

	Admission .	Agreement	WPACS	Campus	s 2024 [.]	-25	School	Yea
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Print Child's Name Grade

Admission Agreement WPACS Campus 2024-25 School Year Grade	
Teach2Reach Enrichment Program is for grades Kindergarten through 8 th grade and provides homewassistance and enrichment classes.	vork
Admission Requirements. School age children old enough to attend Kindergarten through 8 th grade will be admitted to the program be on the following conditions: (1) legal guardian enrolls them, (2) all paperwork is completed, (3) all fees paid Initial	
Tuition is \$2,920.00 for the school year. Tuition has been calculated based on the cost for the total number days in the school year. Tuition is divided into 2 payments of 75.00 due August 26th and 145.00 due June and 9 monthly payments of \$300.00 beginning September-May payable to Teach2Reach on the 1st of month. Therefore, tuition will not be prorated for legal holidays, school holidays, early dismissal, of when the school is close, Christmas/Spring vacations and June. A service charge of \$35.00 will be added your account for tuition received after the 5th of each month. Dishonored checks will be assessed an additing fee of \$35.00. Parents will be required to pay cash for the remainder of the year. Enrollment will be terming for non-payment of tuition by the 5th of every month Initial A 10% discount will be offered for siblings. The discount does not include registration cost. A fee of \$25 dollars after the first ten minutes will be applied for any student who is picked up late. A fee of \$1.00 will be added to each additional minute until the student is picked up Initial	e 1st f the days ed to ional nated
As required by law, parents will be notified 30 days in advance of any rate change in fees.	
Hours of Operation Program hours are from 3:30 PM – 6:00 PM for Kindergarten through 8 th grade students. There is a transferred 3:00 PM - 3:30 PM and students are allowed to eat snacks provided by parent(s)/guardian during time. The homework assistance program begins at 3:30 P.M. Wednesday's program hours are from 1:00 P 6:00 PM. The after-school program will be closed on days when the school is closed and days when parents required to pick-up students from a location other than WPA Initial	this M -
Withdrawal from Program	
A two-week notice must be given in writing to the Site Administrator if a child is leaving the program for reason. If this notice is not given, I agree to pay an additional two weeks prior to withdrawal. The fami responsible for any unpaid tuition balance. No refunds will be given if a child leaves the program with giving a two-week notice Initial	ily is
Reasons for Expulsion from Program 1. Failure to pay tuition Initial 2. Disruptive and/or disrespectful behavior (see discipline policy) Initial 3. Aggressive behavior Initial I have read, understand, and agree to abide by these provisions. In addition, I have received my copy of agreement.	f the
Parent's Signature Date Print Parent Name Email	

Director's/Site Supervisor's Signature

Date



Discipline Policy

When a student exhibits unacceptable behavior or attitudes, he/she is instructed as to what is wrong and then directed to a positive alternative approach/behavior. The following are reasons for expulsion:

- Hitting
- Biting
- Foul Language
- Spitting
- Abusive/Threatening Language
- Abuse of property
- Stealing
- Leaving Without Permission
- Disrespecting Authority

I	[nitial
	We do not administer any medicine. If medication is necessary while your child is in school, parent <u>must</u> ster it. If a child becomes ill or has an injury, the parent shall be notified immediately.
pictures	I understand that photographs are taken of children in the after-school program and sometimes these are used later for the purpose of publicity and advertising. I grant permission, as a parent/guardian, for 2 Reach use of pictures in which my child is included and relinquish all title to said photographs,

Enrollment Check List

negatives and reproductions.

Admission Agreement
Health History Form
Agreement and Release from Liability
Consent Authorization for Medical Treatment
Registration Fee \$75.00
August Tuition \$75.00
MUST bring personal items (writing utensils and paper)
After-School Program begins August 26 th

****MUST BRING SNACK. SNACKS WILL NOT BE PROVIDED FOR PURCHASE***



Health History Form

It is very important to provide the proper information for your child to attend Teach 2 Reach Enrichment Program. This information is to assist us in providing the appropriate health care for your child. Any changes need to be made please contact personnel.

Name:		Grade:	DOB: _	Age:
Home Address:	City:		State: _	Zip:
Gender: X Male X Female				
Custodial Parent/Guardian:			_ Phone: ()
Address:	City:		State:	Zip:
2 nd Parent/Guardian or Emergency Contact:			_ Phone: ()
Address:	_ City:		State:	Zip:
If not available in an emergency, notify:			_ Phone: ()
Relationship:			_	
Address:	_ City:		State:	Zip:
ALLERGIES List all known Medical allergies (list)		Describe reac	tion and man	agement of the reaction
	_			
Food allergies (list)				
	_			
Other allergies (list) include insect stings, ha	y fever, asthma	a, animal dande	er, etc.	



Signature

AGREEMENT AND RELEASE FROM LIABILITY

(To be completed by all parent or guardians)

I am voluntarily enrolling my child to participate in Teach 2 Reach Enricht 2 Reach program and activities are potentially hazardous . I hereby agree injury, illness and death that may occur as a result of my child's participati	to fully accept any and all risks of
my child being allowed to participate in the program, I hereby agree that b	1 0
against, sue, or attached the property of, and hereby fully release from an	y and all liability, Teach 2 Reach
Enrichment Program, its associates, and any of it's employees and agents f	For any injury (including death),
illness, damage or loss to me, my child, or my property, including any loss	or theft of personal property,
however caused (including but not limited to, whether caused by Teach	h 2 Reach Enrichment Program,
it's employees or agents alleged negligence) and wherever occurring (i	ncluding but not limited to, in the
classroom or building, parking areas, or sidewalks) that may occur as a res	ult of activity exercise, and use of
training equipment before my child participates in the program. I declare nesuffering from no condition, impairment, disease, infirmity, or other illness participation in the program. If there is a change in my child's; health status	s that would prevent my child's
Reach Enrichment Program.	s, I am congaced to inform Teach 2
Name of Participant	Date

Print Parent/Guardian Name



CONSENT AUTHORIZATION FOR MEDICAL TREATMENT

(To be completed by all parents or guardians)

As the Parent of Legal Guardian, I hereby give consent to the opposite all emergency dental or medical care prescribed by dudentist (DDS) for	ty Licensed physician (MD) osteopath (DO), or (participant's name). This care may be
<u> </u>	pital care to be rendered to a minor child under the general or special
supervision and upon the advice of a licensed physical and sur anesthetic, dental, or surgical diagnosis or treatment and hospi dentist.	-
I understand that the authorization I have given will be exercis is necessary to do so.	ed only when in the judgment of the directory it
Home Address	Contact Phone Number
Parent/Guardian Signature	Date