

Woodland Early Life Learning Center

4434 Thomas Nelson Highway

Arrington, VA 22922

434-263-6811

March 2nd, 2020

Dear Parents-

Summer is upon us and we are happy to announce that we will once again offer our summer camp ministry for children who will be attending Kindergarten this Fall and elementary age children through 5th grade. The Super Summer Samaritan's Program will be jam-packed with fun-filled learning activities, craft time, outdoor activities and lots of FUN!

The program will be offered Monday – Friday beginning May 2th and ending August 6th. The SSS Program will operate on the same schedule as the WELL Center (7:00 am – 6:00 pm). Please make note that the WELL Center (and SSS Program) will be closed June 29th – July 3rd for Independence Day.

Attached you will find an enrollment application and Emergency Medical Authorization form. Even though you most likely completed this form before, you will need to complete one again for the SSS Program. This will ensure that we have the most up-to-date information on-hand for your child(ren). Also attached is a copy of the rate sheet for the summer allowing you to select the option that best meets your needs. Selecting your plan will enable us to provide proper staffing, materials, etc. If you wish for your child to attend the SSS Program, you MUST make payments, through Kinderlime or in-person via check/cash, by the 15th of the month. The WELL Center reserves the right to apply a \$50 late fee to any invoices not kept up-to-date.

To enroll your child, simply follow these steps with the enclosed forms:

- **Complete and Return Enrollment Application**
- **\$40 Material Fee (Attach check or pay in cash when you return Enrollment Application)**
- **Complete and Return Medical Authorization Form**
- **Complete and Return Date Selection Form**

All Forms are due back to Ms. Heather by April 3rd, 2019. After April 3rd, any openings will be filled on a first come, first served basis. If you have any questions, please feel free to contact me at 434 263 6811 or email me at director@wellcenter.woodlandchurch.org.

Sincerely-

Heather Lawhorne

Director

Super Summer Samaritans Program

Rate Sheet

May 28th – July 31st

Child's Name _____

- **(WELL Center will close June 29th through July 3rd for Independence Day)**
- The SSS Program will be operating on a daily rate of \$28 per day. Parents will only be charged for the days their child(ren) attend. There is a \$40 material fee for each child attending the SSS Program to cover cost of materials for activities. Special lunch will be held the last Wednesday of each month and will be an extra fee of \$5 per child.

Choosing from the availability below will allow for the WELL Center to plan for staff and supplies accordingly:

_____ **Weekly Rates** (\$28 per day/\$140 for full week and \$40 material fee)

Please Check the weeks you plan to attend:

_____ May 25th – May 29th _____ June 1st – June 5th _____ June 8th – June 12th
_____ June 15th – June 19th _____ June 22nd – June 26th _____ July 6th – July 10th
_____ July 13th – July 17th _____ July 20th – July 24th _____ July 27th – July 31st

*Addition days may be added to this Calendar depending on the beginning of school year for Nelson County Public Schools

_____ **Daily Rate** (\$28 per day and \$40 Material Fee)

Please feel free to write dates you know you'd like to use the SSS Program below. Also, you MUST give at least a 48-hour notice with this option to allow for planning should you wish to call-in as needed.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*The reduced rate of \$23 per day will be charged to siblings who attend the SSS Program. Please indicate here if your child is a sibling to a WELL Center student or other SSS Program Student: _____

Non-Authorized Pick-Up Persons:

Name: _____

Name: _____

Other Children:

Name:	Age:	Grade:	School Attending:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information:

Persons to be called in case of emergency, if parents cannot be reached:

1 Name: _____ Phone #: _____

2 Name: _____ Phone #: _____

Agreements:

- The WELL Center agrees to notify the parent/guardian whenever the child is ill. The Parent agrees to have the child picked up as soon as possible, if required.
- The parent/guardian authorizes the WELL Center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be reached.
- The parent understands that payment of tuition occurs monthly and that the WELL Center utilizes the services of Kinderlime for the collection of tuition and fees. If payment is not received, the contract for services to the child may be terminated.
- I understand that it is my responsibility to sign my child in upon arrival and sign my child out before leaving. The WELL Center will NOT release minors to minors. The person picking up and signing children in/out **must** be at least 18 years of age.
- I understand that my child will not be allowed to leave the facility with an unauthorized person. Any person authorized to pick up my child **must** be listed.

Authorization by telephone will not be accepted. If someone that is not listed as an authorized person is to pick up my child, I will submit a written and signed request to the Children's Ministry Coordinator prior to the date of pick-up. A picture ID is required

- The parent agrees that a fee of one (1) dollar per minute may be charged for picking up the child after WELL Center closing time.
- Parents are requested to bring all questions and concerns to the teachers and Children's Ministry Coordinator so that they may be resolved.
- The teachers and Children's Ministry Coordinator are hereby given full discretion in matters of discipline. These include notes to the parents, conferences, redirection, positive reinforcement and/or time out.
- The Well Center reserves the right to dismiss any student who does not cooperate with the educational process or one whose parent does not abide by this Agreement.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Signature of Director: _____ **Date:** _____

Printed Name: _____

EMERGENCY MEDICAL CONSENT FORM

_____ has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date