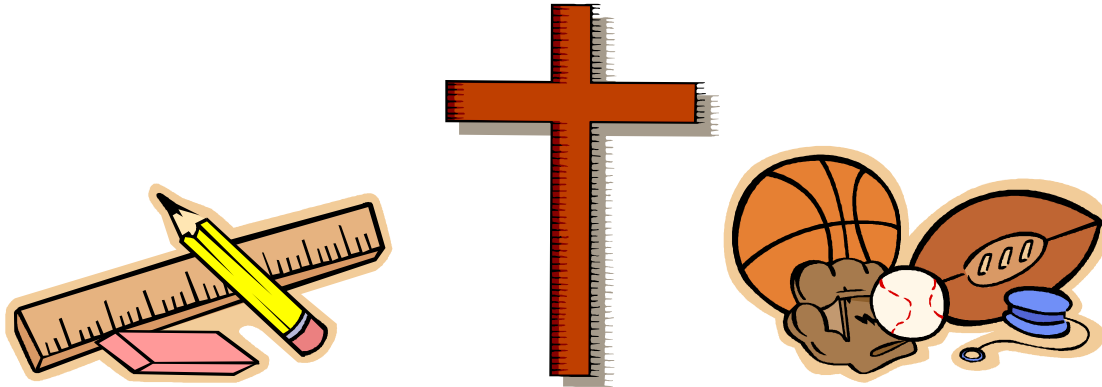


The Salvation Army Community Center After School Program



**Registration Packet
2009-2010 School Year
August 25th - June 9th**

Ages 5-13

**For God so loved the world that he gave His one and only Son,
that whoever believes in Him shall not perish but have eternal
life. John 3:16**

**The Salvation Army Community Center
902 Wake Forest Road
Raleigh, NC 27604
Phone: 919-832-6918
Fax: 919-832-8500**

www.keepthebellringing.org



DOING THE
MOST GOOD



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MOST GOOD™

Our Mission Statement

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

Community Center Goals

This program was established to provide youth ages 5-13 a safe and positive Christian environment during after school hours so that they can learn more about God, meet new friends and thrive to become self-sufficient and productive citizens. The components of the program are designed to provide youth with the opportunity to:

- 1. Learn more about Jesus Christ our Lord and Savior. We try to implement Christian principals in everything we do.**
- 2. Stay in a safe environment with positive adult and student role models during after school hours.**
- 3. Receive homework assistance with the enhancement in reading, math and science.**
- 4. Engage in enriching activities.**
- 5. Learn sportsmanship and fair play as they participate in recreational activities.**
- 6. Learn how to engage in healthy lifestyle through prevention activities.**
- 7. Become actively involved in the community.**

Our program is constantly changing. The Salvation Army Community Center (SACC) activities may be modified at any time to best suit the needs of our kids and their families.

2009-2010 After-School Program Rate Plans

Plan #1

| | |
|--|----------------|
| Without Transportation Without Teacher Workdays | |
| ASP: Yr Charge | \$742.00 |
| Membership Fee | \$40.00 |
| Total | \$782.00 |
| Monthly Bill | \$78.20 |

Plan #2

| | |
|---|----------------|
| With Transportation Without Teacher Workdays | |
| ASP: Yr Charge | \$742.00 |
| Membership Fee | \$40.00 |
| Transportation | \$140.00 |
| Total | \$922.00 |
| Monthly Bill | \$92.20 |

Plan #3

| | |
|---|-----------------|
| Without Transportation With Teacher Workdays | |
| ASP: Yr Charge | \$742.00 |
| Membership Fee | \$40.00 |
| TWD/Breaks- Wake County Schools 18 @ \$18.00/day | \$324.00 |
| Total | \$1,106.00 |
| Monthly Bill | \$110.60 |

Plan #4

| | |
|---|-----------------|
| With Transportation With Teacher Workdays | |
| ASP: Yr Charge | \$742.00 |
| Membership Fee | \$40.00 |
| Transportation | \$140.00 |
| TWD/Breaks- Wake County Schools 18 @ \$18.00/day | \$324.00 |
| Total | \$1,246.00 |
| Monthly Bill | \$124.60 |

