



Dear Future and Current Shack Neighborhood House Parents and Friends,

Welcome to The Shack Neighborhood House before and/or after school programs. We hope your whole experience with The Shack will be a positive, happy, learning experience for you, your child/ren and our staff. Our main focus is to cultivate an active, fun and academically sound environment here at The Shack and each school that we serve.

The Shack before and/or after-school program is offered Monday through Friday throughout the school year. It provides a safe environment for children grades K -5 to receive academic support, recreation, nutritional, and social enrichment. **Please note that children must be 5 years old to attend.** We understand that there is a tremendous need for Shack before and/or after-school programs as a supplemental offering to children in our community and we seek to not only enrich the kids within our program, but to better prepare them for their future.

At our Shack before and/or after-school program, we help children develop healthy bodies and encourage proper nutrition through daily physical activity and a healthy snack each afternoon. One-on-one tutoring and homework assistance will also be provided as part of our education component. Enrolled children are encouraged to speak with their caregivers about their experience at the program on a regular basis. We envision that with consistent attendance, participants will have shared experiences of improved social/emotional competencies, academic achievement, motivation and a higher sense of self-worth.

Our continuing initiative is to improve our family relationships by enhancing the way that we connect. Due to this, we utilize an app-based sign in/out software that allows our staff to stay in real time connection with our families, attendance, and billing all on the same platform. Each parent will receive an invite to sign up for the Procure app, each parent will be provided a PIN that is required to be used at pick up.

We appreciate your interest and support in maintaining a quality experience for your child/children and look forward to working more with you and your family. Upon completing your forms, please email them to me at: volunteer@the-shack.org. Your application will not be considered complete until your immunization record, health assessment, registration fee and income verifications are received. If your income verification is not received you will be assigned to the top tier and billed the applicable weekly rates. Shortly after all documents are received, I will email you with an acknowledgement of receipt of your forms and a confirmation of enrollment. Please submit all forms by August 11, 2023.

Sincerely,

Katie Leach
Program Director
volunteer@the-shack.org
(304) 599-5466 x101

Important Things to Remember:

- ❖ **REGISTRATION IS FIRST COME, FIRST SERVE AND SPACES ARE LIMITED**
- ❖ The Shack follows the Monongalia County School Calendar. We will hold after school programs on early release days at the schools, unless early release is due to weather or other emergency related circumstances.
- ❖ Due to the loss of supplemental COVID -19 assistance our fees for the 2023-2024 year have increased. These increases will ensure that we are able to continue to provide affordable programming on site. This increase will cover costs associated with staffing and to supply program materials.
- ❖ The Child Care Resource Center (CCRC) has available funding to assist with before/after school program costs. Income guidelines for these programs align with the \$10 and \$15 tiers listed in our income guideline chart. (\$15 tier income guidelines are eligible if applications are received prior to August 31,2023) . We have included information on what is needed to apply for assistance and how to apply. Upon approval for CCRC the parent-child fee listed in the approval is Waived, making care at no cost to families approved.
- ❖ Start Times are as follows:
 - Eastwood-earliest drop off is 7:00am, all drop-offs must be no later than 7:30am
 - Mylan Park-earliest drop off is **7:00am**
 - Ridgedale-earliest drop off is 7:00am
- ❖ **Pick up times for ALL locations is by 5:30pm.** If you are unable to arrive by 5:30 p.m., please call The Shack's office (304-599-5466). Abuse of this policy may result in a fee of \$1.00 per minute after 5:30pm.
- ❖ The Shack holds OSE days (Out of School Environment days) at the Shack Neighborhood House, located at 537 Blue Horizon Drive, Morgantown, WV 26501. On these days there are a variety of educational and physical activities offered. The cost for these days will be \$20 per child and pre-registration is required. In order to maintain appropriate staffing and to provide care to as many families as possible, if you sign up for an OSE day and do not attend, you will still be charged for each spot that you reserve. A package can be purchased for \$150 that will include pre-registration for 8 OSE days with additional fees if additional days are utilized.
- ❖ The following Professional Learning & Faculty Senate days are subject to change based upon the Monongalia County School 2023-2024 calendar:
 - October 20, 2023
 - November 20, 2023
 - December 22, 2023
 - January 2, 2024
 - February 12, 2024
 - February 19, 2024
 - April 19, 2024
- ❖ We will provide childcare on the following out of school days at The Shack:
 - November 21st
 - March 11th-12th
 - April 2nd
 - Parents will be notified of any additional coverage dates in advance for signups due to space

availability.

❖ The Shack and the Before School/After School Care **will be CLOSED** on the following dates:

- September 4th, 2023 Labor Day
- November 10th, 2023 Veterans Day
- November 22nd -24th Thanksgiving Break
- December 25th-January 2nd Holiday Break
- January 15th, 2024 Martin Luther King Day
- March 29th, 2024 Good Friday
- April 1st, 2024 Easter Monday
- May 27th, 2024 Memorial Day

The Shack Neighborhood House Before and After School Fees 2023-2024

The following sliding fee scale will be used to determine the fees for the Shack Before and After School programs. As a non-profit organization these funds are used to support our before and after school programs at each site.

The fees are per child and will be billed per week regardless of your child's attendance. There is not a separate fee for before and after school, these fees are for attendance at both programs.

Household Size	CCRC Eligible or	CCRC Eligible or	\$30 per week	\$40 per week	\$50 per week	\$60 per week
	or \$10 per week	\$15 per week				
2	\$0- \$25,368	\$25,369-\$44,561	\$44,562- \$75,000	\$75,001- \$110,00	\$110,001- 200,000	\$200,001+
3	\$0- \$31,992	\$31,993- \$55,047	\$55,048- \$85,000	\$85,001- \$120,000	\$120,001 - 200,000	\$200,001+
4	\$0- \$38,628	\$38,629- \$65,532	\$65,533- \$95,000	\$95,001- \$130,000	\$130,001-200,000	\$200,001+
5	\$0- \$45,252	\$45,253- \$76,017	\$76,018- \$105,000	\$105,001- \$140,000	\$140,001-200,000	\$200,001+
6	\$0- \$51,888	\$51,889- \$86,502	\$86,503-\$115,000	\$115,001- \$150,000	\$150,001-200,000	\$200,001+
7	\$0- \$58,512	\$58,513- \$88,468	\$88,469- \$125,000	\$125,001- \$160,000	\$160,001-200,000	\$200,001+
8	\$0- \$65,148	\$65,149 - \$90,434	\$90,435 - \$135,000	\$135,001- \$170,000	\$170,001-200,000	\$200,001+
9	\$0- \$73,440	\$73,441- \$92,400	\$92,401- \$145,000	\$145,001- \$180,000	\$180,001-200,000	\$200,001+
10	\$0- \$81,732	\$81,732- \$94,366	\$94,367- \$155,000	\$155,001- \$190,000	\$190,001-200,000	\$200,001+

** All families above \$200,000 per year will have a weekly fee of \$60 per week.

** Income guidelines for the \$10-\$15 per week tiers are eligible to apply for Child Care Resource Center (CCRC) assistance with guidelines increased until August 31st for approval. Individuals will remain eligible for CCRC following income verification/approval. Parent-child fee will be waived upon CCRC approval.

* This fee is for BOTH before and after school, not a separate fee for each.

Please include a copy of the first page(s) of your 2022 Form 1040 US Individual Income Tax Return (sample attached) for all household members. We will use Line 11, your adjusted gross income, to determine your fees. Entire household income must be reported regardless of marital status.



Shack Neighborhood House, Inc. 2023-24 Before and After School Enrollment Application

Child's Information				
First Name:		Middle Name:		Last Name:
Family Size:				
Child's School				
<input type="checkbox"/>	Eastwood Elementary	<input type="checkbox"/> Before School ONLY	<input type="checkbox"/> After School ONLY	<input type="checkbox"/> BOTH
<input type="checkbox"/>	Mylan Park Elementary	<input type="checkbox"/> Before School ONLY	<input type="checkbox"/> After School ONLY	<input type="checkbox"/> BOTH
<input type="checkbox"/>	Ridgedale Elementary	<input type="checkbox"/> Before School ONLY	<input type="checkbox"/> After School ONLY	<input type="checkbox"/> BOTH
<input type="checkbox"/>	Mason Dixon Elementary - After school ONLY <input type="checkbox"/>			
Date of Birth:		Sex/Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height & Weight:
Home Street Address:			City:	State: Zip:
Parent/ Guardian Information				
Parent/ Guardian 1				
First Name:		Last Name:		Relationship to child:
Home Phone:			Cell Phone:	
Email Address:				
Home Street Address:			City:	State: Zip:
Employer:			Work Phone:	
Parent/ Guardian 2				
First Name:		Last Name:		Relationship to child:
Home Phone:			Cell Phone:	
Email Address:				
Home Street Address:			City:	State: Zip:

Employer:	Work Phone:
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This information helps us to understand the family dynamics as well as who we should consider to be our customer.

Parent Status- Parents are: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
Who is enrolling the child?	<input type="checkbox"/> Parent/ Guardian 1 <input type="checkbox"/> Parent/ Guardian 2 <input type="checkbox"/> Other	If other, enrolling person's name
Who is responsible for payment?	<input type="checkbox"/> Parent/ Guardian 1 <input type="checkbox"/> Parent/ Guardian 2 <input type="checkbox"/> Other	If other, responsible person's name

Is there any legal paperwork pertaining to your child that we should be aware of? (This can include custody agreements, IEP paperwork, etc.) YES NO

If yes, please explain.

I would like to preregister for Professional Learning and available holidays by purchasing the out of school package at \$150.00 to reserve spacing and cover the costs of 8 OSE days. Additional days (any over 8) will be billed at the regular \$20 per day rate. Spaces will be first come first serve on OSE days. Families must sign-up for OSE days in advance as spaces are limited.

Emergency Contacts/ Release Authorization

Emergency Contact Information

- The people listed in this section will only be allowed to pick up and drop off the child, they will not be allowed to view, make changes to the child's file, or receive any information pertaining to your child. They must be over the age of 18 and will be contacted if parents/guardians cannot be reached in the event of a medical or other emergency. Each person should be listed individually.
- Your child will only be released to the people listed on this form. If you want a person who is not already on this list to pick up your child even for one day, please notify our staff in writing. The written request must include the name and ID number of the person authorized to pick up your child. Your child will not be released without prior authorization.
- For the safety of all children and staff: We request that any authorized pick-up person provide staff a photo ID at the time of pick up.

Emergency Contact Person #1

First Name:	Last Name:	Relationship to child:	
Cell Phone:		Home phone:	
Work Phone:		Email Address:	
Home Street Address:	City:	State:	Zip:
ID State:	ID Number:		

Emergency Contact Person #2

First Name:	Last Name:	Relationship to child:	
Cell Phone:		Home phone:	
Work Phone:		Email Address:	
Home Street Address:	City:	State:	Zip:
ID State	ID Number		

Authorized Release Person #1

First Name:	Last Name:	Relationship to child:	
Cell Phone:		Home phone:	
Work Phone:		Email Address:	
Home Street Address:	City:	State:	Zip:
ID State	ID Number		

Authorized Release Person #2			
First Name:	Last Name:	Relationship to child:	
Cell Phone:		Home phone:	
Work Phone:		Email Address:	
Home Street Address:	City:	State:	Zip:
ID State	ID Number		
Authorized Release Person #3			
First Name:	Last Name:	Relationship to child:	
Cell Phone:		Home phone:	
Work Phone:		Email Address:	
Home Street Address:	City:	State:	Zip:
ID State	ID Number		

Consents and Agreements

My initials on each statement indicate my understanding and agreement:

Transportation/ Off site and Outdoor Play

1. I give The Shack permission to take my child outside daily as part of the scheduled curriculum.

Tuitions and Associated Fees

1. I agree to pay a tuition rate as outlined by The Shack. This rate is subject to change and will be adjusted due to tuition increases upon thirty (30) days prior written notice or scheduled program changes.

