



## **WESLEY HOUSE C.A.R.E.S 2019 Spring Application**

**START: THURSDAY, January 8, 2019**  
**END: THURSDAY, May 22, 2019**

WESLEY HOUSE C.A.R.E.S PROGRAM ACCEPTS  
INCOMING KINDERGARTEN THROUGH EIGHT GRADERS.

### **Parent or Guardian Program Mission and Release**

Wesley House Community Center, Inc. was founded in 1907 by what is now the United Methodist Church. Being a mission of the United Methodist Women, we continue to teach Christian values and morals and have prayers and devotions as part of our daily program.

We do not discriminate, but we want you to understand that our Christian faith is a key part of our mission, program, and work. Your child may be of a different faith or no faith at all, while we will not force your child to worship, pray, etc., understand they must attend the sessions and be respectful of those who are participating.

I have read and agree with the above statement. \_\_\_\_\_  
Signature of Parent/Guardian Date

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The Wesley House Community Center, Inc. is a 501(c)(3) nonprofit agency. Our youth program is focused on tutoring and academics to assist children with school work. We are **NOT** a licensed day care center and do not profess to be. State notification of that fact is posted at the facility.

I have read and agree with the above statement. \_\_\_\_\_  
Signature of Parent/Guardian Date

## **Student Fee Information**

The cost for elementary students is \$18.75 per child, per week. The spring term is a 20-week program including Spring Break. There is a 15% discount given to elementary siblings. A \$10 mandatory application fee plus the first week fee is due on/prior to January 7, 2019.

The cost for middle school students is \$10.75 per child, per week. The spring term is a 20-week program including Spring Break. There is a 10% discount given to middle school siblings. A \$10 mandatory application fee, plus the first week fee is due on/prior to January 7, 2019.

## **SCHOLARSHIPS**

Parents in need of partial scholarships must complete an application, which is due on or before **December 20, 2018**. Scholarships are awarded based on financial need and Wesley Houses uses the federal poverty guidelines in determining eligibility. Scholarship applications are available online or in the office.

## Parent/Family Information

Parent/Guardian Name(s): \_\_\_\_\_

Mother Home number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Other Mother Cell number: \_\_\_\_\_

Father Home number: \_\_\_\_\_ Work Phone number \_\_\_\_\_

Other Father Cell number: \_\_\_\_\_

Who should we call first, Mother or Father? \_\_\_\_\_

Who should we never contact, Mother or Father? \_\_\_\_\_

Contact email address for newsletters, etc. \_\_\_\_\_

Reason for sending your child(ren) to Wesley House:  Friend/Family Referral  
 Teacher Referral  Reading Difficulties  Math Difficulties  Other

## Student #1 Information

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Street

City,

ST

Home Phone: (\_\_\_\_) \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Grade Level (*In Spring 2018*): \_\_\_\_\_

Race (optional):  African-American  Caucasian  Hispanic  Bi-Racial  
 Other: \_\_\_\_\_

Student lives with:  Both birth parents  2 parents (one being a birth parent)  
 Single Mom  Single Dad  Grandparent  Other: \_\_\_\_\_  
Relationship, if other: \_\_\_\_\_

Does your child receive free or reduced lunch? (For field trips)  Yes  No

Does your child receive special behavior modifications or services?  Yes  No

If Yes, can we receive a copy?  Yes  No

Does your child have an IEP or 504?  Yes  No

If Yes, can we receive a copy?  Yes  No

## Student #2 Information

Student's Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Street City, ST

Home Phone: (\_\_\_\_) \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Grade Level (*In Spring 2018*): \_\_\_\_\_

Race (optional):  African-American  Caucasian  Hispanic  Bi-Racial

Other: \_\_\_\_\_

Student lives with:  Both birth parents  2 parents (one being a birth parent)