Plan #5 (PreEminent Charter School Only)

| | |
|--|-----------------|
| With Transportation With Teacher Workdays | |
| ASP: Yr Charge | \$742.00 |
| Membership Fee | \$40.00 |
| Transportation | \$140.00 |
| TWD/Breaks 20 @ \$18.00/day | \$360.00 |
| Total | \$1,282.00 |
| Monthly Bill | \$128.20 |

* Note

*There is a combined limit of 70 participants for plans 3 ,4, 5

*Your child's first month payment is due at the time of Registration.

*All payments will be due by the 5th each month.

IMPORTANT DATES!!

The following is a list of days the community center will be open from 7:30 AM-6:00 PM for kids on Plans 3, 4 and 5:

September 28, 2009
October 13, 2009 (Plan 5 Only)
October 30, 2009
November 11 & 25, 2009
November 24, 2009 (Plan 5 Only)
December 21-23, 29-31, 2009
January 18 & 25, 2010
January 29, 2010 (Plan 5 Only)
February 15, 2010
February 16, 2010 (Plan 5 Only)
March 15, 2010 (Plan 5 Only)
March 29- April 1 & 5, 2010
April 6-9, 2010 (Plan 5 Only)

***Note: On the days that plan 5 kids are in school and kids on plans 3 and 4 are out; plan 5 kids or modified calendar school kids will still be able to come to the community center in the afternoons. Transportation will be provided for kids on Plan 5.**

***Please know that your child may still come in the afternoons starting at 2:30 PM.**

Days the community center will be closed:

**Labor Day, Thanksgiving Day & Day After, December 16-17, 24-28, 2009
January 1, April 2 and May 31, 2010**

****The After School Program will begin on: Tuesday, August 25, 2009 and will conclude on Wednesday, June 9, 2010**

****Please attend our Parent Meeting on Thursday, August 27th at 6:00 PM. This will be a very informative meeting and will also be a time to answer your questions.**

I agree with and understand the above program dates:

Parent Signature _____ Date _____



THE SALVATION ARMY COMMUNITY CENTER
AFTER SCHOOL PROGRAM 2009-10
REGISTRATION FORM- AGES 5-13

CHILD'S INFORMATION

LAST NAME: _____
FIRST NAME: _____ MIDDLE: _____
GENDER: MALE ___ FEMALE ___
ETHNICITY: ASIAN ___ AFRICAN AMERICAN ___ CAUCASIAN ___ HISPANIC ___
GRADE: ___ SCHOOL: _____
BIRTHDAY: _____ AGE: ___ SOCIAL SECURITY: _____
SHIRT SIZE: YOUTH MEDIUM (10-12) ___ YOUTH LARGE (12-14) _____
ADULT SMALL (32-34) ___ ADULT MEDIUM (34-36) ___ ADULT LARGE (36-38) ___

WHAT CHURCH DO YOU ATTEND? _____
HOW DID YOU HEAR ABOUT US? _____

PARENT INFORMATION

LIVES WITH MOTHER ___ FATHER ___ BOTH PARENTS ___ GUARDIAN ___
LAST NAME: _____ FIRST NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
PAGER: _____ CELL PHONE: _____
EMAIL ADDRESS _____

LAST NAME: _____ FIRST NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
PAGER: _____ CELL PHONE: _____
EMAIL ADDRESS _____
HOUSEHOLD INCOME: BELOW \$5,000 ___ \$5,500-\$8,000 ___ \$8,500-\$12,000 ___
\$12,500- \$17,000 ___ \$17,500-\$21,000 ___ \$21,500-\$25,000 ___ OTHER ___

PEOPLE PERMITTED TO PICK UP YOUR CHILD
(PLEASE INFORM US BY SENDING A LETTER WITH YOUR CHILD OR A PHONE CALL TO NOTIFY US OF THE CHANGE IN THE PERSON PICKING UP YOUR CHILD)

