After School Learning Center

2022-23 Learning Center:  
Monday, September 12th, 2022 to Thursday, June 26, 2023

1st through 8th Grade

COST: $25/Month  
Spaces Are Limited

Learning Center Hours:  
Monday, Tuesday & Thursday  
Times: 2:25pm to 5:00pm

Wednesday  
Times: 1:10pm to 5:00pm

(Youth must be picked up by 5:00pm or have community center membership)

Learning Center Activities:  
Homework/STEAM Based programs/Snacks/Sports

School Pick ups  
Highland Park Elementary School - Monday – Thursday  
Roxhill Elementary School - Monday – Thursday

Contact Information

Zach Jacobsen: Education and Youth Activities Director: 206-767-3150 Ext 461
Homework Center: 206-767-3150
Community Center Director 206-717-7460  
Community Center Front Desk 206-767-3150 x481
MISSION STATEMENTS &
LEARNING CENTER POLICIES
Statement of Policies and Procedures
Written statement of the center’s policies and procedures

The Center’s Purpose and Philosophy on Learning Center:

The Salvation Army Mission Statement
The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. The Salvation Army vision – “Doing The Most Good” – is also a part of this as adopted by The Salvation Army in the United States.

Learning Center Mission Statement
The After School Learning Center is operated by The Salvation Army which is an evangelical part of the universal Christian Church. Its message is based on the Bible and our ministry is motivated by the love of God. In our care your child will be exposed to praise, worship and discipline based on and using biblical principles. Our goal is to provide an academic environment where your child will be encouraged to learn, have fun and experience positive social interactions with staff and peers in order to reach their extraordinary potential.

Grades of Children Accepted
1st through 8th grades will be accepted for the program.

Program Fees
$25 Per Month
To be officially registered for Homework Center fill out the registration form completely and return it to The Salvation Army Seattle White Center located at: 9050 16th Ave SW, Seattle Washington 98106
*If fees are not paid by the 5th of the month your child will not be picked up from school
**Scholarships are available based on need please contact the program director for more information

Services Offered in Compliance with ADA
Reasonable efforts will be made to accommodate children with disabilities, provided they do not cause excessive fanatical or administrative hardship to The Salvation Army. Individual applications will be judged on a case-by-case basis.

Hours of Operation
Homework Center will be open Monday through Thursday
Monday, Tuesday & Thursday Hours: 2:25pm to 5:00pm
Wednesday Hours: 1:10 to 5:00pm  Corps Youth Activities: 4:00pm to 7:00pm

Learning Center Will be CLOSED on:
All Fridays
All days Seattle Public Schools are Closed

Inclement Weather
If Seattle Public Schools are closed due to weather, the Learning Center will be CLOSED!

Admission and Registration
Completed application(s) can be turned into:
  • Administration Building at 9050 16th Ave SW, Seattle, WA during the hours of 9:00am – 5:00pm, Monday through Friday.
  • Community Center at 9020 16th Ave SW, Seattle, WA during the hours of 3:00pm – 7:00pm, Monday through Friday.

Initial:  Date:
Discipline

Following are actions taken for offenses:

- First offence is a warning and parents are notified
- Second offence is a one-day suspension and the signature of a Behavioral Contract
- Third offence is a one-week suspension
- Fourth offence is expulsion from The Learning Center

Discipline may include measures such as diversion, separation of the child from problem situations, talking with the child about the situation, limited involvement in activities, or praise for appropriate behavior. No physical harm or humiliation will be tolerated. Corporal or other harsh punishment will not be used. Discipline will not be associated with food, rest, or toileting. Separation, when used as discipline, will be brief and appropriate for the child’s age and circumstances.

Parents will be notified of discipline issues and will be expected to transport their child home in the event of behavior problems. A report will be kept on file. Offenses may include, but are not limited to, physical or verbal abuse, property damage, and theft. Parents may be assessed fees for any property damages that may occur. No refund will be given for suspension or expulsion.

I, ___________________________ Acknowledge and understand the discipline procedures and policies

Notifying Parents Due to Illness, Accidents, and Injuries

Parents will be notified of illnesses, accidents, and injuries when the situation prevents the child from participating comfortably in activities or results in the need for greater care than the childcare staff can provide without compromising the health and safety of the other children. Parents are expected to pick up their child and take him/her home. If the child requires medical attention away from the program site, the child’s parents will be notified, and necessary medical care sought from a licensed physician or medical facility.

Lost Children and Other Emergencies

If a child becomes lost or runs away, local authorities and parents will be notified immediately after all steps have been taken to locate the child. If an emergency occurs while on an excursion, the center will be notified immediately, and we will return as soon as possible to the center. If an emergency occurs at the Seattle White Center, appropriate authorities and parents will be notified of the situation.

Any communicable illnesses will be posted, and parents and the State Department of Public Health and Environment will be notified.

Transporting Children

Homework Center transportation includes school pickups and field trips. Modes of transportation may include, but are not limited to; walking, use of public transportation, bus rental, or Salvation Army vehicles. No transportation to and/or from the child’s home will be provided.

Picking Up Children

Children will be released only to those authorized on the application form and ID may be required to verify the identity of the individual. Parents must notify The Seattle White Center office if any individual not listed on the form is to be given permission to pick up a child. If the child is allowed to sign his/herself out, written authorization from the parent must be obtained.

Failure to Pick Up a Child

Children must be picked up between 4:00pm and no later than 5:00pm. If a child is not picked up by 5:00pm, the police and/or social services will be notified and custody given to them.
**Medications**
In order to administer medications, the following requirement must be met:
- Written authorization from the health care provider
- Parents written authorization
- Medication in the original labeled container

Parents are responsible for providing all medications and supplies. Children may NOT transport medications to and from the Seattle White Center office. Medications will be administrated only by program staff and must be documented. Program staff may NOT deviate from the written authorization from the health care provider. Medications that have expired or are no longer being used at the center will be returned to the parents. If the medicine has NOT been picked up within one week of the date of the request, then the medication will be disposed of per program medication administration procedure.

Medications will be stored in a locked and clean container. Medications requiring refrigeration must be stored in a leak-proof container. Parents should speak with the Director should their child require medication while at Seattle White Center.

**Children's Personal Belongings and Money**
The Seattle White Center office is NOT responsible for any lost or stolen items that the child may bring into the center. A coat rack or room will be provided for storing children’s personal belongings.

**Cell Phones**
**Cell phones are NOT recommended!** If a child comes to Homework Center with a cell phone and it poses as a distraction it will be subject to confiscation by staff and returned to the child when the child is picked up and heading home with parent. The Seattle White Center office is NOT responsible for any lost or stolen cell phone that the child may bring into the center.

**Visitors**
All visitors must sign in at the office. Before entering the center, they will be asked the purpose of the visit. They must be approved by Homework Center Director/Community Center Director before entering the center.

**Reporting of Child Abuse**
Any staff member who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect will immediately report to the county department of social services or law enforcement agency.
CHILD’S INFORMATION

Child’s First Name _______________________   Last Name _______________________   Male / Female

Child’s Date of Birth _____/_____/________       Grade _______       Childs T-Shirt Size: __________

School he/she Attends: ______________________________    Teachers Name: _____________________

Child’s Home Address ____________________________________________________________________

City ________________   State ___________   Zip  _________    Home Phone: ______________________

MEDICAL INFORMATION

Are your child’s immunizations up to date?   YES     NO   Date of Last Tetanus Shot  _________________

Physician Name: ________________________________    Phone # (_____)  _______ - _________

Preferred Hospital: __________________________    Phone # __________________    Location: ______________

Dentist Name: _________________________________________   Phone # (_____)  _______ - _________

Medical Insurance Company: ____________________________   Policy Number: _____________________

Is your child water safe:       YES         NO

Check all that apply:

○ Asthma       ○ Behavioral Challenges       ○ Inhaler       ○ Epi-Pen       ○ Diabetes       ○ Epilepsy

○ Insect Stings Allergy       ○ Penicillin Allergy       ○ Special Needs       ○ Other (please describe)

________________________________________________________________________________________

Does child take medication regularly?            YES            NO

Name and purpose of any medications: _____________________________________________________

________________________________________________________________________________________

Dietary restrictions: _____________________________________________________________________

________________________________________________________________________________________

Activity restrictions: ____________________________________________________________________

________________________________________________________________________________________
MEDICAL INFORMATION (CONTINUED)

Please provide all known health information, including medical history and chronic medical problems. In addition, provide any information that would help us to understand your child (allergies, eating habits, personality, fears, illnesses, etc.):

__________________________________________________________________________________

__________________________________________________________________________________

Please list anything else that we should know about your child: ___________________________________

__________________________________________________________________________________

__________________________________________________________________________________

PARENT/LEGAL GUARDIAN INFORMATION

Name of Mother/Legal Guardian:
First Name: ________________________________     Last Name: ________________________________

Home Address (if different then above): _____________________ City _________ State ____ Zip ______

Mother’s Cell Phone: ____________________   Mother’s Work Phone: __________________________

Email Address: ___________________________________________________________________

__________________________________________________________________________________

Name of Father/Legal Guardian:
First Name: ________________________________     Last Name: _________________________________

