

WYOMING BEFORE AND AFTER SCHOOL CARE

420 SPRINGFIELD PIKE, SUITE C

WYOMING, OHIO 45215

513-206-7010

APPLICATION

Name of Child _____ Nickname _____

Date of Birth _____ School _____ Grade _____ Gender _____

My Child is: Currently Enrolled _____ New to WBASC _____ On the Waiting List _____

Please complete all forms and return along with the non-refundable \$40.00 processing fee per family. *Full and legible completion of all information is required each year by the Ohio Department of Jobs and Family Services. During the school year, to allow time to process the application and to prepare for the child's arrival, the completed enrollment forms must be received by the WBASC office no later than one week prior the child's first day of attendance. Please refer to the Parent Handbook for tuition and billing information.*

Please enroll my child in:

Before Care: _____ *Before care doors open at 6:30 am. Before care charge is per use.*

After Care Full-time: _____ *A space will be reserved Monday through Friday. (School dismissal until 6:00 pm.)*

After Care Part-time: _____ *A space will be reserved 2 or 3 specific days per week. Please indicate the days below you wish to reserve.*

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

AM: \$7.00 per day (Primary School students)
\$3.50 per day (Middle School students)

PM: Full-time- \$250 a month
Part-time 3 days- \$200 a month
Part-time 2 days- \$160 a month

The monthly tuition is half rate for August and May. The monthly tuition is full rate for September through April.

Parent or Guardian with whom the child resides: *(Please state the relationship if other than parent.)*

Mother's Name _____ Address _____

Home Phone _____ Cell Phone & Carrier _____

Email Address _____

Father's Name _____ Address _____

Home Phone _____ Cell Phone & Carrier _____

Email Address _____

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Name of Child _____ School _____

The following permissions will be valid for the school year or until withdrawn in writing by the parent/guardian.

Part 1: Everyone Must Complete

At least one adult listed on the Child Enrollment and Health Information form must be listed below for emergency pick up. Designated pick-up persons must be 18 years of age or older (anyone younger must have a signed parental/guardian permission form on file.)

I grant permission for WBASC to release my child to the following individuals:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CUSTODY ISSUES: All parents or guardians listed on the Child Enrollment and Health Information form shall be authorized to pick-up his/her child on any day WBASC is in session and will be permitted to designate others to pick up his/her child any day WBASC is in session; **UNLESS** WBASC is provided with a court order or decree that authorizes restriction of these parental rights and the Site Administrator is apprised of the court order or decree. For parents with joint/shared custody either parent will be permitted to pick up his/her child any day WBASC is in session and to designate others to pick up the child provided that the court order provided to WBASC supports such a determination.

Please explain any separation, divorce, or custody situation which WBASC should be aware of and provide a copy of official documents.

I grant permission for WBASC to release my child for school activities (spending extra time on school work, helping in classrooms, assisting with school projects, etc.) as requested by school personnel. My child will check in at WBASC when school is dismissed, walk to the location of the activity designated by the school staff member, and return to WBASC.)