NAME: _____
NAME: _____
NAME: _____
NAME: _____

| |
|------------------------|
| Plan # _____ |
| Parent Signature _____ |
| Date _____ |

EMERGENCY CONTACT YOU MUST LIST THREE

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ WORK PHONE: _____ PAGER: _____

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ WORK PHONE: _____ PAGER: _____

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ WORK PHONE: _____ PAGER: _____

MEDICAL INFORMATION

DOCTOR: _____ CLINIC: _____
ADDRESS _____
PHONE: _____

DENTIST: _____ CLINIC: _____
ADDRESS _____
PHONE: _____

INSURANCE CO: _____ POLICY# _____

MEDICATION TYPE AND SCHEDULE: _____

ALLERGIES: YES ___ NO ___ PLEASE SPECIFY _____

ADD: YES ___ NO ___ ADHD: YES ___ NO ___

EMOTIONALLY, BEHAVIORALLY, INTELLECTUALLY OR PHYSICALLY
CHALLENGED

YES ___ NO ___ (EXPLAIN) _____

IN CASE OF A MEDICAL EMERGENCY AT THE CENTER, WE WILL TRANSPORT YOUR CHILD TO DOCTORS URGENT CARE ON WAKE FOREST RD, UNLESS GIVEN OTHER DIRECTIONS FROM THE PARENT OR GUARDIAN.

I THE UNDERSIGNED PARENT/GUARDIAN OF _____
I HAVE COMPLETED THIS MEDICAL INFORMATION SHEET TO THE BEST OF MY ABILITY. I UNDERSTAND THE SALVATION ARMY'S PROCEDURES IN CASE MY CHILD NEEDS MEDICAL ATTENTION. I AGREE TO GIVE THE SALVATION ARMY PERMISSION TO ADMINISTER AND GRANT MEDICAL EMERGENCY CARE FOR MY CHILD.

Parent/Guardian _____

ADDITIONAL POLICIES AND PROCEDURES

MONTHLY PAYMENTS- YOUR CHILD'S FIRST MONTHLY PAYMENT IS DUE AT THE TIME OF REGISTRATION (JULY 2009). YOUR NEXT PAYMENT WILL BE DUE IN SEPTEMBER. ALL PAYMENTS WILL BE DUE BY THE 5TH OF EACH MONTH. PLEASE NOTE THAT YOUR OVERALL BALANCE FOR THE ASP PROGRAM IS BROKEN DOWN INTO 10 MONTHLY PAYMENTS. YOU WILL NEED TO MAKE PAYMENTS EACH MONTH UNTIL YOUR **TOTAL BALANCE IS PAID OFF**.

DISCOUNTS- IF YOU HAVE MORE THAN ONE CHILD ENROLLED IN OUR PROGRAM, YOU WILL RECEIVE THE FOLLOWING DISCOUNTS: YOUR 2ND CHILD WILL RECEIVE A 10% DISCOUNT, YOUR 3RD CHILD WILL RECEIVE A 15% DISCOUNT, YOUR 4TH CHILD WILL RECEIVE A 20% DISCOUNT.

INSUFFICIENT FUNDS- IMMEDIATE PAYMENT WILL BE REQUIRED WHEN WE DO RECEIVE A RETURNED CHECK. YOU WILL BE REQUIRED TO PAY \$25 FOR EACH RETURNED CHECK IN ADDITION TO THE AMOUNT YOU OWE. YOU WILL NEED TO SEND CASH, MONEY ORDER OR A CERTIFIED CHECK TO REIMBURSE US. PERSONAL CHECKS WILL NOT BE ACCEPTED.

CANCELLATIONS- PLEASE NOTIFY US IMMEDIATELY IF YOUR CHILD WILL NO LONGER BE ATTENDING THE PROGRAM. NON-ATTENDANCE, WITHOUT WRITTEN CANCELLATION, DOES NOT RELIEVE YOU OF THE RESPONSIBILITY TO PAY FOR THE PROGRAM.

