After School Center Application

2019-2020 After School Center Dates:
Monday, September 16, 2019 to Thursday, June 11, 2020

1st through 8th Grade

Cost: $20.00 per month
$20 covers the entire After School Program monthly cost, includes community center membership while actively registered (only payment secures your 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 enter the community center)

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
NO LATE PAYMENTS ACCEPTED. $20 monthly per child. Month refers to “September” “October,” etc. The will be no prorated amounts allowed. Community Center membership included- limited to school year dates. You may pay all at once or $20 per child per month to secure your registration. Minimum payments of $20 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 monthly fee. If payment is not submitted, your spot in the program is not secure and may be given to someone on the waiting list. Transportation serves will also stop until payment is made.

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 11, 2019
*Veterans Day, November, 11, 2019
*Conference/ Thanksgiving Break, November 25-27, 2019
*Christmas Break, December 23, 2019 - January 3, 2020
*MLK Day, January 20, 2020
*Day Between Semesters, January 28, 2020
*Mid-Winter Break, February 17-21, 2020
*Spring Break, April 13-17, 2020
*Memorial Day, May 25, 2020

Inclement Weather
If Seattle Public Schools are closed due to weather, the After School Center will also 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 2:30pm – 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 7:00pm on multiple occasions, you are at risk at forfeiting your place in the program and having CPS called if no emergency contacts can be reached.
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.

Dress Code
Appropriate clothing is always required. Items not permitted, including but not limited to: crop tops, low cut shirts, revealing shorts, see through clothing, inappropriate logos/words/pictures, thin strap tank tops, excessively baggy clothing, and clothing that reveals undergarments. For swimming: one-piece bathing suits are preferred for girls, bikinis can be worn with a t-shirt on top for coverage. Swim trunks are suitable for boys.

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.

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.

_____ 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 until 7pm.

(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 7:00pm 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 16, 2019 through June 11, 2020.

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 16, 2019 through June 11, 2020.

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 2019-2020. 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: __________________________