

**2021 - 2022**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

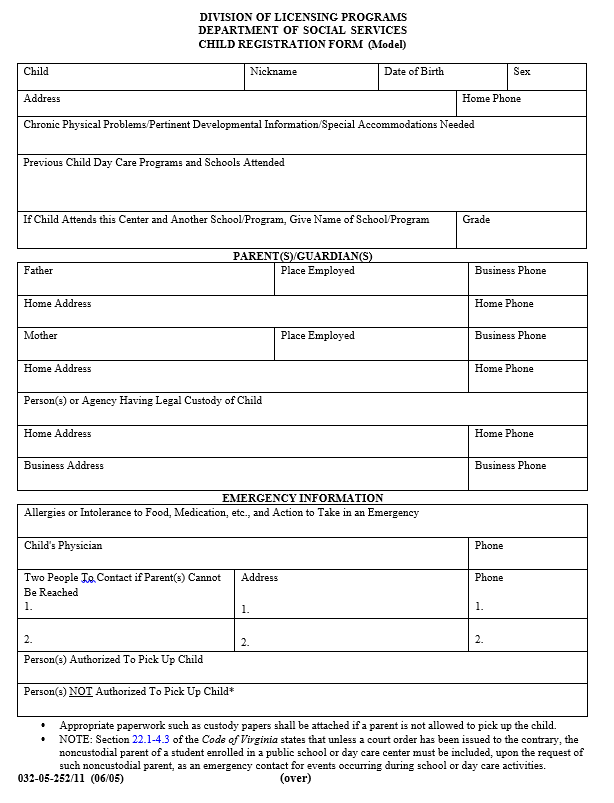
**We are licensed by the state of Virginia; it is MANDATORY that each registration be filled out completely. Please attached the following documents along with the application:**

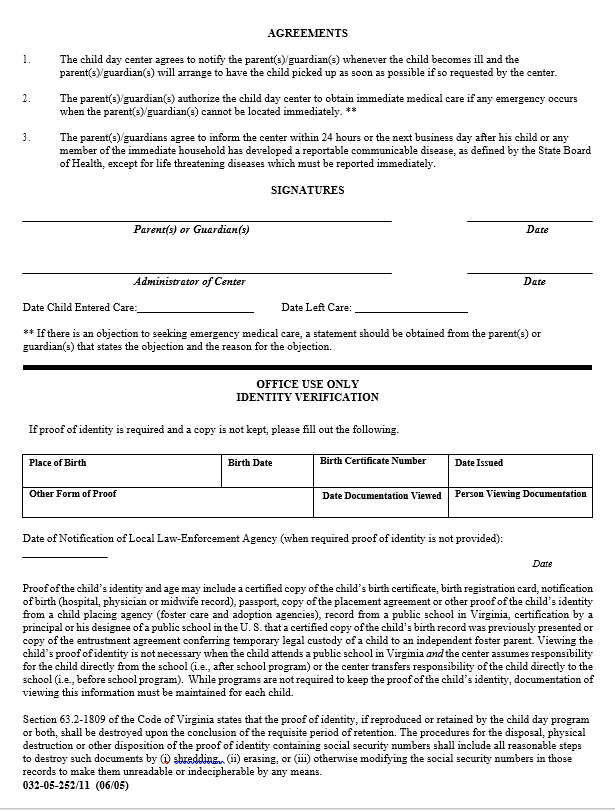
* Birth Certificate
* Physical within the last 12 months
* Immunization Records
* Insurance Card
* Verification of all household income including SSI, disability, food stamps, TANF, pay stubs, unemployment, etc.

**Please Note:**

Open spots are **RARE** so WEC works from a waiting list and **an administrative staff member will contact you when a spot for your child is available**. While one the waiting, if your number changes be sure to update us so you don’t miss our call.

**No child will be admitted to the program or placed on a waiting list until all required information is on file at WEC. We also require that the first week be paid in FULL before your child can start.**





**FAMILY INFORMATION**

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status – Circle One:** Married Single Separated Divorced Widowed

**The following information is confidential and only used for compiling statistics to obtain funding from HUD. No names or individual information will be conveyed to anyone.**

Number of people in the household

# Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #Adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of child’s siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest education level achieved by Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive income through any of the following?

TANF \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Free/Reduced School Lunch \_\_\_\_\_Yes \_\_\_\_\_No

Medicaid \_\_\_\_\_Yes \_\_\_\_\_No

SSI for Self or Child \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Benefits \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Assistance \_\_\_\_\_Yes \_\_\_\_\_No

Section 8 \_\_\_\_\_Yes \_\_\_\_\_No

Public Housing \_\_\_\_\_Yes \_\_\_\_\_No

Unemployment \_\_\_\_\_Yes \_\_\_\_\_No Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Habitat Housing \_\_\_\_\_Yes \_\_\_\_\_No

Any other form of Assistance \_\_\_\_\_Yes \_\_\_\_\_No

Type of Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt/month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL ANNUAL INCOME FOR HOUSEHOLD**

**“Annual Income”** estimated for the 12-month period beginning on registration date. Include all sources and amounts of earned and unearned income for all family members counted above excluding one-time sources such as scholarships, death benefits. (Include TANF, Food Stamps, Child Support, SSI, Disability & Veterans Benefits.)