REFUNDS- NON-ATTENDANCE WITHOUT PROPER NOTIFICATION DOES NOT ENTITLE YOU TO A REFUND. NO REFUNDS OR ADJUSTMENTS ARE GRANTED FOR ILLNESS, VACATION OR WHEN SALVATION ARMY PROGRAMS ARE CANCELLED DUE TO INCLEMENT WEATHER. REFUNDS WILL BE ISSUED WHEN WE RECEIVE PROPER NOTIFICATION. YOU WILL RECEIVE YOUR REFUND WITHIN 45 DAYS OF CANCELLATION.

EARLY RELEASE DAYS- THROUGHOUT THE YEAR, ALL OF THE SCHOOLS WILL HAVE DAYS WHEN THE KIDS GET OUT OF SCHOOL EARLY. IF YOU SIGN UP FOR ONE OF OUR TRANSPORTATION PLANS, WE WILL PICK UP YOUR CHILD AT SCHOOL ON THESE DAYS AND WE WILL OPEN EARLY TO RECEIVE CHILDREN THAT ARE BEING DROPPED OFF HERE AT THE COMMUNITY CENTER.

INCLEMENT WEATHER: THE COMMUNITY CENTER WILL NOT OFFER PROGRAMS WHEN WAKE COUNTY PUBLIC SCHOOLS CLOSE DUE TO INCLEMENT WEATHER.

I HAVE READ AND UNDERSTAND ALL THE POLICIES STATED ABOVE:

PARENT/GUARDIAN SIGNATURE _____
DATE _____

PERMISSION TO TRAVEL

I GIVE MY PERMISSION FOR MY CHILD TO TRAVEL WITH THE SALVATION ARMY COMMUNITY CENTER DURING FIELD TRIPS.

AS A PARENT OR LEGAL GUARDIAN OF _____, I APPROVE OF HIS OR HER JOINING IN THESE ACTIVITIES OF THE SALVATION ARMY AND AGREE NOT TO HOLD THE SALVATION ARMY STAFF OR VOLUNTEERS RESPONSIBLE AND OR LIABLE. I HEREBY RELEASE THEM FROM LIABILITY FOR LOSSES OF ANY PERSONAL PROPERTY AND FOR ANY INJURIES OR ACCIDENTS SUFFERED BY MY CHILD AT THE SALVATION ARMY FACILITIES OR IN CONNECTION WITH HIS/HER MEMBERSHIP OR PARTICIPATION IN THIS SALVATION ARMY ACTIVITY.

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE SALVATION ARMY TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD AS NAMED ABOVE.

PRINT NAME OF PERSON(S) TO CALL IN AN EMERGENCY:

PHONE NUMBER: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____

DISCIPLINE POLICY

The Salvation Army recognizes that children need structure and discipline while at the center or involved in any activity sponsored by the Salvation Army. It is expected that each child will follow the following rules:

1. **RESPECT AND OBEY ALL STAFF AND VOLUNTEERS.** This includes listening to staff when they are talking, giving instructions, or leading devotion.
2. **CHILDREN MUST KEEP THEIR HANDS AND FEET TO THEMSELVES.** They may not hit, bite, kick, slap, punch or throw objects at other children, staff, or volunteers.
3. **WE ARE ALL FRIENDS.** Children must treat one another with respect and love. Name calling, teasing, and anything not done out of love or respect will not be tolerated.
4. **THE RESPECT AND CARE OF CENTER PROPERTY AND VEHICLES IS VERY IMPORTANT.** There is to be no destruction of the center's property or vehicles. Horseplay, wrestling, running, and climbing trees are not permitted. Seat belts must be worn and children must sit facing forward with both feet on the floor.
5. **ALL USE OF PROFANITY AND INAPPROPRIATE CONVERSATION OF A SEXUAL NATURE IS PROHIBITED.**

At the Salvation Army we believe that children need to be rewarded for positive behavior and disciplined for negative behavior. If your child does not follow the above rules, then the following action(s) will be taken:

1. In most cases, your child will **receive a warning** if they are doing something inappropriate.
2. After a warning, if a child continues the inappropriate behavior, he/she will be **written up and receive time out, sentences or lose field trip privileges** (depending on the severity of the action).
3. The second time a child is written up for breaking a rule, he/she will again **lose privileges, will be suspended for 1 day** and there will also be a **conference with the parents of the child and the Program Director.**
4. The third write up will result in the child being **suspended from the center for 1 week.**
5. The fourth time a child is written up for an offense, **the child will be dismissed from our program without a refund.**

***Severe actions including but not limited to: stealing, fighting, leaving the building/group, sexual conversation or use of purposeful profanity will result in immediate 24-hour suspension for the first offense and expulsion without refund for the second offense.**

IF A CHILD REFUSES TO OBEY THE COMMUNITY CENTER'S RULES, THE SALVATION ARMY RESERVES THE RIGHT TO EXPEL THE CHILD FROM THE PROGRAM WITHOUT REFUND. THE SALVATION ARMY COMMUNITY CENTER STAFF WILL NOT USE ANY TYPE OF PHYSICAL CONTACT AS A MEANS OF DISCIPLINE. CORPORAL PUNISHMENT OF ANY KIND IS PROHIBITED. VERBAL DEGRADATION IS ALSO PROHIBITED. STAFF MEMBERS MAY ONLY RESTRAIN A CHILD IN CASES WHEN THE CHILD IS IN DANGER OF HARMING HIS OR HER SELF OR ANOTHER PERSON, ONLY AFTER ALL OTHER ACCEPTABLE MEANS HAVE BEEN TRIED.

I HAVE READ THE ABOVE RULES AND I FULLY UNDERSTAND THE RULES AND THE CONSEQUENCES OF SUCH BEHAVIOR.

SIGNATURE & DATE: _____

After School Program 2009-10
Late Pick-Up Policy
WE CLOSE AT 6:00 P.M. EACH DAY

Child's Name _____

ALL CHILDREN MUST BE PICKED UP NO LATER THAN **6:00 PM!** YOU ARE CONSIDERED LATE **AFTER 6:00 PM.** THE FIRST TIME YOUR CHILD IS PICKED UP LATE, YOU WILL BE CHARGED \$1.00 FOR EVERY MINUTE AFTER 6:00 PM, UP TO 30 MINUTES. THE SECOND TIME YOUR CHILD IS PICKED UP LATE, YOU WILL BE CHARGED \$2.00 FOR EVERY MINUTE YOU'RE LATE, UP TO 30 MINUTES. IF YOU'RE LATE IN PICKING UP YOUR CHILD(REN) A THIRD TIME, YOU MUST PAY \$3 FOR EACH MINUTE AND MEET WITH THE EXECUTIVE DIRECTOR. **EXCESSIVE TARDINESS WILL NOT BE TOLERATED AND COULD RESULT IN DISMISSAL FROM THE PROGRAM.**

IF NONE OF THE RESPONSIBLE PARTIES FOR THE CHILD(REN) HAVE MADE CONTACT WITH THE STAFF 30 MINUTES AFTER CLOSING, THEN WE WILL NOTIFY THE RALEIGH POLICE DEPARTMENT. IF THROUGHOUT PROPER CHANNELS NO RESPONSIBLE PARTY CAN BE REACHED, THEN THE CHILD WILL BE PLACED IN PROTECTIVE CUSTODY OF THE RALEIGH POLICE DEPARTMENT. THE POLICE WILL THEN CONTACT THE DEPARTMENT OF SOCIAL SERVICES.

THIS POLICY IS FOR THE PROTECTION OF THE CHILD(REN) AND NOT TO INCONVENIENCE THE PARENTS. PLEASE MAKE SURE THAT YOU PICK UP YOUR CHILD ON TIME AND HAVE CORRECT TELEPHONE NUMBERS AND EMERGENCY CONTACT PERSONS ON YOUR CHILD'S FILE.

1. First Offense- \$1 for each minute _____
(Parent Signature)

2. Second Offense-\$2 for each minute late _____
(Parent Signature)

3. Third time- \$3 for each minute late and meeting with the Executive Director.

I have read this policy and understand the consequences for not picking up my child on time.