2. I agree to pay a non-refundable registration fee (\$50/per family) at the time of enrollment. If I withdraw my child, his/her position may be filled by someone on the waiting list. If I choose to re-enroll, I agree to pay a new registration fee and understand re-enrollment is contingent on available program space.

3. I agree to pay an annual registration fee each year (\$50 per family).

4. There is no tuition deduction for illness, holidays, or when The Shack is closed due to weather-related emergencies or other circumstances beyond the control of The Shack, including but not limited to power, gas or water outages, and states of emergency.

5. Should a check be returned for insufficient funds, a fee will be assessed to my account. If more than two checks are returned within a six-month time period due to insufficient funds, payment must be made by certified check or money order for a period of six months.

6. Payment transactions by credit card will be assessed a surcharge.

7. A late fee of \$1.00 per minute per child will be charged if my child is in care past the normal operating hours. This fee will be paid to the childcare center when I pick my child up after normal operating hours. If my child is in care more than 15 minutes after closing, every attempt will be made to locate the emergency contacts. If contact cannot be located within one hour, Child Protective Services may be contacted.

8. I understand that I will need to notify The Shack of extended scheduled absences and will be responsible for the weekly tuition fees. If you wish to remove your child from the program a withdrawal form needs to be requested, at volunteer@the-shack.org ,signed and returned to volunteer@the-shack.org and financialofficer@the-shack.org .

9. I agree that if my account balance remains unpaid for thirty (30) days, I will be assessed a finance charge of 1 1/2% per month on the amount outstanding. If any payment or other charge is not made when due, in addition to other remedies available to the childcare center, the childcare center reserves the right to take legal action to collect all charges due, and may also recover legal fees, court costs, the administrative fee for collections, and related expenses.

Release Agreement

1. I, for myself and my successors and assigns, as parents, legal guardians, or authorized custodians of my child, hereby release the childcare center and each of its successors, affiliates, employees, and representatives from all claims, suits, losses, liabilities, and judgments of whatever kind arising from or related to or in connection with my child's enrollment with the childcare center including, without limitation, any loss or injury sustained by my child or myself as a result of my child's participation in activities sponsored or conducted by the childcare center and/or its employees, excluding only intentional torts performed by an employee of the childcare center during the time my child is in the care and custody of the childcare center.
2. The childcare center will not accept liability for care services provided by employees of the childcare center outside standard child care center business hours or off the childcare center premises.
3. The childcare center reserves the right to immediately dis-enroll a child in its sole discretion for (1) inappropriate conduct (as determined by the childcare center) by the child or parent; (2) when tuition is in arrears, or (3) if the parent does not provide, upon request, a current written pediatrician's certification that a child is healthy and able to participate in the childcare center's programs without exposing other children to health risks.

Schedule of Available Care

1. Holiday closings are Labor Day, Veterans Day, Thanksgiving Day and the day after, Black Friday, Christmas break, MLK Jr. Day, Good Friday, Easter Monday, and Memorial Day. If any of these holidays fall on a Saturday or Sunday the Shack will observe the holiday on the preceding Friday or following Monday.
2. The Shack will offer Out of School Days to be held at the Shack, located at 537 Blue Horizon Drive on the following dates: October 20, 2023; November 20, 2023; December 22, 2023; January 2, 2024, February 12, 2024, February 19, 2024 and April 19, 2024. These dates are subject to change based upon the Monongalia County Schools 2023-2024 calendar. The cost for these days will be \$20 per day with a 10% discount for each additional child. The Shack will also offer care on the following dates: November 21st, March 11th-12th, April 2nd.