Home Address (if different then above): __________________________City _________ State ____ Zip ______

Father’s Cell Phone: ________________________   Father’s Work Phone: __________________________

Email Address: ___________________________________________________________________
PERSON(S) AUTHORIZED TO PICK UP CHILD(REN)

1. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

2. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

3. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

4. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

5. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD(REN)

1. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

2. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

3. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

4. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________

5. First Name:   ____________________    Last Name:  ____________________  Email: ____________________  
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: __________
OPTIONS FOR AFTER HOMEWORK CENTER

Please initial all that may apply

____ My child may go to the Community Center/Gym and game room once homework and reading are complete (Youth must have active membership. Cost is $5 per month (Subject to change))

____ My child may NOT go to the Community Center/Gym and game room. I will pick them up by 5:00pm from the Homework Center.

____ My child may walk home after finishing homework

____ My child may walk home if I do not pick them up on time

The Homework Center ends at 5:00pm: Youth may attend the Community Center if they have an active membership. Community Center closes 7:00pm

(NOTE: If a child is not picked up by 5:30pm and the parents are unreachable, Child Protective Services will be contacted.)

Parent Signature: _________________________________________________
Date: ____________________________________________________________

PARENT/GUARDIAN CONSENT AND RELEASE OF LIABILITY

The Salvation Army Seattle White Center Corps and Community Center

I hereby authorize my child: ___________________________________ to participate in the Learning Center from September 12, 2022 through June 26, 2023.

I (Parent/Guardian): _________________________________________ individually, and as the parent or legal guardian of the above named minor, agree, to the maximum extent permitted by law, to hold harmless and relieve The Salvation Army, a California Corporation, its directors, officers, employees, agents, or other representatives, from any and all legal claims, damages, cost of defense, and liability associated with any loss damage, or injury suffered by my son/daughter in connection with my son/daughter’s participation in any Corps and Youth Programs.

I further agree that The Salvation Army may apply its regulations, conditions, and policies to such programs and accept full financial and legal responsibility for the conduct of my son/daughter.

I hereby authorize The Salvation Army, its employees, and agents to secure reasonable and necessary emergency medical treatment for any physical injuries my son or daughter may sustain while he/she is participating in this program and that require immediate medical treatment. I further agree to pay for any such reasonable and necessary medical treatment upon presentation of the medical provider’s bill or statement. I understand that The Salvation Army will utilize the information herein to contact me to inform me of any injury to my child and to seek direction regarding treatment. Nevertheless, in an emergency, The Salvation Army is authorized to act on my behalf and in my absence without further direction from me to protect the life and health of my child.

Parent/Guardian Signature: _______________________________________
Date: _____________________

Initial: ____________________ Date: ____________________
NOTICE OF PUBLICITY

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in unit activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications, and/or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events. The Salvation Army may invite or allow them to photograph and/or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Parent/Legal Guardian Signature: ______________________________________________________

Date: ______________________________________________________________________

BEHAVIOR POLICY

Every child is expected to follow the posted Homework Center rules and to respect the staff. The consequences for misbehavior may include warnings, reports to parents, suspensions, and ultimately expulsion from the program.

I agree to the Behavior Policy

Parent/Legal Guardian Signature: ______________________________________________________

I agree to transport my child home in the event of behavior problems:

Parent/Legal Guardian Signature: ______________________________________________________

WAIVERS

I have received and read a copy of The Salvation Army Seattle White Center Homework Center Policies & Procedures. I understand that by enrolling my child in the Homework Center Program I will follow and abide by them. Any questions or concerns may be directed to the Homework Center Director.

Parents or Legal Guardian Signature: ______________________________________________________

Date: ______________________
TELEVISION/VIDEOS

My child may view television and/or videos at The Salvation Army Seattle White Center Corps & Community Center as long as they are G, PG or PG-13 rating. I understand that any TV viewing will be done under supervision.

Parent or Legal Guardian: (Please Initial all you are Ok with):  G _______  PG _______  PG-13 ________

PERMISSION TO TRANSPORT CHILD

I give permission to The Salvation Army Seattle White Center Corps & Community Center to provide transportation for my child from school, field trips, outings, or when a circumstance deems it necessary from September 12, 2022 through June 26, 2023.

I allow my child to participate in any planned field trips and activities and know that I will be notified prior of any excursions outside The Salvation Army Corps & Community Center area.

Parents or Legal Guardian Signature: ____________________________________________________

Date: ____________________

___________________________________________________________________________________

I __________________________ declare that all the above data completed is true and I consent for my child to participate in the Learning Center activates for the school year 2022-23.

Parents or Legal Guardian Signature: ____________________________________________________

Date: ____________________