Parent's Signature _____
(Date)

AFTER SCHOOL DRESS CODE

AT THE SALVATION ARMY, WE ARE ALWAYS REPRESENTING JESUS. OUR ATTITUDES, ACTIONS, AND CLOTHING NEED TO REFLECT THE SON. THEREFORE WE ASK THAT WHILE YOUR CHILD REPRESENTS THE SALVATION ARMY THAT HE/SHE DRESS IN A WAY THAT IS PLEASING TO CHIRST.

SHORTS: MUST BE FINGERTIP LENGTH

SHIRTS/: MUST NOT HAVE INAPPROPRIATE SAYINGS OR PICTURES.

BELTS- NO SAYINGS LIKE (EX. BOOTYLICIOUS, SEXY, HOTTIE, ETC.)

SHOES- NO OPEN TOE SHOES (SANDALS, FLIP FLOPS, OR HEELYS)

GIRLS

- . SPAGGETTI STRAP TOPS OR DRESSES MAY ONLY BE WORN BY K-3RD GIRLS.
- . SHIRTS MUST COVER BELLY BUTTON WITH ARMS RAISED.
- . NO HALTER TOPS OR TUBE TOPS
- . SKIRTS MUST COME TO THE KNEE
- . **BATHING SUITS MUST BE ONE PIECE.**

BOYS

- . NO WHITE UNDERSHIRT TANKTOPS
- . SHIRTS MUST BE WORN UNDER BASKETBALL JERSEYS OR TANKTOPS.
- . SHORTS/PANTS MUST BE WORN AROUND WAIST-NO SAGGING.
- . MUST WEAR A BATHING SUIT TO THE POOL-NO CUTOFFS.

***IT IS THE PARENTS' RESPONSIBILITY TO ENSURE THAT THE DRESS CODE IS FOLLOWED. IF YOUR CHILD COMES TO THE CENTER INAPPROPRIATELY DRESSED, THEY WILL BE SENT HOME.**

I have read this policy and understand the dress code that is put in place fro my child(ren). My child(ren) will abide by this dress code.

Parent Signature & Date _____



AUTHORIZATION OF PHOTOGRAPHY/FILM/AUDIO/TEXT
BY
THE SALVATION ARMY

I certify that I am at least 21 years of age, my birth date being _____20___, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or texts by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

| | | | |
|--------------|-------------|-----------|--------|
| | | | |
| (Print Name) | (Sign Name) | (Address) | (Date) |
| | | | |
| | | | |

Authorization Relating To A Minor Or Individual Under Local Guardianship

I hereby certify that I am the (parent)(legal guardian) of a minor child or dependant _____, and have executed this release on (his)(her) behalf.

| | | | |
|--------------|-------------|-----------|--------|
| | | | |
| (Print Name) | (Sign Name) | (Address) | (Date) |

Witness to Execution of Release

| | | | |
|--------------|-------------|-----------|--------|
| | | | |
| (Print Name) | (Sign Name) | (Address) | (Date) |



The Salvation Army Community Center
REACH PROGRAM
“Reading, Education, Attendance, Conduct, Honors”

ENROLLMENT APPLICATION- Grades K-5

Child's Name _____

Grade _____

School _____

Teacher _____

What are your child's strengths? _____

What areas does your child need extra help with? _____

Can we make copies of your child's report card? Yes _____ No _____

Our REACH program is designed to best help your child academically. Our goal is to help your child improve in school. We can best achieve this by visiting the schools, talking with teachers and if the teacher permits, work with your child in the classroom. After talking with teachers, we know better what areas your child needs to work on and we can work on these areas during our homework time each afternoon. After any meetings with your child's teacher we will inform you on what was discussed.

Our REACH coordinator will be visiting your child's classroom and talking with teachers at least once per quarter (if the school allows). We will carry this form when we go to the schools for verification. Without this form signed, we will not be able to visit your child or your child's teacher in the schools.

I understand this program and its purpose. I want my child enrolled and I approve of the REACH coordinator meeting with my child and the teacher in the schools to check on my child's progress.

