



# The Seattle White Center Corps & Community Center

9050 16<sup>th</sup> Ave SW • Seattle, WA 98106-2354  
P.O. Box 46333 • Seattle, WA 98146-0333  
Phone: 206-767-3150 • Fax: 206-767-9548

## After School Center Application

### 2018-2019 After School Center Dates:

Monday, September 17, 2018 to Thursday, June 13, 2019

### **1<sup>st</sup> through 8<sup>th</sup> 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**

1<sup>st</sup> through 8<sup>th</sup> 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

Holidays: \*State In Service Day, October 12, 2018 \*Thanksgiving, November 22, 2018 \*Christmas Break, December 17, 2018-January 4, 2019 \*MLK Day, January 21, 2019 \*Day Between Semesters, January 30, 2019

\*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 16<sup>th</sup> Ave SW, Seattle, WA during the hours of 9:00am – 5:00pm, Monday through Friday.
- Community Center at 9020 16<sup>th</sup> 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

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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

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### 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: \_\_\_\_\_

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### 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

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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)
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Does child take medication regularly? YES NO

Name and purpose of any medications: \_\_\_\_\_

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Dietary restrictions: \_\_\_\_\_

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Activity restrictions: \_\_\_\_\_

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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.):

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

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## PERSON(S) AUTHORIZED TO PICK UP CHILD(REN)

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1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

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2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

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3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

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4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

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5. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

## OPTIONS FOR AFTER 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 \_\_\_\_\_

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I \_\_\_\_\_ declare that all the above information is true, that I agree to all  
(Print name)  
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: \_\_\_\_\_

