

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

2019-2020 School Year

Dear Parents/Guardians,

It is my pleasure to welcome you to the 2019-2020 Washington Play and Learn (WPAL) Program. WPAL will be providing a safe **before and 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.

BEFORE SCHOOL SCHEDULE AND ROUTINE

Program Dates and Times: WPAL runs Monday through Friday 7:00am to 8:45am (students head to their classrooms) following the school calendar.

Our daily routine will be as follows:

7am-7:45am Wash hands, Breakfast or Snack (provided by parents) and quiet time for homework/reading/educational activities.

7:45-8:45 Play outside (weather permitting) or indoor, hands on activities, students head to their classrooms at 8:45am

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 or Text 860-248-1530 (Ken Schultz) **Drop-In is available with 24 hours' notice** and approval from Director. **All students must be registered with the welcome packet completed and submitted before attending before 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 (7:00am-8:45am):\$10 per child

Drop in: \$25 per child

Arrival: Students are expected to be dropped off no earlier than 7:00am. You can drop your children up at the back door to the cafeteria. You will need to walk around the back of the school near the playgrounds **with your child to sign them into the program daily.**

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

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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-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 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

2019-2020 School Year BEFORECARE

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 \$10 daily per child, \$20 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 7:00am-8:45am .In the event of inclement weather the program will be canceled if there is No School and/or Delayed School Opening
6. **Late Drop Off:** You may drop off and sign in your child any time after 7am you will still be held to the \$10 Daily Tuition Charge
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: _____

Policy Agreement-AFTERCARE

2019-2020 School Year

Child's Name: _____ Date of Birth: _____

7. **Registration Fee:** A non-refundable fee of \$25per child or \$40 or family is due upon registration.
 8. **Security deposit:** A \$75 deposit (for 1st child) and \$25 per each additional child is due upon registration.
 9. **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.
 10. **Returned check:** A \$25.00 fee will be assessed to your account for any check returned for non-sufficient funds.
 11. **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.
 12. **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
2019-2020 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

2019-2020 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

2019-2020 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: _____

Getting to Know You

2019-2020 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?

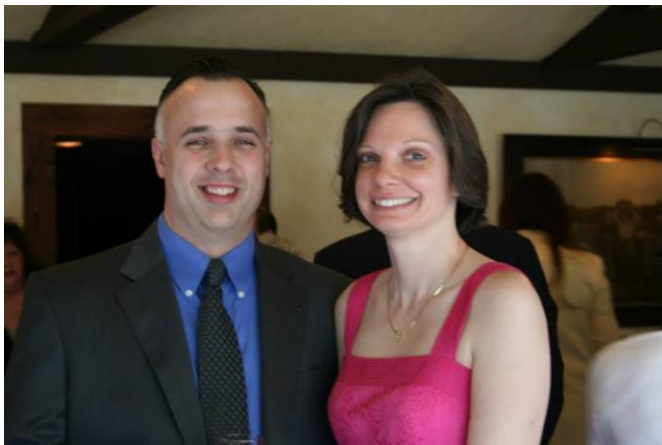
For parents: what would you like to see your child doing after school?

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 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 The Burnham School in Bridgewater and Region 12 Schools for the last 10 years. We also have a 11 year old daughter Sheyenne entering 6th grade at Shepaug Valley School and our 4 year old son Wesley entering into his second 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, Before School Care Lead 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.



