

# Woodland Early Life Learning Center

4434 Thomas Nelson Highway  
Arrington, VA 22922  
434-263-6811

March 10, 2023

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 5<sup>th</sup> 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 30<sup>th</sup> and ending August 4<sup>th</sup>**. The SSS Program will operate on the same schedule as the WELL Center (7:00 am – 5:30 pm). Please make note that the WELL Center (and SSS Program) will be closed July 4<sup>th</sup> – July 8<sup>th</sup> for Independence Day. Rising kindergarteners WILL NOT be combined with the school-aged children this year.

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 Procure or in-person via check/cash, by the 15<sup>th</sup> 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 Mrs. Heather by March 24<sup>th</sup>, 2023. After March 24<sup>th</sup>, 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@woodlandchurch.org](mailto:director@woodlandchurch.org).

Sincerely-

Heather McGann  
Director

# Super Summer Samaritans Program

## Rate Sheet

**May 30<sup>th</sup> – August 5<sup>th</sup>**

**Child's Name** \_\_\_\_\_

- ***(WELL Center will close July 3<sup>rd</sup> through July 7<sup>th</sup> 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 30<sup>th</sup> – June 2<sup>nd</sup>      \_\_\_\_ June 5<sup>th</sup> – June 9<sup>th</sup>      \_\_\_\_ June 12<sup>th</sup> – June 16<sup>th</sup>  
\_\_\_\_ June 19<sup>th</sup> – June 23<sup>rd</sup>.      \_\_\_\_ June 26<sup>th</sup> – June 30<sup>th</sup>      \_\_\_\_ July 10<sup>th</sup> – July 14<sup>th</sup>  
\_\_\_\_ July 17<sup>th</sup> – July 21<sup>st</sup>      \_\_\_\_ July 24<sup>th</sup> – July 28<sup>th</sup>      \_\_\_\_ July 31<sup>st</sup> – August 4<sup>th</sup>

\_\_\_\_ **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: \_\_\_\_

# Woodland Early Life Learning Center

## Application for Enrollment

### **Please return completed application:**

Woodland Early Life Learning Center  
4434 Thomas Nelson Highway  
Arrington, VA 22922  
(434) - 263- 6811

### **Student Information:**

Student Name: \_\_\_\_\_  
Last First Middle Name Preference

Gender: Male Female Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

### **Student Emergency Information:**

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Parent/ Guardian Information:**

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Legal Guardian Email: \_\_\_\_\_

**Authorized Pick- Up Persons:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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 Procure 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.
- By signing this form, Parents acknowledge that they have read and understand the parent handbook. You also agree that all questions you may currently have, have been answered at this time.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature of Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## EMERGENCY MEDICAL CONSENT FORM

\_\_\_\_\_Woodland Early Life Learning Center\_\_\_\_\_ 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

## Woodland Early Life Learning Center

4434 Thomas Nelson Highway

Arrington, VA 22922

434-263-6811

# Facebook Photo Permission

Woodland Early Life Learning Center has a facebook page. As the parent or legal guardian of this WELL Center student, I give permission to post photos of my child on facebook. I understand that these photographs are for the sole purpose of showing examples of classroom activity, or photographs to show our family or community involvement with on-site events or field trips. Photographs will not be distributed in any other manner or used to exploit any child.

Please note that names of children will not be posted on facebook, only photos.

**Please check one of the following options below, sign and return:**

\_\_\_\_\_ Yes, I give permission for photos of my child to be posted on the WELL Center Facebook Page.

\_\_\_\_\_ Yes, I give permission for photos of my child to be posted on the WELL Center Facebook Page, only if my child's face is not visible in the photo.

\_\_\_\_\_ No, I do not give permission at all for my child's photo to be posted on the Beginnings and Beyond Facebook Page.

Child's Name: \_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_ Date\_\_\_\_\_

## **Gymnastics: Liability and Assumption of Risk Agreement**

I, for my child, agree to hold harmless Woodland Early Life Learning Center and all associated staff of any personal or property liability and/or personal injury while participating in this program. I understand that due to the nature of the that physical injury is possible.

In the event of illness or injury to the participant, where in judgement of Woodland Early Life Learning Center director, Heather McGann, emergency treatment is required, my permission is granted to obtain immediate medical care. I agree to be responsible for all expenses that arise out of such actions.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, and sign it freely and voluntarily without inducement; However, I also understand that baring the completion of this waiver/agreement, my child will not be allowed to participate in the gymnastics program to protect the center in the case of injury or illness.

---

**Parent or Guardian Signature**

---

**Date**

---

**Parent or Guardian Signature**

---

**Date**



**NELSON COUNTY GYMNASTICS  
REGISTRATION AND RELEASE FORM**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Does your child have any physical condition that the instructor should be aware of?

Please list or explain: \_\_\_\_\_

**LIABILITY AND ASSUMPTION OF RISK AGREEMENT:**

I, for my child, & myself agree to hold harmless Nelson County Recreation, Nelson County and Beth Morazes of any personal or property liability and/or personal injury while participation in this program. I understand that due to the nature of the activity that physical injury is possible.

In the event of illness or injury to the participant, where in the judgment of Beth Morazes, emergency treatment is required, my permission is granted to obtain immediate medical care. I agree to be responsible for all expenses that arise out of such actions.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, and sign it freely and voluntarily without inducement.

Signed \_\_\_\_\_ Date \_\_\_\_\_