

After School Care Application

Waverly Church of the Nazarene

Child's name _____ Grade _____

Parent's name _____ Phone number _____

Home address _____

Email _____

Does the child have any of the following? If so, please explain on the line provided.

Special needs _____

Allergies _____ Epi-pen yes no

Who has permission to pick up the child?

Name	Phone number	Relationship to child
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that it will be my responsibility to send a purple ticket with my child to school every day that s/he will be coming to After School at Waverly Church of the Nazarene. I understand that my child will NOT be able to attend if s/he does not have the ticket at school. I understand that it will be my responsibility to pay \$15 per week per child. The cost for the week will be due by Friday of that week. I give permission for my child to walk with two adults from WES or WJHS to the Discovery Zone (red building beside Waverly Church of the Nazarene) on the days that a ticket is presented. I agree to pick up my child every day by 5:10pm. I understand that if I am late picking up my child three times, my child will not be allowed to stay in the After School program. I understand that violent, aggressive behavior towards other children or adults will result in dismissal from the After School program. I understand that the church will guarantee care provided from August 22nd through Christmas break. I understand that the church will assess the success of the program and give plenty of notice before school begins in January if there will be any changes. I understand that the first 25 applications received will be eligible for After School. Other students will be placed on a waiting list.

Parent's signature _____ Date _____

Please return this form to Pastor Mary Forester at Waverly Church of the Nazarene.
If you have any questions, please contact Pastor Mary at pastormary@wcntn.com.