Single Mom  Single Dad  Grandparent  Other: \_\_\_\_\_

Relationship, if other: \_\_\_\_\_

Does your child receive free or reduced lunch? (For field trips)  Yes  No

Does your child receive special behavior modifications or services?  Yes  No

If Yes, can we receive a copy?  Yes  No

Does your child have an IEP or 504?  Yes  No

If Yes, can we receive a copy?  Yes  No

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### Emergency contact information

#### Contact #1

Contact person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Additional phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#### Contact #2

Contact person: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Additional phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

# Medical Information

Insurance (company & policy #): \_\_\_\_\_

Primary Physician & phone: \_\_\_\_\_

Medication/Dosage: \_\_\_\_\_

**Medication cannot not be given by a staff member at the Wesley House**

Child 1 Allergies: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**Is your child in the care of a Case Manager/Behavioral Specialist, etc.?**

(Circle) YES or NO

Name of Specialists: \_\_\_\_\_

Phone: \_\_\_\_\_

Child 2 Allergies: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**Is your child in the care of a Case Manager/Behavioral Specialist, etc.?**

(Circle) YES or NO

Name of Specialists: \_\_\_\_\_

Phone: \_\_\_\_\_

**If you wish to enroll more than two children, please see  
Wesley House staff for additional pages.**

# PERMISSIONS

## Persons with permission to pick up child/children from Wesley House

<i>Name</i>	<i>relationship to child</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

- Do we have permission to use your child/children's name, picture, and journal writings for publicity, news releases, website, or newsletter?  **Yes**  **No**
- Do your child/children have permission to ride to/from programs in Wesley House vehicles?  **Yes**  **No**
- Do your child/children have permission to participate in evaluations of Wesley House programs, including completion of a survey?  **Yes**  **No**

## Waiver

I grant permission for the child/children named on this application to participate in the aforementioned activities and programs. I understand that travels and activities with Wesley House are potentially hazardous activities. I assert that my child is medically and physically able to withstand the rigors of such activities. In consideration of my child's application to be included in this activity, I assume any and all risks associated with the activity, including, but not limited to accidents, the effects of weather, all acts of negligence on the participant's part, the staff or leadership, friends or peer group of the participants, and the acts of third parties not under the control of Wesley House. In case of medical emergency, I grant permission to the leader of this group to seek such assistance as he/she deems necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# PARENT PAYMENT CONTRACT

(Must be submitted with application)

Child/Children's name(s): \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Payments will be made **weekly**. Alternative payments must be pre-arranged.

By signing below, I understand that a weekly payment is due for my child to remain enrolled at the Wesley House. I also understand if I fall two payments behind, my child may no longer be eligible to participate in Wesley House activities. If I fall four weeks behind Wesley House will no longer pick up my child(ren) from school.

I understand that if payments are a hardship for my family, scholarships are available. However, completing a scholarship application does not mean the scholarship will be granted. Also, having a scholarship the previous semester does not guarantee future scholarships.

I understand that a \$1.00 per minute late fee will be charged for any child picked up after 6:00 p.m. Late pick-ups will be monitored by staff and the fees will be applied to the monthly financial statements. Failure to pay will result in your child suspended from program due to nonpayment.

I understand there will be a \$10 fee for all returned checks. NSF checks will not be re-deposited.

By signing below, I agree to the above statements and to make prompt payments. I further understand my child(ren) will be dropped from the program if payments are not made.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# **AUTHORIZATION TO RELEASE INFORMATION**

(complete a form for each enrolled child)

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

As a parent or legal guardian of the above-named student, I do hereby authorize the Knox County Schools to furnish the following information to Wesley House Community Center.

(Please check all that apply)

\_\_\_\_\_ Interim and Report Card Grades

\_\_\_\_\_ TCAP and other standardized test scores

\_\_\_\_\_ Behavior information

\_\_\_\_\_ STAR Reports in Reading and Math

I also give permission for the staff of Wesley House to visit the school and receive and/or provide any needed information regarding Wesley House programming for this student. This includes meeting with my child's teacher via phone, email, or in person.

The Wesley House staff also has permission to eat lunch with my child (during the appropriate lunch time) throughout the school year.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE