

Wonderful Weekdays

Registration Instructions

And

General Guidelines

- **Please be sure to read and sign each page of the registration form.**
- **Please read the Wonderful Weekdays brochure and review the behavior rules with your child.**
- Home, work and emergency phone numbers should be local only, and must be kept current at all times. If any of these numbers change, notify the Program Supervisor at your school's location or the Director immediately. We must be able to contact someone in case of illness or emergency.
- Children should be dressed comfortably and appropriately for a child care atmosphere. Socks and tennis shoes are a must for playing in the gym and on the playground, walks to the park, and field trips. Please include a jacket or sweatshirt for chilly days.
- Payment of fees must be kept current. If outstanding balances are not paid by the end of each semester and/or by the end of the summer program, your child will be unable to attend the next session. After several failed attempts to collect outstanding fees, delinquent accounts will be sent to a collection agency.
- For your child's comfort and the well being of the other children, **please do not bring your child to the program if he/she is ill**. Children must be fever-free for 24 hours in order to return to the program.

SUMMER

- Each child will need to bring a daily lunch; a drink, and morning and afternoon snack will be provided. This will also apply to all day sessions during the school year, such as Spring Break and Winter Break.
- Field trip permission slips must be signed and returned one week prior to the planned trip. This policy is firm and is necessary for arranging transportation and staffing. Any child, who consistently exhibits poor behavior or does not listen to staff directions, will not be allowed to attend field trips.
- If the weather is favorable, the children will swim every day from 1:00PM to 3:00 PM. The cost of swimming is the responsibility of the parent; you may either pay the daily fee or purchase a season pass through the West Lafayette Department of Parks and Recreation. Swimming is a privilege. **If any child consistently exhibits behavior that could be dangerous to themselves or others at the pool he/she will not be allowed to swim.**

Wonderful Weekdays, Inc.

Child Registration and Contract Agreement Form

Thank you for choosing Wonderful Weekdays, Inc. as your before/after school and summer child care facility. We are pleased to have your child in our program and pledge that we will provide a safe, cheerful, and fun environment.

Because the quality of care for your child while at our program is top priority with you and our staff, we ask that you give us as much prior notice as possible during school breaks and summer, for the days or weeks that your child will or will not attend our program. This will help ensure adequate staffing.

AGREEMENT:

1. My child(ren) is(are)enrolled in Wonderful Weekdays program for a one semester term only.
2. I understand that a non-refundable \$10.00 registration fee for each child must be paid at the beginning of each semester, and that my child(ren) will not be allowed to attend until the registration fee is paid.
3. I understand that services are payable weekly and that my child(ren) will not be allowed further care if fees are not paid or kept current. Delinquent fees will be turned over to a collection agency.
4. I understand that my child(ren) must meet the eligibility requirements and follow the behavior rules set forth in the brochure.
5. I understand that if my child is having trouble adjusting to the program, or has received three disciplinary “white slips”, I may be asked to withdraw my child from the program with the loss of any fees paid.
6. I understand that I may arrange a conference with the Program Site Supervisor and/or the Director at any time.
7. I understand that I have the right to adjust my child’s schedule at Wonderful Weekdays at any time.

Child’s Name:	Birth Date:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

_____ (Parent/Guardian Signature) _____ (Date)

Registration Fee Paid: Date _____	Check # _____	Cash _____
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WONDERFUL WEEKDAYS, INC.

Payment Contract

Wonderful Weekdays, Inc. is a non-profit organization, solely dependent on parent fees for program operation. Therefore, Wonderful Weekdays, Inc. must insist on prompt payment of fees to ensure the continuance of providing quality child care services. Wonderful Weekdays likes to offer flexibility in your payment for child care. Therefore, you may pay daily, weekly, or monthly during the school year. Summer payments are due at the end of each week. You may pre-pay at any time, and the amount paid will be held in account for your child's attendance. Any portion of the pre-payment not used will be refunded at the end of the summer program or applied to the school semester session.

