



# Waverly Hall Christian Academy

P.O. Box 40, 8365 Hwy 208 Waverly Hall, GA 31831-0040

Phone (706) 582-2228 \* Fax (706) 582-2229

[www.whchristian.org](http://www.whchristian.org) email [office@whchristian.org](mailto:office@whchristian.org)

## After School Care

*We thank you for entrusting your children to our care and count it a privilege to care for them!*

AFTER CARE IS NOT FOR STUDENTS WHO COME EARLY OR REMAIN AFTER SCHOOL TO PLAY OR SOCIALIZE WITH THEIR FRIENDS.

**Policy:** The After School Care program at WHCA is a service provided for our students in K5-6<sup>th</sup> grades who are unable to be picked up immediately when dismissed from school.

**Hours:** Afternoon Hours: 3:00 - 6:00 p.m. Monday through Friday on normal operating school days.

**Rates:** The rate is \$4.00 per hour for ANY PART of an hour per child. Please be aware that if your child stays in After School Care for any part of an hour you will be billed for that entire hour. Students who are not picked up by 6:00 pm will be billed a LATE FEE of \$5.00 *per child* for EVERY PART OF 15 MINUTE INTERVALS.

**Billing & Payment:** Your WHCA account will be billed weekly for the charges incurred during the previous week. These fees are due to be paid on the 1st of each week and must be paid on or before the following Monday in order to avoid a late fee.

### Behavior Rules:

1. No yelling/screaming inside the After School Care area.
2. No throwing or swinging of ANY objects inside the building.
3. No leaning back in chairs, standing on chairs or tables.
4. No disrespect or talking back to those in authority.
5. No name-calling or unkind words to or about other students.
6. No hitting, kicking, fighting or using improper language.
7. Each child will clean up his or her area after snack time.

*Remember that it is a privilege to use the After Care program at WHCA. This service may be terminated for any student who fails to abide by the regulations or disrespects authority.*

## PROCEDURES

**After Care** will begin at 3:00 pm for K5-6<sup>th</sup> grades. Students who have not left the school premises **MUST** go to the After Care area by this designated time. They will be admitted into After Care and are under the supervision of those in authority until they are picked up. Students may not remain on school property, including around the buildings, on the grounds, or in the parking lots without supervision. Unattended students will be charged for After Care if they are anywhere on school property without proper supervision. Students are not allowed to leave the After Care area without supervision.

**There will be HOMEWORK TIME during After Care for all grades.**

There will also be a **SNACK TIME** at the beginning of After Care when students may purchase something to eat from the vending machines or eat a snack from home. You will be able to pick up your child from school by ringing the bell at the entrance. The school is locked at all times. Only those authorized will be permitted entry to the school. Students **MUST** be signed out by a parent or **\*another authorized adult**. They will not be allowed to sign themselves out, and neither will an older, school-aged sibling be allowed to do this.

**In Conclusion:** When students come to school in the mornings, they should know their plans about returning home. If an unforeseen circumstance arises, please call the school office at 706.582.2228 before 2:00 p.m. to allow enough time for a message to be delivered to your child. Notification of day-to-day changes in your pick up arrangements may be made by sending a note to your child's teacher or by calling the school office. Any permanent changes should be made in writing and sent to the office for our records.

***\*Another Authorized Adult:** On the After Care permission form, you will find several spaces to write the names and phone numbers of those who you authorize to pick up your child. If an adult who is not on this list comes to pick up your child and no prior authorization in the form of a note or phone call to our office has been received from you, your child will not be permitted to leave with this individual.*

5/31/2023 1:00 PM



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## After School Care Permission Form

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

MOTHER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP STUDENT {other than parents}:

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IN CASE OF AN EMERGENCY CALL {other than the numbers listed above}:

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LIST APPROXIMATE DAYS/HOURS A WEEK YOU WILL BE USING THESE SERVICES:

DAYS: \_\_\_\_\_

HOURS: \_\_\_\_\_

ANY MEDICAL HISTORY WE MAY NEED TO KNOW TO BETTER CARE FOR YOUR CHILD  
{allergies, etc.} \_\_\_\_\_

CHILD'S BIRTHDAY: \_\_\_\_\_

CHILD'S PHYSICIAN {name, address & phone number}: \_\_\_\_\_

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I UNDERSTAND THAT ALL POSSIBLE MEASURES WILL BE TAKEN TO ENSURE MY CHILD'S SAFETY. IN CASE OF AN EMERGENCY, I GIVE PERMISSION TO THE ADULT IN CHARGE TO ACT ON MY BEHALF IN OBTAINING MEDICAL AID. IF AN EMERGENCY SHOULD ARISE, 911 WILL BE UTILIZED.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE