ Student's Email Address _____

1 - Parent/Guardian Name: _____

2 - Parent/Guardian Name _____

Participant resides with (please check one):

- Mother and Father Mother Only Father Only Grandparent Father and Stepmother
- Mother and Stepfather Foster Parent Other

Race (circle one): Caucasian African-American Hispanic Other: _____

For demographic purposes, indicate the annual family income (please check one):

- 0-\$14,999 \$15,000 -\$24,999 \$25,000-\$34,999 \$35,000 and above

Do you have health insurance (circle one): Yes/No

If yes, who is your provider? _____

Please list all adults and children residing in your household (list additional names on back):

Name _____

Name _____

Name _____

EMERGENCY INFORMATION AND RELEASES

(This form is placed in each student's file. A copy of this emergency medical form and release will be on hand at all times with the supervising adult for all field trips.)

Insurance Carrier: _____ ID number: _____

Emergency Contacts: Please include name, relationship (to child) and phone number of each emergency contact

Emergency Contact #1 _____ Cell Phone: () _____

Emergency Contact #2 _____ Cell Phone: () _____

Emergency Contact #3 _____ Cell Phone: () _____

In Case of Emergency, please provide:

Participant's Physician Name: _____

Physician's Phone: () _____

Participant's Dentist's Name: _____

Physician's Phone: () _____

Preferred Hospital or Clinic: _____

Medical: Does your child have any Medical Challenges, Allergies or Food Restrictions? (circle one): Y/N If yes, please list.

Are there any court ordered custody restrictions?[] Yes [] No (If so, a copy of this court ordered documentation is required.)

Please list all persons authorized to pick up child/ren [notify Wesley when changes occur]

(1) Name: _____ Cell Phone: () _____

(2) Name: _____ Cell Phone: () _____

(3) Name: _____ Cell Phone: () _____

Please check all that apply:

[] I am aware that my signature on this form releases Wesley Community Center, Inc. and all staff therein from liability should injury or accident occur while my child is under their care.

ALL other pertinent phone numbers (pagers, cell phone, etc.) _____

[] In the event that a reasonable attempt to contact me at _____ or another authorized individual have been unsuccessful. I hereby give consent for the administration to give any treatment deemed necessary by preferred physician _____ phone _____ or in the event the designated practitioner is not available, by another licensed physician. I authorized transfer of my child to the preferred hospital _____ or any other reasonable accessible.

RELEASE OF SCHOOL RECORDS AUTHORIZATION

I/We, _____, being legal custodial parent(s) or
(Parent(s)/Guardian(s) Name(s) printed)
guardians of _____, give Wesley Community Center, Inc.,
(Printed Name of Participant)

program personnel permission to access school records (i.e., transcripts, grade cards, schedules) and assigned school staff to assist in the development and tracking of an afterschool academic development plan that are in alignment with my child/ren academic goals at school.

MEDIA RELEASE / FIELD TRIP RELEASE

My child has my permission to participate in Wesley Community Center After School Program, to appear in pictures of activities to be used for publicity purposes.

My child has my permission to participate in programs and field trips sponsored by Wesley Community Center. I understand that the Center is not responsible for items left by its participants.

Liability Release

I have read and agree to the release and waiver of liability statement on the reverse side. As a participant, my child agrees to cooperate with the other participants, staff and to respect the rights of others. If for any reason, my child is suspended from the program, I understand that there are NO refunds of fees previously paid.

Attendance

Daily attendance will be taken during the classes and activities All children are expected to attend daily. If your child must miss, please inform us as soon possible. If it is necessary for a student to be absent from the after-school program for any reason, the parent or legal guardian should call **263-3556 x232**. **If your child misses more than four days in a month, he/she will be withdrawn from the program unless a written notice is provided.**

DISCIPLINE PHILOSOPHY

Our philosophy concerning discipline for any child participating in Wesley Community Center's youth program is one of positive influence combined with firmness. It is our belief that children can be taught right from wrong through positive reinforcement of good behavior and the modeling of appropriate behavior by all staff and volunteers working in our youth program.

However, if disciplinary action must be taken with a child, the following steps will be taken:

1. Acknowledgement of offense
2. Warning and explanation of consequences
3. Time away from group
4. Conference with staff away from group, and a disciplinary form is completed, warning is given.
5. Conference with parent and staff
6. Should the participant receive (3) warnings, suspension from the program will result.

All disciplinary measures will be discussed with the child involved. Any disciplinary action taken will be given in a loving and forgiving manner. When a disciplinary form is completed, the staff, parent and participant must sign it. Disciplinary forms are kept on file. We reserve the right to terminate a child's enrollment if s/he cannot abide by Wesley policies.

Parent Signature: _____ Date: _____



Welcome to The Wesley Community Center Academic Success After School Program

We are excited that you are considering Wesley Community Center for after school instruction and personal development for your child(ren). We know that students who have a supportive and safe place to go after school do better school, have better behavior and interact more positively with their peers and parents.

Every child receives:

- Tutoring assistance in math and reading
- One-on-one reading assistance a minimum of one time a week
- Access to cultural and post-secondary experiences
- An opportunity to participate in special field trips and activities
- Meal daily
- Use of: (pencils, paper and crayons/colored pencils)
- Use of technology for homework assignments and academic skill development

It is our goal to work with your child(ren) to achieve these outcomes. We look forward to being a part of your efforts to help your child(ren) be their very best.

To accomplish this, we ask parents/guardians to do the following:

1. Complete an application, submit and schedule an intake appointment with Ms. Byrdsong (937) 263-3556 ext:232 or email: angela.byrdsong@wcciday.org.
2. Participate in a 15-minute enrollment process to complete an assessment of your child's needs as well as review any other needs your family may request.
3. Once enrolled, attend a Parent Orientation.
4. Agree to attend quarterly parent meetings (with dinner and childcare provided) and complete ten (10) hours of serving as a volunteer.

That's it! Your child(ren) is "in" once you complete these steps.

Get started today by completing the attached application and returning it to me via email: angela.byrdsong@wcciday.org, or deliver to Wesley Community Center, Inc., 3730 Delphos Avenue, Dayton, Ohio 45417. Once received, I will schedule your enrollment session and orientation.

Thanks again,

Angela Byrdsong, Education Program Manager