

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

2020-2021 School Year

AFTERCARE SCHEDULE AND ROUTINE

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-3:30pm: Daily Attendance, Daily Meeting and Monitored 30 second hand washing

3:30pm-6:00pm: Snack, Homework/Reading Time, Play outside (weather permitting) or indoor, hands on activities. Pick up no later than 6:00pm is required.

Daily Attendance: Please send an email to 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. 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-AFTERCARE

2020-2021 School Year

Child's Name: _____ Date of Birth: _____

1. **Registration Fee:** A non-refundable fee of \$25per child or \$40 or family is due upon registration.
2. **Security deposit:** A \$75 deposit (for 1st 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: _____

Alternate Pick Up Authorization
2020-2021 School Year AFTERCARE

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

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: _____

Health Form Authorization

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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

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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: _____

Getting to Know You

2020-2021 School Year

1. What is your preferred name?

2. What grade are you in?

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

4. What school subjects do you like?

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

6. Are you afraid of something?

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

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

About WPAL Staff

Program Director of WPAL-Ken Schultz

Hello, my name is Ken Schultz and I was born, raised and lived in Litchfield county my entire life. We are a WPS/Region 12 Family. In addition to being the Director of the WPAL Program I am a Special Education Paraprofessional at Shepaug Valley High School. My wife Serina, has been a Special Education teacher for The Burnham School in Bridgewater and Region 12 Schools for the last 10 years. We also have a 12 year old daughter Sheyenne entering 7th grade at Shepaug Valley School and our 5 year old son Wesley entering into Mrs. Wescott's Kindergarten Class (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.



Assistant Program Director of WPAL-Shawwna Godshalk

My name is Shawwna Godshalk, family and I have been in Washington for many decades. My husband has a local carpentry company and I am a job coach at Shepaug valley partnership as well as a paraprofessional at Washington primary school. Our son Jackson attends school at WPS and he is in the 5th grade. I enjoy cooking and reading in my spare time.



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

2020-2021 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	September 14 th 2020	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.