Parent's Signature & Date _____

TELL US ABOUT YOUR CHILD

BASIC INFORMATION

Name of Child _____ Birth Date _____

Child Prefers to Be Called _____ Grade _____

Child's Primary Language _____

Mother's Home Phone # _____ Office # _____

Father's Home Phone # _____ Office # _____

OR, If applicable:
Guardian Phone # _____ Office # _____

INFORMATION ABOUT YOUR CHILD'S INTERESTS

Tell us about your child's favorite activities at home or in the neighborhood.

Circle the activities that your child enjoys. Then list examples of your child's favorite activities in the space provided below.

Sports and Outdoor
Arts and Crafts
Listening to Music
Building Things
Cooking

Board and Table Games
Playing a Musical Instrument
Exploring Nature
Socializing with Friends
Working on a Special Hobby

Dancing
Singing
Reading
Play-Acting
Other (List below)

Examples of your child's favorite activities: list specific games, crafts, musical instruments, hobbies
And so on.

Are there activities your child has not had an opportunity to do at home, but might like to try at
The center? Yes No If you checked Yes, please list the activities here:

INFORMATION ABOUT YOUR CHILD'S TEMPERAMENT AND PERSONAL STYLE

Please tell us about your child's temperament and personal style so we can provide appropriate Guidance and support. For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible?

What do you think are your child's best qualities?

What are the most important things we can do to help your child have a positive experience in our Summer program? Are there areas in which you feel that your child may need extra help or support?

If yes, please describe.

ADDITIONAL INFORMATION:

IF THERE IS ANY INFORMATION THE CENTER NEEDS TO KNOW ABOUT YOUR CHILD PLEASE LIST IT BELOW. _____

Thank you for telling us about your child.



**The Salvation Army Community Center
After School Program- Frequently Asked Questions**

- 1. How many youth are enrolled in the After School Program?**
140 youth
- 2. What are the ages of the youth that come?** *Ages 5-13.
All 5 year olds must be enrolled in elementary school and
eligible 13 year olds cannot turn 14 before Dec. 31st.*
- 3. Does the federal government fund your programs?**
No, we operate off of donations and program fees.
- 4. Are we a licensed day care?** *No, we do abide by state
regulations.*
- 5. What is the staff-child ratio?** *For every 16 youth we have one
staff member present.*
- 6. What are your hours of operation?** *We are open 10-6:00PM
Monday-Friday and we start accepting kids at 2:30 each
afternoon. Teacher Workdays- 7:30- 6:00 PM*
- 7. Can we tour the facility?** *Yes, we would be glad to give you a
tour. Please let us know when you sign up your child. Also, the
program director would be glad to meet with you and talk about
our programs.*
- 8. Do you provide a snack for my child?** *Yes, each afternoon
your child will be provided a snack from the Inter-Faith Food
Shuttle.*
- 9. Do you provide lunch on teacher workdays?** *No.*

10. How do we choose volunteers? *We conduct a background check on all volunteers. We then interview them and check all references before they are approved to help at the community center.*

11. What else do you offer at the community center?

- *Summer Day Camp Program (June-August) for youth ages 5-12. Registration for summer day camp usually begins in March.*
- *Athletic Program, which consists of basketball, baseball, soccer and flag football. Youth that are enrolled in our After School Program can participate for Free!*

12. What if my child is injured at the community center? *We will call 911 and contact you immediately, unless given other directions by the parent.*

13. What if my child develops a sickness that is contagious? *Your child will not be allowed to come back to the community center until we receive a doctor's notice saying that the condition has cleared.*

14. What schools do you pick up from: *At this point, we know that we will pick up at Conn, Powell, Millbrook Elementary schools and PreEminent Charter School. We may be able to pick up at other schools if there are enough kids present and we can work it into our transportation route. Please check with your school or Wake County transportation to see if they can have a school bus drop off your child here at the community center.*

15. What happens if schools close due to inclement weather? *If Wake County Schools close, we close. You may call us or check our website-www.keepthebellringing.org to check on the status.*