Yes _____ No _____

My Child may watch movies with the following ratings: G _____ PG _____

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LETTER OF AGREEMENT

1. I will complete all necessary forms before my child attends the WBASC. I will notify WBASC of any changes in registration information (e.g. address, phone numbers, place of employment, etc.).
2. I will be responsible for all tuition fees which may be incurred.
 - **PROCESSING FEE:** The non-refundable \$40 processing fee is due at the time of application.
 - **TUITION:** Tuition is an annual rate divided into nine monthly installments. The amount of the payment due each month is the same, regardless of the number of days of school or attendance, except for August and May, which are half of the standard monthly payment. Holidays and other scheduled school days off are not included in the calculation of the annual rate. There will be no credits or refunds for calamity days or absences. A space will be reserved every day of the week for full-time participants. For part-time participants, only those two or three days of the week specified at the time of application will be reserved.
 - **LATE PAYMENT FEE:** Tuition payments are due the first of each month August through May. A late fee of \$25 will be assessed for any payment that is not received by 6:00pm on the 8th of the month. If payment is not received by the close of business on the 15th day, the child will not be provided care on the 16th and will be moved to the waiting list. Reinstatement is available only if space is available in the program and the account is paid in full. Excessive late payments may result in discontinued enrollment.
 - **LATE PICK UP CHARGES:** WBASC ends at 6:00pm. If a child is not picked up by 6:00pm a late fee of \$5 plus \$1 per minute will be assessed. The Procure parent engagement app will record the time of pickup and the account will be billed the late pickup charge using the Procure time. If a child has not been picked up by 6:30pm and attempts to contact the parents and emergency contacts have been unsuccessful, the Wyoming Police and/or Hamilton County Children Services may be called. Recurrent late pickups may result in suspension or termination of enrollment. When a parent is contacted to pick-up a child (e.g. due to illness) the late fee will be assessed beginning one hour after the time of notification.
 - **TRACE FEE:** WBASC must be informed whenever a child will not attend on his or her reserved attendance days. Parents must notify the Site Administrator or leave a message at the after school site by 2:00pm to report the absence. A \$10 trace fee may be assessed for an unnecessary trace. Please leave your message at the site phone as messages left on the after school office are not accessible to the site staff. Site emails are also an effective way to report absences. **Elm** 513-667-4006 elmasc@wyomingcityschools.org, **Hilltop** 513-667-4007 hilltopasc@wyomingcityschools.org, **Vermont** 513-667-4008 vermontasc@wyomingcityschools.org, and the **Middle School** 513-667-4141 middleasc@wyomingcityschools.org.
 - **NON-SUFFICIENT FUNDS FEE:** A fee of \$30 will be assessed for each non-sufficient funds notification (ACH and Credit Card). The amount of the payment plus the \$30 fee must be paid within a week of notification. Multiple non-sufficient funds occurrences may result in withdrawal from the program. The non-sufficient funds fee will also be assessed if your account number changes and you have not updated information. Families are responsible to maintain current account information.

3. I will notify WBASC promptly to withdraw from the program or to change days of attendance. I understand that no refunds will be made for withdrawal from the program. I understand that changes in days of attendance will be made if space in the program permits and will be effective at the Director's discretion. Changes should be made by the 14th of the month to avoid being billed.
4. I will make other arrangements for emergency closing, delays and dismissals (e.g. snow days, facility problems). I understand that WBASC is **not** in session when the start of school is delayed. I understand that if the schools are dismissed early due to emergency conditions the WBASC program is **not** in session and my child will be dismissed according to the information I provide to the school office.
5. I will accompany my child into the Before School Care program and sign in each day no earlier than 6:30 am.
6. I understand that WBASC discourages my child from bringing items from home; however, in the event that my child brings personal belongings to WBASC, I will not hold WBASC responsible for replacement or repair of any item that may be lost, stolen or broken.
7. I understand that if my child is posing a serious or recurrent discipline problem, he or she may be suspended or dismissed from the WBASC program and that payment is due at the time my child is suspended. If my child is dismissed from the program for any reason I will not seek entrance in future years.
8. I will inform WBASC in writing if I do not want photographs of my child participating in the WBASC program to appear on the internet or in newspapers, newsletters, videos, or other publicity materials.
9. I agree to read the Parent Handbook, which contains detailed information on Wyoming Before and After School Care (WBASC) policies and procedures and is available on-line. Hard copies are provided upon request. to abide by the requirements listed above as well as all rules set forth in the Parent Handbook and modifications made when necessary.

Name of Child (Please Print)

Signature of Parent/Guardian and Date

MIDDLE SCHOOL APPLICANTS

WYOMING BEFORE AND AFTER SCHOOL CARE
420 SPRINGFIELD PIKE, SUITE C
WYOMING, OHIO 45215
513-206-7010

MY CHILD, _____, WHO ATTENDS WYOMING MIDDLE SCHOOL HAS MY PERMISSION TO SIGN HIM/HERSELF OUT OF THE WYOMING BEFORE AND AFTER SCHOOL CARE PROGRAM LOCATED AT WYOMING MIDDLE SCHOOL 17 WYOMING AVE, CINCINNATI, OHIO 45215.

I UNDERSTAND THAT BY SIGNING THIS FORM, I RELEASE THE WYOMING BEFORE AND AFTER SCHOOL CARE PROGRAM OF ALL LIABILITY ONCE MY CHILD IS SIGNED OUT.

MY CHILD MAY SIGN HIM/HERSELF OUT:

_____ EVERYDAY AT _____

_____ ONLY WHEN I CALL OR PROVIDE WRITTEN PERMISSION

_____ DURING THE PANDEMIC, WHEN I TEXT OR CALL ADVISING I AM IN THE PARKING LOT AND TO RELEASE MY CHILD.

PARENT/GUARDIAN SIGNATURE

DATE