



Child's Name _____

Dear Parent:

Welcome to or welcome back to the West End Center! We look forward to working with you for many years to come to provide the best possible programming for your children. Children are able to enroll when they start kindergarten and to remain in the program until they graduate from high school. We hope that you will stay with us until your children graduate from High School.

In our after-school and summer programs, your children will have the opportunity to receive homework help, participate in reading classes, enjoy fitness and nutrition activities, and learn better social skills through our many social-emotional programs. If your children have special learning or behavioral needs, we have services to help. In addition, there are lots of opportunities for fun! **Please take the time to read the Parent Handbook to learn all about our program.** We also encourage you to attend our family nights. If you ever have questions or concerns, we encourage you to discuss them with a staff member.

Thank you for being part of the West End Center family. We consider you to be a valuable part of our team!!

Sincerely,

West End Center staff

2022-2023

VIRGINIA DEPARTMENT OF EDUCATION CHILD REGISTRATION MODEL FORM

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)		
Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION		
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..



GENERAL CONSENT FORM

I hereby consent for my child, _____, to participate in all West End Center activities. I consent for my child to be transported by Center staff for West End Center activities. I understand that West End Center staff, volunteers, instructors, and board of directors are in no way responsible for any injury or loss of property before, during, or after Center activities. I agree to alert staff to any medical or physical condition that would limit my child's participation in any activity. A doctor's note will be provided.

(Parent's Signature)

(Date)

HOW WILL YOUR CHILD ARRIVE AND DEPART FROM THE CENTER? (PLEASE CHECK ALL THAT APPLY)

SCHOOL YEAR

ARRIVE	DEPART
Bus _____	Bus _____
Walk _____	Walk _____
Car _____	Car _____

SUMMER

ARRIVE	DEPART
Bus _____	Bus _____
Walk _____	Walk _____
Car _____	Car _____

Please list all individuals who have consent to pick up your child from West End Center. Include their relationship to your child. We will release your child only to persons providing valid identification. **Please notify us in writing if you need to add to or delete from the list.**

List all individuals who **do not** have consent to have contact with your child. A copy of a court order must be kept on file in order to deny a parent contact with a child.

If you allow your child to walk or to ride the city bus to or from the Center, please sign below assuming full responsibility.

(Parent's Signature)

(Date)

FAMILY INFORMATION

The following information is confidential and only used for compiling statistics to obtain funding. No names or individual information will be conveyed to anyone.

Number of people in the household

Children _____

#Adults _____

Names and ages of child's siblings: _____

Age of Mother _____

Age of Father _____

Highest education level achieved by Mother _____ Father _____

Do you receive any of the following?

TANF	_____ Yes	_____ No	Amt/month _____
Food Stamps	_____ Yes	_____ No	Amt/month _____
Free/Reduced School Lunch	_____ Yes	_____ No	
Medicaid	_____ Yes	_____ No	
SSI for Self or Child	_____ Yes	_____ No	Amt/month _____
Disability	_____ Yes	_____ No	Amt/month _____
Child Support	_____ Yes	_____ No	Amt/month _____
Veterans Benefits	_____ Yes	_____ No	Amt/month _____
Housing Assistance	_____ Yes	_____ No	
Section 8	_____ Yes	_____ No	
Public Housing	_____ Yes	_____ No	
Employment	_____ Yes	_____ No	Amt/month _____
Habitat Housing	_____ Yes	_____ No	
Any other form of Assistance	_____ Yes	_____ No	
Type of Assistance	_____		Amt/month _____

TOTAL ANNUAL INCOME FOR HOUSEHOLD

"Annual Income" estimated for the 12 month period beginning on registration date. Include all sources and amounts of earned and unearned income for all family members counted above excluding one-time sources such as scholarships, death benefits. (Include TANF, Food Stamps, Child Support, SSI, Disability & Veterans Benefits.)

Total **Annual** Income \$ _____

I VERIFY THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

(Parent's Signature)

(Date)

CHILD HISTORY

Child's special interests, hobbies, and skills _____

Special strengths, awards and achievements _____

What are your greatest concerns for your child and his/her future? _____

What activities would you like to see your child involved in at the Center? _____

What would you like us to work on with your child? _____

Has your child ever been involved with the court system? _____

If yes, why? _____

Is your child in foster care? _____

Agency _____

Social Worker _____

Phone _____

Has your child ever been suspended or expelled from school? _____

If yes, why? _____

Is your child receiving services, such as counseling, day-treatment, mentoring, in-home services, PT, OT, etc.? (If yes, please state which agency, the service provided, the individual he/she is seeing, and why.) _____

Are you interested in receiving information about any of the services listed in the prior question or any other special services? Please list those you believe your child would benefit from and why. _____

Is your child in Special Education (LD, ED, MR), gifted program, or another special program? If yes, please describe. _____

Do you believe your child is learning reading, writing, and other skills as he or she should be? _____

MEDICAL INFORMATION

List any disabilities or chronic medical conditions your child has been diagnosed with, including Asthma, Diabetes, Sickle Cell, Seizure Disorder, etc.

