

## Waterford Area School Age Program – Fall Contract 2021

Woodfield     Trailside

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 First Day of Attendance: \_\_\_\_\_ Registration Fee Due \$55/child

**Schedule:**

	A M		P M	
	ARRIVAL TIME	DEPARTURE TIME	ARRIVAL TIME	DEPARTURE TIME
MONDAY	_____	8:30 AM	3:45 PM	_____
TUESDAY	_____	8:30 AM	3:45 PM	_____
WEDNESDAY	_____	8:30 AM	3:45 PM	_____
THURSDAY	_____	8:30 AM	3:45 PM	_____
FRIDAY	_____	8:30 AM	3:45 PM	_____

Weekly Tuition: \$ \_\_\_\_

Varied     Contracted/Guaranteed  
 Varied schedules that are consistent days for 3 or more weeks will be automatically switched to a regularly contracted schedule.

Rates: Before School Only: \$12      After School Only: \$12      Before and After School: \$22

- Varied Schedules require a 3 day minimum and schedules must be turned in by Wednesday of the week prior to care. Schedules not received by Wednesday will be charged for the full week of am/pm care.
- For all types of schedules, once a day is scheduled or contracted, you will be charged regardless of attendance. Contracted fees may be discontinued by providing a paid two-week notice.
- You must call WASP if your child will be absent on a scheduled day. The school office is NOT responsible for taking or relaying messages to WASP. There is a \$10 No Call / No Show Fee.

**WASP at Trailside: (262)716-9391**

**WASP at Woodfield: (262)716-8851**

- If an extra day is needed outside of your scheduled days, you may request to add a day. However, there are no “switching” days. You are responsible for payment for all days you schedule or contract for.
- Auto draft information is required to enroll. If you choose to use a payment method other than the auto draft for your weekly fees, your payment must be received by Friday prior to the week of care to allow processing time. This includes, but is not limited to, state assisted payments. Any type of payment made after Friday may not process in time to avoid your account being auto drafted.
- Registration Fees are due to secure your child’s spot in the program. If your child does not attend, this money is forfeited.

- **By signing, I understand and agree with all the above, as well as, all policies located in the WASP Parent Handbook.**

<https://www.homesteadlearningcenter.com/wp-content/uploads/WASP-Handbook-full-page-version.pdf>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WASP - MOVIE PERMISSION

On some occasions, the children may be allowed to watch a video. Generally, this would be on early release or no school days. Our general policy is to limit movies to those of a "G" rating. However, we find that most of the movies brought in by the school age children to share with the class are rated "PG". Therefore, we do ask for parent's permission to allow their child to view rated "PG" movies while attending WASP. Please sign and date below to give permission for your child to view rated "PG" movies while attending WASP. Thank you.

Child(ren)'s Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Picture Permission Form

I give permission to Homestead Learning Center LLC/ WASP to take pictures of my child while he/she is in attendance at their program and post the pictures within the program building, in parent emails, in newspaper articles, and on the company's website and social media pages.

I do NOT give permission to Homestead Learning Center LLC/ WASP to take pictures of my child while he/she is in attendance at their program.

Child(ren)'s Name(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience, and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize Homestead Learning Center to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**      **ALL CREDIT CARD PAYMENTS WILL INCUR A 2.5% PROCESSING FEE**

### SECTION A (Credit Card)

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
 \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION B (Bank Account)

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

Address \_\_\_\_\_  
 \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking    Savings

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

# Waterford Area School Program

## Fob Key Order Form

All WASP parents are required to purchase a FOB key. This key will be used to enter the front door of your child's school. Each family can purchase up to 2 keys at the cost of \$7.00 each. FOB keys will be deactivated in the event that your child's enrollment is discontinued. However, we highly suggest that you keep the keys, as they can be reactivated at a later time if there is a need to re-register for the program.

Date: \_\_\_\_\_

Woodfield  Trailside

Name of enrolled child(ren): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Number of FOB keys: \_\_\_\_\_ @ \$7.00 each

---

For Office Use:

FOB #				
Activation Date				
Deactivation Date				
Return Date				
Refund Date				

### CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

**CHILD INFORMATION**

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
------------------------	------------------------	-------------------------

**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	--

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
---	---	--

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	--

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
---	---	--

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
-----------------------------------	-----------------------	--	--

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
-----------------------------------	-----------------------	--	--

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes  No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
--------------------------------	-----------------------	--	--

**PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
------	---	------------------

**AUTHORIZATIONS**

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
---------------------------------------	-------------

## HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
----------------	--------------------------	------------------

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

### HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
 

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns, including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

  
 Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
   
 Food allergies – Specify food(s).
   
  
 Non-food allergies – Specify.

---

2. Triggers that may cause problems – Specify.

---

3. Signs or symptoms to watch for – Specify.

---

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

---

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

---

6. When to call parents regarding symptoms or failure to respond to treatment.

---

7. When to consider that the condition requires emergency medical care or reassessment.

---

8. Additional information that may be helpful to the child care provider.

---

**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

---

**Review dates:** \_\_\_\_\_

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

**Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.**

- Yes year \_\_\_\_\_ (Vaccine is not required)  
 No or Unsure (Vaccine is required)

### REQUIREMENTS

**STEP 3** The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

**STEP 4** **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

- For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
 Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
 SIGNATURE - Parent, Guardian or Legal Custodian

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