

Washington Play and Learn Program  
Washington Parks & Recreation  
PO Box 383 Washington Depot, CT 06794  
WPAL@washingtonct.org

2018-2019 School Year

Dear Parents/Guardians,

It is my pleasure to welcome you to the 2018-2019 Washington Play and Learn (WPAL) Program. WPAL will be providing a safe after school enrichment program for your children. WPAL is staffed by Program Director, Ken Schultz and Program Assistant, Janice Smith. Janice and I hold CPR/First Aid certifications with years of experience working with children.

**Program Dates and Times:** WPAL runs Monday through Friday 3:15 to 6:00pm following the school calendar. On scheduled ½ days WPAL runs 12:45 to 6:00pm.

Our daily routine will be as follows:

**3:15pm-4:00pm:** Wash hands, start snack (provided by parents) and quiet time for homework/reading/educational activities.

**4:00pm-6:00pm:** Play outside (weather permitting) or indoor, hands on activities. Students will have their belongings packed up by 5:45pm. Pick up no later than 6:00pm is required.

**Daily Attendance:** Please send an email to [wpal@washingtonct.org](mailto:wpal@washingtonct.org) as soon as possible if your child will not be attending. In the case of an emergency you can call 860-868-2016 between the hours of 3:00pm and 6:00pm. Drop off care is available with 24 hours' notice and approval from Director. All students must be registered with the welcome packet completed and submitted before attending after care.

**Tuition:** Tuition is due on a weekly basis (unless otherwise agreed upon); please pay on the last day your child attends of each week. Tuition is based on the days your child is registered, if your child is absent on a day they are scheduled to attend you are still responsible for tuition for the day. Please make checks payable to the Town of Washington with WPAL written in the memo.

Daily (3:15-6:00):\$12 per child      Extended days (12:45-6:00): \$20 per child      Drop in: \$25 per child

**Dismissal:** Students are expected to be picked up no later than 6:00pm. You can pick your children up at the back door to the cafeteria. You will need to walk around the back of the school near the playgrounds. An alternate pick up form must be completed for another adult to pick a child up from the program; a valid picture ID will be required. Pick up after 6:00pm will result in a late pick up fee of \$10 per child per every 5 minutes.

Please complete the forms in the Welcome Packet and email them back to [wpal@washingtonct.org](mailto:wpal@washingtonct.org). Tuition for the first week is due the first day your child attends the program. I am looking forward to working with you and your children this school year! Please contact me via the email above with any questions, concerns, or suggestions.

Ken Schultz  
Program Director

**Policy Agreement**  
**2018-2019 School Year**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. **Registration Fee:** A non-refundable fee of \$25 per child or \$40 or family is due upon registration.
2. **Security deposit:** A \$75 deposit (for 1<sup>st</sup> child) and \$25 per each additional child is due upon registration.
3. **Tuition:** Tuition is due weekly. Tuition is based upon enrollment in the program and not on attendance. Checks should be made payable to The Town of Washington. Tuition is \$12 daily per child, \$20 per child on scheduled early dismissal days and \$25 per child for drop ins.
4. **Returned check:** A \$25.00 fee will be assessed to your account for any check returned for non-sufficient funds.
5. **Program hours:** The WPAL Program will run Monday through Friday 3:15pm- 6:00pm following the school calendar. On scheduled half days the program runs 12:45pm-6:00pm. In the event of inclement weather the program will be canceled if there is no school and/or an emergency dismissal.
6. **Late Pick Up:** The program ends promptly at 6:00 PM. Repeated late pick up may result in the termination of childcare. There will be a late pick up fee of \$10 per child for every 5 minutes a child is picked up late. Please pick your child up at the playground or cafeteria, you will not be able to walk through the school as it is closed after hours.
7. **Withdrawal:** A two week written notice prior to withdrawal is required or the security deposit is forfeited. Otherwise the security deposit is applied toward the last two weeks of care.

I / We understand and agree to adhere to all the policies stated above.

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Form Authorization**

**2018-2019 School Year**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Work Phone Number** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Insurance Information** \_\_\_\_\_

**Chronic Illnesses** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

\_\_\_\_\_

**Special Information:**

\_\_\_\_\_

\_\_\_\_\_

**Sunscreen Form**

**2018-2019 School Year**

As the weather gets warmer, the children will be spending more time outside. You may wish to provide us with sunscreen for protection while your child enjoys outdoor play. **If you would like for us to apply sunscreen to your child, please provide us with an unexpired bottle of sunscreen, labeled with your child's first and last name.** As with any topical medication or cream, the first application of any brand of sunscreen should be applied at home in order to evaluate your child's possible allergic reaction to that product.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Alternate Pick Up Authorization**

**2018-2019 School Year**

I \_\_\_\_\_ authorize my child, \_\_\_\_\_ to be picked up by the following adults listed below:

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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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I understand that only the adults listed on this form will be allowed to pick up my child. A photo ID will be required in order for my child to leave with these adults, without a proper photo ID my child will not be allowed to leave the program.

**\*Please choose people within a 20 minute driving distance from the school. It is important that emergency contacts are able to pick up your child in a timely manner in the event of illness or an emergency.**

Parent/Guardian Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Getting to Know You**

**2018-2019 School Year**

1. What is your preferred name?

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2. What grade are you in?

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3. What physical activities or sports are you interested in?

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4. What school subjects do you like?

