

Discovery Care Application 2018-2019 yr.

Waverly Church of the Nazarene

Child's name _____ Grade _____

Parent's name _____

Phone number _____ Home adress _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that it will be my responsibility to send a transportation ticket to the school before my child begins coming to Discovery Care at Waverly Church of the Nazarene. I understand that my child will NOT be able to attend if a transportation ticket has not been turned into the school. I understand that it will be my responsibility to pay \$20 per week per child. The cost for the week will be due by Friday of that week. I understand that I my child may lose his/her spot at Discovery Care if payment is not provided. The cost will be adjusted when school is in session for a partial week. The pro-rated cost for those weeks will be \$4 for each full school day. I understand that I will have to pay regardless if my child is or is not present. I understand that homework will be completed as possible, but may not be completed everyday while care is provided. I understand that it is MY obligation to check my child's folder daily. I give permission for my child to walk with adults from WES or WJHS to the Discovery Zone (red building beside Waverly Church of the Nazarene). I agree to pick up my child every day by 5:15pm. I understand that if I am late picking up my child three times, my child will not be allowed to stay in the Discovery Care program. I understand that violent, aggressive behavior towards other children or adults will result in dismissal from Discovery Care.

Parent's signature _____ Date _____