Total **Annual** Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I VERIFY THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent’s Signature) (Date)

* **YOU ARE REQUIRED TO ATTACH YOUR MOST RECENT TAX RETURN OR PROOF OF ALL SOURCES OF INCOME FOR EACH ADULT MEMBER OF THE FAMILY**

**PERMISSION/AGREEMENTS**

**HOW WILL YOUR CHILD ARRIVE AND DEPART FROM THE CENTER?**

**(PLEASE CHECK ALL THAT APPLY)**

SCHOOL YEAR SUMMER

ARRIVE DEPART ARRIVE DEPART

Bus \_\_\_\_\_\_\_ Bus \_\_\_\_\_\_\_ Bus \_\_\_\_\_\_\_ Bus \_\_\_\_\_\_\_

Walk \_\_\_\_\_\_ Walk \_\_\_\_\_\_\_ Walk \_\_\_\_\_\_ Walk \_\_\_\_\_\_

Car \_\_\_\_\_\_\_ Car \_\_\_\_\_\_\_\_ Car \_\_\_\_\_\_\_ Car \_\_\_\_\_\_\_

Please list all individuals who have consent to pick up your child from West End Center. Include their relationship to your child. We will release your child only to persons providing valid identification. **Please notify us in writing if you need to add to or delete from the list.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List all individuals who **do not** have consent to have contact with your child. A copy of a court order must be kept on file in order to deny a parent contact with a child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you allow your child to walk or to ride the city bus to or from the Center, please sign below assuming full responsibility.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent’s Signature) (Date)

**SWIMMING AND SUNSCREEN PERMISSION**

\_\_\_\_\_ I give permission for West End Center staff to offer sunscreen to my child. Staff will

encourage children to wear sunscreen when the UV Index is above 5. **Sunscreen will NOT be provided by the Center.**

\_\_\_\_\_ I do not give permission for West End Center staff to offer sunscreen to my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

If your child has had any known adverse reactions to sunscreen, please list them below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I give my child permission to participate in swimming, wading, and splashing

activities with West End Center.

\_\_\_\_\_ I do not give my child permission to participate in swimming, wading, and splashing

activities with West End Center.

Please rate your child’s ability to swim:

\_\_\_\_\_ Non-swimmer \_\_\_\_\_ Fair swimmer \_\_\_\_\_ Good swimmer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

**USDA FOOD SERVICE PROGRAM**

West End Center participates in the USDA Summer Food Service Program operated by the U.S. Department of Agriculture. The Center is committed to offering each child a healthy breakfast, lunch, and snack each day during the summer program and afternoon snack during the school year. In order to best serve your child, it is important that we be aware of any dietary restrictions that may affect your child. Please check any of the situations below that apply to your child.

\_\_\_\_ My child has a physical disability and should not be offered the following foods:

**PUBLICITY CONSENT FORM**

I give permission for my child to be videotaped or photographed for the purpose of promoting the services that West End Center offers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent’s signature) (Date)

**PARENTAL AGREEMENT**

* West End Center will notify the parent when a child becomes ill.
* The parent will arrange for the child to be picked up as soon as possible when requested by the Center.
* The parent will inform the Center within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases which must be reported immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

**PARENT CONTRACT**

It is very important that we all work together for the well being of your child/children. We ask that you read and agree to abide by the following policies.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to

(Parent’s name)

* **support the Center staff on discipline**
* **notify the Center of changes in phone numbers, address, emergency contacts, medications, etc.**
* **drop off and pick up my child/children on time**
* **notify the Center of changes in my child’s schedule**
* **notify the Center about my child’s current medication needs**
* **be considerate about where and how I park my car**
* **not park in the fenced lot when children are at the Center**
* **come inside to pick up my child**
* **notify the Center if my child will be absent**
* **keep payment of fees current**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent’s signature) (Date)**

Failure to abide by the above agreement may result in the removal of your child from the

Program.

**PARENT HANDBOOK**

(can be found on [www.westendcenter.org-parent](http://www.westendcenter.org-parent))

I have reviewed a copy of the Parent Handbook, and I agree to be aware of and follow the policies of West End Center. If, at any time, I have a question or concern about a policy, I understand that I am encouraged to schedule an appointment with the Executive Director to discuss my concerns.

I agree to explain to my children and support the rules and policies listed in this form and in the Parent Handbook.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Parent’s signature) (Date)

**CHILD HISTORY**

What are your greatest concerns for your child and his/her future?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities would you like to see your child involved in at the Center?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like us to work on with your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been involved with the court system? \_\_\_\_\_\_\_\_\_\_

If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child in foster care? \_\_\_\_\_\_\_\_\_\_

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been suspended or expelled from school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child receiving services, such as counseling, day-treatment, mentoring, in-home services, PT, OT, etc.? (If yes, please state which agency, the service provided, the individual he/she is seeing, and why.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in receiving information about any of the services listed in the prior question or any other special services? Please list those you believe your child would benefit from and why.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child in Special Education (LD, ED, MR), gifted program, or another special program? If yes, please describe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you believe your child is learning reading, writing, and other skills as he or she should be?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_