Photography & Media

1. I give the childcare center permission to photograph or videotape my child with the intent to use these materials for promotional, advertisement, or educational purposes.

Medical Authorizations

1. I give the childcare center permission to put sunscreen on my child.

Acknowledgement

1. I acknowledge that I have access to the childcare center family handbook and will abide by all policies, procedures, and guidelines as provided.

Medical Information

Child Medical Information

Please be honest and as detailed as possible, this information will help us to be more informed on your child's medical history and provide care to the best of our abilities. There may be additional documentation or training that we will need from you and/or your child's physician.

Pediatrician

Name	Address	Phone
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Dentist

Name	Address	Phone
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Health Insurance Information

Carrier	Policy Number	Phone
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Special Needs

Do you have any concerns about your child's development? Yes No

If yes, please let us know if you have spoken to the physician about your concerns and if you have had any screening/tests done (vision, hearing, speech, developmental.)

Does your child currently have any limitations to physical activity? Yes No

If yes, please explain.

Does your child require any special equipment for daily activities? Yes No

If yes, please explain.

Has your child had any serious injuries or hospitalizations that we should be aware of? Yes No

If Yes, please explain.

Allergies and Medication

Does your child require medication or treatment every day or as needed? Yes No

If yes, please list the name of the medicine, dosage, how many times per day and time taken, prescribing physician.

Does your child have any known allergies? Yes No

If yes, please explain and list any prescribed medications.

Medical Consents and Agreements

Immunizations

- | | |
|--|---|
| | 1. I understand that my child must be current on all immunizations per state licensing regulations prior to enrollment and I am responsible for providing a copy of updated shot records as they are available to them. |
| | 2. I understand that I have the right to immunize my child as I deem fit. I have attached a copy of the immunizations that my child has completed. I understand that I must provide a health assessment or annual physical form that has been completed within the last year. |
| | 3. I understand that I will only be given a one-week grace period to provide immunization records and health assessment forms to center administration (upon enrollment and for expired records). After one week, my child will not be allowed to return to the childcare facility without documentation from the child's health care provider. |

Medical Authorizations

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|--|--|
| | 1. In the event of a medical emergency, I authorize the center staff to administer first aid, CPR, and or secure emergency medical treatment for my child. I understand that I will be notified as soon as possible, which may be after treatment has already begun. |
| | 2. If transportation to a hospital/clinic is necessary and a parent or emergency contact is not available to bring the child immediately, I give consent for my child to be transported by our emergency medical services. |

My signature below acknowledges my understanding and agreement to each of the above consents.

Parent Signature _____ Date _____

Parent Name _____

**** Please read, initial, sign and return this page for our files****

Handbook Consent/Acceptance

_____ I hereby verify that I have received and read The Shack student/parent handbook.

_____ I verify that I was provided with the complaint policy and mandatory reporting information contained within the handbook.

_____ I accept and agree with the policies, fees and procedures stated within the handbook concerning my child's care with The Shack.

_____ **I acknowledge that I must sign my child in/out each day. I understand that my child (ren) are not able to be left alone or to sign themselves in or out.**

_____ I will not be added to the accepted list until all documents are received, this includes; income verification (line 11 from income tax forms), completed handbook acknowledgement page and all requested documentation.

_____ I acknowledge if my income verification is not provided I will be billed weekly at the top-tier rate, \$60 per week..

Parent Name _____

Parent Signature _____

Received by: _____ Date _____

Date _____

Donation/Scholarship Assistance

I would like to sponsor a child at _____ **dollars** per week or _____ **dollars** per month and understand that this will be invoiced weekly.

I would like to make a one time donation of _____ **dollars** to assist with scholarship funds.