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5. What is something you do not like to do?

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6. Are you afraid of something?

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**For parents:** what would you like to see your child doing after school?

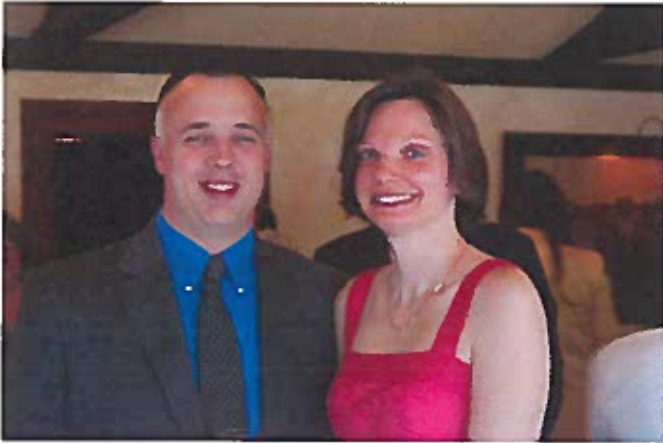
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**Tell us about your family, you can write something or draw a picture.**

## About WPAL Staff

Hello, my name is Ken Schultz and I was born, raised and lived in Litchfield county my entire life. We are a WPS Family. In addition to being the Director of the WPAL Program I am actively involved in the Washington Primary School PTO. My wife Serina, has been a Special Education teacher for Washington Primary School and Region 12 Schools for the last 8 years. We also have a 10 year old daughter Sheyenne entering 5<sup>th</sup> grade at Washington Primary School and our 3 year old son Wesley entering into his first year at the REACH program, (Class of 2033) OH MY. We believe it takes a village to give our children enriched experience in life. I am happy to be part of that village.



### **Program Assistant, Janice Smith**

Hello, my name is Janice Smith. I was born and raised in Litchfield where I reside with my family. I have been employed by Region 12 since 1999. I enjoy camping, hiking and anything lemon. I look forward to assisting your families with your after school needs by providing a safe, healthy and enriching program.





**SNACK AND HOMEWORK TIME**

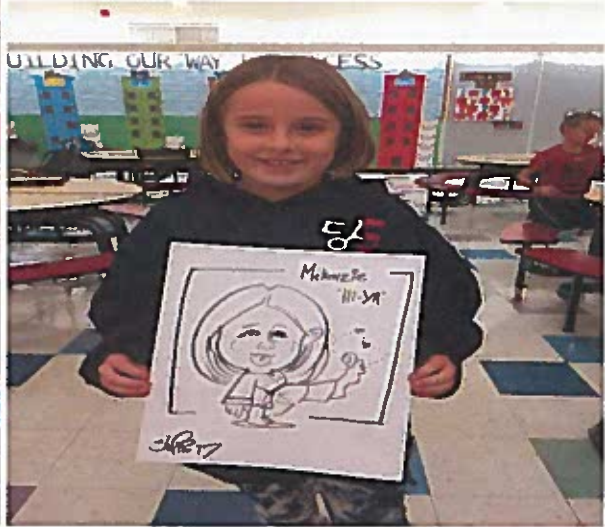




**FRIENDSHIP**



**OUTDOOR FUN**



**WPAL 1<sup>st</sup> Annual Pet Food Collection Drive**  
 Our WPAL kids gives our 4 legged friends a Happy Holiday!!

**DONATE TODAY!**  **Builds a new home, but what's on the path?**  
 Can you?

December 4<sup>th</sup> through December 22<sup>nd</sup> Our WPAL Afternoon kids will be asked to collect Dog and Cat Food, Treats, Toys, Collars, leashes, and general pet supplies.  
 Each day all the food will be weighed and tracked by our afternoon kids.

All the Pet Food and Pet Supplies will be donated to the New Mill Pond Animal Shelter supported by Aspetuck Animal Hospital of New Preston.



**IT'S WHAT WE DO!!!!**



**SCIENCE AND ART FUN**

**WASHINGTON PARKS AND RECREATION**  
**P.O. Box 383, Washington Depot, CT 06794, 860-868-1519**  
**wpal@washingtonct.org**  
**Washington Play and Learn Program**

**2018-2019 PROGRAM REGISTRATION FORM**

*Registration forms must be submitted by mail or in person to the Washington Town Hall Selectman's Office.*

**FAMILY ACCOUNT INFORMATION**

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_ email: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Participant's Name	DOB	Activity Name	Start Date	Time	Fee
		WPS Play and Learn Program	August 27, 2018	Full Day: 3:15-6:00 ½ Day: 12:45-6:00	Daily: \$12 per session Extended Day: \$20 per session Drop In: \$25 per session

Please indicate needed days. Select all that apply.    M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_

**LIABILITY WAIVER**

Participant will hold harmless the Town of Washington, the Parks and Recreation Commission, Region 12 and any officials, agents, instructors, directors and employees for any and all injury or damage which participant personally incurs or injury or damage to the person or property of others which participant causes or contributes to while participating in this program. I also understand that in the event of an injury our own personal medical insurance will be used. Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participant for promotional purposes and may use our email for program purposes. NO \_\_\_\_\_  
 Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFUND/CANCELLATION POLICY:** A minimum number of participants is required to hold sessions. When registration is below the minimum, the Washington Parks and Recreation reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to lack of enrollment. Refunds are not available once a program begins.