After School Center Application

2018-2019 After School Center Dates:
Monday, September 17, 2018 to Thursday, June 13, 2019

1st through 8th Grade

Cost: $90.00
$90 covers the entire After School Program year cost, includes community center membership.
(partial payments accepted- $10 minimum to secure spot)
Spaces are limited- first come first serve.

Attendance Requirements:
Child(ren) must attend a minimum of 3 out of the 4 days of the week to stay in the program.

After School Center Hours:
Monday, Tuesday & Thursday: 2:30pm to 5:00pm
Wednesday: 1:15pm to 5:00pm
(Youth can be picked up AFTER 4:15pm and by 5:00pm or have a community center membership)

After School Center Activities:
Math, Spelling, Reading, Crafts, Sports & FUN

School Pick Ups
Highland Park Elementary School: Monday – Thursday
Roxhill Elementary School: Monday – Thursday

Contact Information
Sarah Cordero: Education Coordinator: 206-717-7463
After School Center: 206-767-3150

Tim Fuqua: Community Center Director 206-717-7460
Community Center Front Desk 206-767-3150 x481
MISSION STATEMENTS & AFTER SCHOOL CENTER POLICIES

Statement of Policies and Procedures
Written statement of the center’s policies and procedures

The Center’s Purpose and Philosophy on After School 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.

**After School Center Mission Statement**
The After School 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 discipleship 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.

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

**Program Fees**
$90 for the whole school year (After School Center dates only). Community Center membership included. You may pay all at once or $10 per child to secure your registration. Minimum payments of $10 per month are required, you may pay more. To be officially registered for After School Center fill out the registration form completely, turn it in and have paid the minimum or in full.

**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**
After School Center will be open Monday through Thursday
   Monday, Tuesday & Thursday Hours: 2:30pm to 5:00pm
   Wednesday Hours: 1:15 to 5:00pm   Corps Youth Activities: 4:00pm to 6:15pm

**After School Center Will be CLOSED on:**
All Fridays
All days Seattle Public Schools are Closed
*Mid-Winter Break, February 18-22, 2019  *Spring Break, April 8-12, 2019  *Memorial Day, May 27, 2019

**Inclement Weather**
If Seattle Public Schools are closed due to weather, the After School 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.
Discipline

Following are actions taken for offenses:

- First offence is a warning and parents are notified
- Second offence is a one-day suspension
- Third offence is a one-week suspension
- Fourth offence is expulsion from After School 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.

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

After School Center transportation includes school pickups (Roxhill and Highland Park Elementary) 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 can be picked up after 4:15pm and no later than 5:00pm (unless they have a community center membership). It is important that your child stay through the educational part of the program to maintain their spot. Chronic absences or leaving early is not acceptable and will lead to removal from the program. It is expected that your child attends 3 out of the 4 days per week. Exceptions can be made but they must be approved by the Education Coordinator prior to the date(s) in question.

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

If a child is not picked up by 5:00pm on multiple occasions (non-members), you are at risk at forfeiting your place in the program.
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 administered 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 phone are NOT permitted! If seen at the After School Center, it will be confiscated by staff and returned to the child when the child is picked up or after 5pm. 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 After School 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: ____________________________

**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: _______________________________________________________________________________
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: ________________________________________________________________

________________________________________________________________________________________________________

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: ________________________________

________________________________________________________________________________________________________
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: _________

OPTIONS FOR AFTER SCHOOL 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, after 5pm. (Membership required. 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 After School Center.

____ My child may walk home after finishing homework/reading.

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

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

(NOTE: Child must attend 3 out of 4 days per week and not be picked up before 4:15 on at least 3 of those days to remain in the program. Also, if a child is not picked up by 5:00pm and the parents are unreachable, you will forfeit your place in the program.)

Parent/Guardian Signature: ____________________________________________
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 After School Center from September 17, 2018 through June 13, 2019.

I (Parent/Guardian Signature): ________________________________ 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: ____________________________________________

BEHAVIOR POLICY

Every child is expected to follow the posted After School 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 transport my child home in the event of behavior problems and I agree to the Behavior Policy.

Parent/Legal Guardian Signature: ________________________________________

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 17, 2018 through June 13, 2019.

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.

Parent/Guardian Signature: ____________________________________________
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: ______________________________________________________

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

I ___________________________ declare that all the above information is true, that I agree to all terms and rules and that consent for my child to participate in the After School Center activities for the school year 2018-2019. I agree to pay in full or to maintain current payments on my account for the Community Center and the After School Center.

Parent/Guardian Signature: ____________________________________________________________

Date: _________________________