Describe the actions to be taken in the event that your child becomes ill due to any of the conditions listed above.

Describe any accommodations needed in order for your child to participate in our program.

Has your child had any surgeries? If yes, list year of operation, type, reason, outcome, any complications.

Did your child experience any problems or trauma during childbirth? (C-section, loss of respiration, etc.)

Did your child experience any problems in his/her development? (walking, talking, etc.)

SWIMMING AND SUNSCREEN PERMISSION

_____ I give permission for West End Center staff to offer sunscreen to my child. Staff will encourage children to wear sunscreen when the UV Index is above 5.

_____ I do not give permission for West End Center staff to offer sunscreen to my child.

(Parent Signature)

(Date)

If your child has had any known adverse reactions to sunscreen, please list them below:

_____ I give my child permission to participate in swimming, wading, and splashing activities with West End Center.

_____ I do not give my child permission to participate in swimming, wading, and splashing activities with West End Center.

Please rate your child's ability to swim:

_____ Non-swimmer

_____ Fair swimmer

_____ Good swimmer

(Parent Signature)

(Date)

West End Center's food, meal, and snack program

West End Center participates in Feeding Southwest Virginia Food Bank's Child and Adult Care Food Program (CACFP) which is a federally funded reimbursable program that provides our students with nutritious meals and snacks. The Center is committed to offering each child a healthy breakfast, lunch, and snack each day during the summer program and afternoon snack during the school year. In order to best serve your child, it is important that we be aware of any dietary restrictions that may affect your child. Please check any of the situations below that apply to your child.

_____ My child has a physical disability and should not be offered the following foods:

_____ My child is allergic to the following foods: (list food and severity)

_____ My child should not be offered the following foods due to religious preference:

_____ My child does not have any food allergies, disabilities, or religious preferences that prevents him/her from eating foods offered at West End Center.

*****A note from a medical professional must be attached if your child requires a food substitution because of physical disability or allergy.*****

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

PUBLICITY CONSENT FORM

I give permission for my child to be videotaped or photographed for the purpose of promoting the services that West End Center offers.

(Parent's signature)

(Date)

PARENT CONTRACT

It is very important that we all work together for the well being of your child/children. We ask that you read and agree to abide by the following policies.

I, _____, do hereby agree to
(Parent's name)

- support the Center policies, procedures and staff.
- notify the Center of changes in phone numbers, address, emergency contacts, medications, etc.
- drop off and pick up my child/children on time
- notify the Center of changes in my child's schedule
- notify the Center about my child's current medication needs
- be considerate about where and how I park my car
- not park in the fenced lot when children are at the Center
- come inside to pick up my child
- notify the Center if my child will be absent
- keep payment of fees current

(Parent's signature)

(Date)

Failure to abide by the above agreement may result in the removal of your child from the Program.

PARENT HANDBOOK

I have received a copy of the Parent Handbook, and I agree to be aware of and follow the policies of West End Center. If, at any time, I have a question or concern about a policy, I understand that I am encouraged to schedule an appointment with the Executive Director to discuss my concerns.

I agree to explain to my children and support the rules and policies listed in this form and in the Parent Handbook.

(Parent's signature)

(Date)

PARENT FEES – IMPORTANT! **Please Read Carefully**

West End Center will charge fees for services at the following rate:

1st Child - \$20.00/week

2nd Child - \$15.00/week

3rd Child - \$0

4th Child - \$0

High School – No Charge

Fees will apply to all weeks that West End Center is open. **Our fee is a flat rate regardless of whether your child is absent or not, we do not prorate weekly fees.** Charges will be applied to your account at the beginning of each week.

Payments can be made according to your schedule. The only requirement is that you must have a **ZERO balance at the end of each month**. Failure to keep payments current will result in a **\$15.00 late fee each month and if the balance is more than 90 days past due student suspension**. If your child's account is not paid within 90 days you will be notified NOT to send them to WEC. If, after that time, your child arrives at WEC, they will be sent to the office and must be picked up ASAP. The office will call you and/or any emergency contact until someone comes to get your child.

You may make payments M-F in the office. You can also pay on our electronic payment system. Please do not give payments to staff. We accept cash, checks, money orders and credit cards. A fee will be charged for any returned checks and only cash will be accepted for future payments.

Parent Service Hours

As a way to help with our tuition fees, WEC parents may volunteer their time and be credited \$10/per hour towards their child's account. Parents may volunteer anytime during our normal business hours. Please make sure to notify the Office when you arrive and leave so that all hours are credited.