If your account has an outstanding balance at the end of the month, Wonderful Weekdays will notify you of the outstanding debit amount. If this balance is not paid within 2 weeks your child cannot return to the program until the bill is paid in full. Any outstanding balance on your account must be paid in full by the end of each semester and/or summer program, or your child will be unable to attend the next session. Non-payment of any fees will result in your account being turned over to a collection agency. You will be responsible for any fees encumbered. Additional details about the Wonderful Weekdays payment policy is available on our company website (www.wonderfulweekdays.org).

By your signature below, you certify that you have read and understand the above information, and the Wonderful Weekdays, Inc. brochure, and accept all terms and conditions.

Signature of Parent/Guardian _____ Date: _____

Social Security # _____

Email Address _____

Wonderful Weekdays, Inc. Emergency Contact Information and Medical Release Form

Child's Name _____ Home Address: _____ Home Phone: _____ Cell: _____ Family Physician: _____ Phone: _____ Preferred Medical Center: _____ Health Insurance Co.: _____ Health Insurance/Policy Number: _____ PLEASE KEEP ALL PHONE NUMBERS CURRENT AND USE LOCAL NUMBERS ONLY!	Father's Name: _____ Employer: _____ Work Phone: _____ Ext: _____ Cell: _____ Mother's Name: _____ Employer: _____ Work Phone: _____ Ext: _____ Cell: _____ * It is important that that you list someone, other than a parent/guardian, who has permission to pick up your child in case you are unavailable, delayed, or in case of emergency, cannot be contacted.
<ul style="list-style-type: none"> • IN CASE OF EMERGENCY, NOTIFY (other than a parent) 1. _____ Phone: _____ 2. _____ Phone: _____	PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD: 1. _____ Phone: _____ 2. _____ Phone: _____

Emergency Medical Release Statement:

In the event that I cannot be reached in an emergency, I give permission to the physician and/or medical center selected by Wonderful Weekdays, Inc. to secure and administer proper treatment for and to order injection, anesthesia, or surgery for my child. I accept responsibility for payment of all medical and transportation expenses incurred in the treatment of my child including, but not limited to, hospital fees, ambulance fees, and doctors' fees. In the event of minor scrapes, scratches, and cuts not requiring professional medical attention, I give Wonderful Weekdays, Inc. permission to administer disinfectants and band aids.

Signature of parent/guardian: _____

Date: _____

Medical Information Form

Please complete this form for any child(ren) that have medical information that is important for Wonderful Weekdays, Inc. to be aware of.

Child's Name	Age	School	Please list any medical problems, allergies, illnesses, or disability that could affect your child's stay at Wonderful Weekdays	List any medications you child much take regularly*	Medications your child is allergic to (in case of emergency)

*Please complete a Medical Instruction form if medication will be available during Wonderful Weekdays

WONDERFUL WEEKDAYS, INC.

Summer Swimming Form

1. I understand that, weather permitting, my child(ren) will be given the option of going to the West Lafayette Municipal Pool on a daily basis. However, I also understand that if his/her behavior is inappropriate, based on Wonderful Weekdays' or the pool's rules, they may lose swimming privileges.
2. I understand that pool privileges are the child's choice and not mandatory, and that Wonderful Weekdays will provide staff supervision for those children who do not go to the pool
3. I understand that Wonderful Weekdays personnel will always accompany all of the children to and from the pool, and that there will also be certified lifeguards on duty while at the pool.
4. I understand that while at the West Lafayette Municipal Pool, my child(ren) and the accompanying Wonderful Weekdays staff personnel will be under the total authority and care of the certified life guards and staff of the West Lafayette Municipal Pool. Therefore, I will not hold Wonderful Weekdays, Inc. or any of its personnel responsible or liable for any damage done by or injury to my child(ren) while on West Lafayette Municipal Pool property.

PLEASE INDICATE WHICH POOL YOUR CHILD MAY ENTER:

1. Middle Pool from 2 to 3.5 feet in depth
2. Main Pool from 3.5 to 5 feet in depth
3. Diving Area Two low boards are in a separate area of the pool that is quite deep—this area is for advanced swimmers with diving experience only.

Child's Name	Middle Pool	Main Pool	Diving Area
1.			
2.			
3.			
4.			

I certify that I have read and understand the above information and that I accept those terms and conditions.

(Parent/Guardian Signature)

(Date)