



SUMMER 2024 PROGRAM APPLICATION

PROGRAM HOURS 7:30AM-5:30PM

****Students must be dropped off by 9am****

CHILD INFORMATION

Student's Name: _____ T-Shirt Size: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Race (optional): African American Caucasian Hispanic Asian Bi-Racial Other: _____

Address: _____
Street City State Zip

Student lives with: Both Birth Parents 2 Parents (one being a birth parent) Single Mom Single Dad
 Grandparent Aunt Uncle Legal Guardian Other (please specify): _____

EDUCATION INFORMATION & RELEASE

School Name: _____ Grade Level (Fall 2024): _____

Does your child receive free or reduced lunch? (For grant purposes) Yes No

Does your child receive special behavior modifications or services? Yes No

If yes, can Wesley House receive a copy? Yes No

Does your child have an IEP or 504? Yes No

If yes, can Wesley House receive a copy? Yes No

Is your child in the care of a Case Manager/Behavioral Specialist, etc.? Yes No

Name of Specialists: _____ Phone: _____

Name of Specialists: _____ Phone: _____

I do hereby authorize the Knox County Schools to provide the following information to the Wesley House Community Center: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Interim AND Report Card Grades | <input type="checkbox"/> TCAP and other standardized test scores |
| <input type="checkbox"/> Behavior Information (I.E.P, etc.) | <input type="checkbox"/> Aims Web/iReady Scores |
| <input type="checkbox"/> TN State/Local Student Identification Number | <input type="checkbox"/> Attendance Data |

Signature of Parent/Guardian: _____ Date: _____



MEDICAL & INSURANCE INFORMATION

Does your child have any allergies or medical conditions? Yes No If yes, please list: _____

Activity Restrictions: _____

Medication/Dosage (for emergency purposes only): _____

Medication cannot be given by a staff member at the Wesley House

In the event of an emergency, do you give Wesley House Staff permission to seek medical assistance as he/she deems necessary; this includes transportation to a hospital? Yes No

If yes, please list preferred hospital: _____

Insurance Company: _____ Policy #: _____

Primary Physician _____ Phone Number: _____

CAREGIVER CONTACT INFORMATION

Primary Contact Name: _____

Address: _____
Street City State Zip

Cell Phone Number: _____ Work Phone Number: _____

Email Address: _____

Secondary Contact: _____

Cell Phone Number: _____ Work Phone Number: _____

Who should we contact first? _____ Second? _____

Who should we never contact? _____

Would you like to receive important updates from Wesley House via Remind text messages? Yes No

Annual Income under \$10,000 \$11,000-\$20,000 \$21,000-\$30,000 \$31,000-\$40,000 \$41,000-\$50,000
 \$51,000-\$60,000 \$61,000-\$70,000 \$71,000-\$80,000 \$81,000- \$90,000 \$91,000 & up



Wesley House Community Center was founded in 1907 by what is now the United Methodist Church. Being a mission of the United Women in Faith, we continue to teach Christian values and morals with 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. We will not force your child to worship or pray.

The Wesley House Community Center, Inc. is a 501(c)(3) nonprofit agency. Our youth program is focused on providing enrichment opportunities to promote academics by assisting children and youth with their schoolwork and educational learning. I have read and agree with the above statement.

Signature of Parent/Guardian: _____ Date: _____

FEE & SCHOLARSHIP INFORMATION

Parents in need of partial scholarships must complete an application, which is due on or before May 10, 2024. Scholarships are awarded based on financial need and Wesley House uses the federal poverty guidelines in determining eligibility. Scholarship applications are available online or in the office. Please see the Director of Youth Services or Chief Program Officer for any help you may need with the application.

PARENT PAYMENT CONTRACT

I understand that a payment is due **weekly by the end of business hours on Fridays** for my child to remain enrolled at the Wesley House Community Center. Alternative payments must be pre-arranged. The cost per week is \$45.00 or \$360 for the entire summer.

If I fall behind, I must make payment arrangements with the Director of Youth Services or Chief Program Officer. I understand if I continue to fall behind on payments and don't uphold my part in the payment arrangement, my child(ren) can no longer attend the Wesley House Community Center due to non-payment.

I understand that if payments are a hardship for my family, scholarships are available. However, completing a scholarship application does not guarantee the scholarship will be granted. Also, having a scholarship the previous year 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 weekly financial statements.

I understand there will be a \$35 fee for all returned checks. Non-sufficient funds checks will not be re-deposited.

By signing below, I agree to all the above statements and agree to make prompt payments. I further understand my child(ren) can no longer attend the program if payments are not made.

Signature of Parent/Guardian: _____ Date: _____



EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Additional Phone Number: _____

Emergency Contact #2

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Additional Phone Number: _____

Emergency Contact #3

Name: _____ Relationship to child: _____

Cell Phone Number: _____ Additional Phone Number: _____

Please list any additional persons with permission to pick up child(ren) from Wesley House.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- Do we have permission to use your child(ren) first name, picture, and journal writings for publicity, news releases, website, or newsletter? Yes No
- Does your child(ren) have permission to ride to/from programs in Wesley House vehicles? Yes No
- Does your child/children have permission to participate in evaluations of Wesley House programs, including completion of a survey? Yes No

I grant permission for my child 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 Community Center.

Signature of Parent/Guardian: _____ Date: _____