Parent volunteers may be asked to help out in some of the following ways:

- *Cleaning
- *Child supervision
- *Assistance with snack and or meals
- *Assistance for Group Leaders

Parents who volunteer are expected to do what is asked of them while they are here. We will do our best to accommodate with placement, however, if we have a job, it needs to be done!!

If you have any questions regarding parent hours please contact the WEC Office.

Late Pick Up Fees

WEC allows for a 15 minute grace period for pick up of children at the end of each day. If children are consistently left past this 15 minute period, the following fees will be applied:

-\$10 per child for 15-60 minutes after the grace period

****After ONE HOUR there will be an automatic \$25 fee and if no one can be contacted, we are required to contact Social Services to pick up your child.**

I have read the above information regarding payments and agree to the terms

(Parent's signature)

(Date)

CONSENT FOR MEDICAL TREATMENT AND EMERGENCY INFORMATION

Name 2 friends or relatives who can be reached in case of emergency (cannot be parental guardians). For licensing, it is **REQUIRED** that you list a name, address and at least one phone number for each!

List of emergency contacts

Parent/Guardian _____ Phone _____

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Other Phone _____

Other Phone _____

In the event of an injury or illness, I give consent to the staff of West End Center and emergency facility practitioners to initiate emergency medical procedures for my child until I can be reached.

(Parent's Signature) _____

(Date) _____

Name of insurance company _____ Policy number _____

Policy holder's name _____

Check here if your child **DOES NOT** have insurance _____

How long has your child been without insurance? _____

♦ **A copy of your child's insurance card is required with application.**

Doctor's name _____ Phone number _____

Dentist name _____ Phone number _____

List any known drug or food allergies _____

Describe the actions to be taken in the event that your child comes into contact with any drug, food, or other substance listed above.

LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING ON A REGULAR BASIS, INCLUDING OVER-THE-COUNTER MEDICATIONS. WHAT IS THE MEDICATION USED TO TREAT?

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME</u>	<u>REASON</u>
_____	_____	_____	_____
_____	_____	_____	_____

Authorization Form for
Non-prescription Over-the-Counter Skin Products
8VAC20-780-520

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

West End Center for Youth has my permission to apply the non-prescription
(Name of Center)

over-the-counter (OTC) skin product listed below to my child _____
Child's Name

Product Name: _____

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
- Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's Signature: _____ Date: _____

GENERAL PERMISSION FOR REGULARLY SCHEDULED TRIPS

Child's Name:	
Routine Trip Destination(s)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Pool & Skating YMCA Libraries Schools </div> <div style="width: 45%;"> Downtown Museums Apple Ridge Grandin Road </div> </div>
Mode of Transportation: Walking-within a mile Public transportation Center Bus/Van <u> </u> Danny Britton or Ryan Filegar driving	
<p>I grant permission for my child to participate in the regularly scheduled trips described above. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.</p> <p>Parent's Signature:</p> <p>Date:</p>	

RELEASE OF INFORMATION
FOR
WEST END CENTER FOR YOUTH

I, _____, DO HEREBY AUTHORIZE AN EXCHANGE OF INFORMATION BETWEEN MY CHILD'S SCHOOL OR ANY OTHER PROFESSIONAL ORGANIZATION/PERSON AND WEST END CENTER FOR YOUTH. (REPORT CARE, CUMULATIVE RECORDS, GRADES, TEST RESULTS, IEP'S, 504 PLANS, PSYCHOLOGICAL & MEDICAL INFORMATION, HEARING/VISION SCREENING, ETC.) ANY EXCEPTIONS I HAVE LISTED BELOW.

CHILD'S NAME _____

EXCEPTIONS
ARE: _____

ALL INFORMATION IS FOR CONFIDENTIAL USE BY WEST END CENTER STAFF. IT IS IMPORTANT FOR ALL AGENCIES SERVING YOUR CHILD TO BE ABLE TO SHARE INFORMATION IN ORDER TO BEST SERVE YOUR CHILD. GRADES AND EDUCATIONAL INFORMATION MAY BE SHARED WITH THE CHILD'S TUTOR IN ORDER TO BEST MEET HIS/HER EDUCATIONAL NEEDS.

(Parent's Signature)

(Date)

Be sure to include the following attachments when submitting your registration.

Birth Certificate

Physical within the last 12 months

Immunization Records

Insurance Card

Allergy Care Plan if needed

Please Note:

Because we are licensed by the state of Virginia, it is **MANDATORY** that each registration be **filled out completely** and have all the necessary documents required by the Center.

No child will be admitted to the program or placed on a waiting list until all required information is on file at WEC. We also require that the first week be paid in FULL before your child can start.
Thank You!!

