



WESLEY HOUSE S.T.E.P 2019 Summer Application Due Date: May 23, 2019

**START: Monday, June 3, 2019
END: Monday, July 15, 2019**

**WESLEY HOUSE S.T.E.P PROGRAM ACCEPTS INCOMING
KINDERGARTEN- RISING**

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 would like for 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

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 and educational learning. We are **NOT** a licensed day care center and do not profess to be. State notification of that fact is posted at the facility. All accounts must be paid in full prior to application due date for summer admittance.

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

Student Fee Information

The cost for elementary students is \$53.57 per child, per week.

The summer term is a 7-week program including field trips.

There is a 15% discount given to elementary siblings.

A \$10 mandatory application fee plus the first week fee is due on/prior to June 7, 2019.

The cost for middle school students is \$30.71 per child, per week.

The summer term is a 7-week program including field trips.

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 June 7, 2019.

SCHOLARSHIPS

Parents in need of partial scholarships must complete an application, which is due on or before **May 23, 2019 and no later**. 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: _____

Cell number: _____

Father Home number: _____ Work Phone number: _____

Cell number: _____

Who should we call first, Mother or Father? _____

Who should we never contact? _____

Contact email address for updates and information: _____

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 Fall 2019*): _____

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 Fall 2019*):** _____

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

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 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 not admit my child(ren) into the facility.

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 5:30 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