Dear Current and Future Shack Families,

Welcome to The Shack Neighborhood House Before & After School Program!

We are excited to partner with your family throughout the school year. Our goal is to provide a safe, engaging, and supportive environment where children can learn, grow, build friendships, and have fun outside of the school day.

At The Shack, we believe every child deserves opportunities to succeed. Our program is designed to promote academic achievement, healthy lifestyles, positive social interactions, and personal growth through a variety of educational, recreational, and enrichment activities. We recognize the important role before and after school care plays in supporting working families, and we are committed to providing quality programming that helps prepare children for future success.

We encourage families to stay connected with their children about their daily experiences at The Shack. With regular attendance and active family involvement, we hope every participant develops stronger social and emotional skills, increased confidence, improved academic success, and lasting friendships.

To provide the best possible experience for our families, The Shack utilizes Procare, a secure family communication and billing platform.

Through Procare, families can:

- Sign children in and out
- Receive important announcements
- Communicate directly with Site Coordinators
- View attendance
- Access invoices and make payments

Each parent or guardian will receive an invitation to create a Procare account. A unique PIN will be assigned and must be used during child drop-off and pick-up.

We look forward to welcoming your family to The Shack!

Shack Neighborhood House, Inc.

2026-27 Before and After School

WHO: Children grades K-5.
Must be at least 5 years of age and potty trained.
Registration is first come first serve and space is limited.

WHEN: The first day of programming is Tuesday, August 18.
The Shack follows the Monongalia County Schools Calendar.

BEFORE SCHOOL: Earliest Drop-Off:
Eastwood Elementary - 7:00 AM (Must drop-off no later than 7:30 AM)
Mylan Park Elementary - 7:00 AM
Ridgedale Elementary - 7:00 AM

AFTER SCHOOL: The latest Pick-Up is 5:30 PM for all sites.
The Shack operates on scheduled early release days, unless school dismisses early due to weather or emergency circumstances. On early release days, program hours end at 5:00 PM.

If you anticipate arriving after 5:30 PM, please notify your Site Coordinator as soon as possible.

Late Pick-Up Policy

- $1.00 per minute after 5:30 PM
- Repeated late pick-ups may result in an additional $25 daily fee added to your account.

ACTIVITIES: Our program provides:

- Homework assistance and academic support
- One-on-one tutoring opportunities
- Daily recreational activities
- Physical activity and healthy lifestyle education
- A nutritious afternoon snack
- Social and emotional learning opportunities
- Safe, caring supervision by trained staff

Shack Neighborhood House, Inc.

Outside School Environment (OSE) Days

The Shack Neighborhood House offers Outside School Environment (OSE) Days when Monongalia County Schools are closed for select Professional Learning and Faculty Senate Days.

Location:
The Shack Neighborhood House
537 Blue Horizon Drive
Morgantown, WV 26501

Hours: 7:30 AM - 5:00 PM
Cost: Sliding Scale ($25-$50 per day)

Children participate in a variety of supervised activities throughout the day, including educational enrichment, STEM, arts and crafts, outdoor recreation, games, and physical activities.

OSE Day fees are billed separately through Procare. Pre-registration is required, enrollment is first come, first served, and space is limited. Registration information will be sent through Procare before each scheduled OSE Day.

OSE Days Offered

Monday, October 12, 2026
Tuesday, November 3, 2026
Monday, November 23, 2026
Tuesday, November 24, 2026
Monday, December 21, 2026
Tuesday, December 22, 2026
Monday, January 4, 2027
Monday, January 18, 2027
Monday, February 15, 2027
Tuesday March 30, 2027
Wednesday, March 31, 2027
Thursday, April 1, 2027
Friday, April 2, 2027
Friday, May 7, 2027

Program Closures

Monday, September 7, 2026
Wednesday, November 11, 2026
Wednesday, November 25, 2026
through Friday, November 27, 2026
Wednesday, December 23, 2026
through Friday, January 1, 2027
Friday, March 26, 2027
Monday, March 29, 2027
Monday, May 31, 2027

All dates are subject to change based on the official Monongalia County Schools 2026-2027 calendar.

Before and After-School Fees

2026-2027

The following sliding fee scale will be used to determine the fees for The Shack's Before and After School programs. As a non-profit organization, these funds go directly into the support and continuation of our programming. Fees are assigned per child and will be billed on a weekly basis ***regardless of attendance.*** Invoices will be generated on ProCare on Monday and are ***due on Friday*** each week.

After-School Rates

Household Size	$20/week	$40/week	$60/week	$80/week
2	$0-$52,404	$52,405-$110,000	$110,001-$200,000	$200,001+
3	$0-$64,728	$64,728-$120,000	$120,001-$200,000	$200,001+
4	$0-$77,064	$77,065-$130,000	$130,001-$200,000	$200,001+
5	$0-$90,660	$90,661-$140,000	$140,001-$200,000	$200,001+
6	$0-$101,724	$101,725-$150,000	$150,001-$200,000	$200,001+
7	$0-$104,033	$104,034-$160,000	$160,001-$200,000	$200,001+
8	$0-$106,344	$106,345-$170,000	$170,001-$200,000	$200,001+
9	$0-$108,660	$108,661-$180,000	$180,001-$200,000	$200,001+
10	$0-$110,964	$110,965-$190,000	$190,001-$200,000	$200,001+
	Add Before-School? $15/week		Add Before-School? $20/week	
	Before-School Only $25/week			

Income Documentation Required: Please submit a copy of the first page of your 2025 IRS Form 1040 for all household members. We will use Line 11 (Adjusted Gross Income) to determine your eligibility and fee tier. Note: Entire household must be reported, regardless of marital status. ***Failure to submit proof of income will result in a bill of the highest tier until resolved.***

Payment and Fee Policies

Outstanding Balances: All outstanding balances must be paid in full, placed on a payment plan, or otherwise resolved prior to admission. If you have outstanding balances that cannot be paid in full, please reach out to the Financial Officer to organize a payment plan.

Late Pick Up-Policy: A late fee of $1.00 per minute, per child will be charged if a child remains in care past normal operating hours. This fee will be added to ProCare. If a child is still in care more than 15 minutes after closing, we will begin contacting emergency contacts. If no contact is reached within one hour, Child Protective Services will be notified. Recurring late pick-ups will result in an additional fee of $25 per day.

Subsidized Fee Tier - $20/Week: Families who qualify for the $20/week tier are eligible to apply for Child Care Resource Center (CCRC) assistance. Approval guidelines have expanded. See Financial Assistance Options for more information. If CCRC denies your application, please contact The Shack to explore other financial assistance options.

Inclement Weather: No refunds or prorated billing options will be offered for inclement weather or snow day cancellations.

Financial Assistance Options

Child Care Resource Center (CCRC)

The Child Care Resource Center has available funding to assist with before and after school program costs.

Hours: Monday - Friday, 8:30 AM - 4:30 PM
Location: 20 Scott Avenue, STE 302, Morgantown WV 26508
Phone (304) 292-7357

How to Apply:

To apply for services, visit the CCRC location listed above.
You can walk in and complete your application with a caseworker.
Be prepared to provide the following:

- Birth Certificate
- A copy of your license
- One month of pay stubs

If you already receive CCRC assistance, you must contact them to complete a form adding The Shack as a provider.

When you receive approval or denial, please inform us.

We will need the provider's copy of the approval certificate once issued. ***Please sign the back of the certificate before turning in.***

If approved for CCRC, parent fees are waived up to $5/day. ***Please see your Site Coordinator on the first Friday of each month to sign your child's attendance sheets, as required by CCRC.***

Shack Neighborhood House, Inc.
2026-27 Before and After School
Enrollment Application

Child's School

Eastwood Elementary ☐ Before School ONLY ☐ After School ONLY ☐ Both ☐
Mylan Park Elementary ☐ Before School ONLY ☐ After School ONLY ☐ Both ☐
Ridgedale Elementary ☐ Before School ONLY ☐ After School ONLY ☐ Both ☐

☐ OSE Days Only: Check this box if you are only registering your child for Outside School Environment (OSE) Days and not enrolling them in the Before and After School Program.

OSE Days Only: Child's School: _____

Previously enrolled in programs? Yes ☐ No ☐

Child's Information

First Name: _____ Middle Name: _____ Last Name: _____

Family Size: _____ Grade: _____ Date of Birth: _____

Sex/Gender: Male ☐ Female: ☐ Height _____ Weight: _____

Are there any restrictions or limitations to activities that we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

_____

Are there any allergies or dietary restrictions that we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

_____

Will medication need to be administered to your child by our staff during program hours?

☐ Yes ☐ No

Parent/Guardian Information:

First Name: _____ Last Name: _____

Relationship to child: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Relationship to child: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Status:

This information helps us better understand your family structure and identify the parent(s) or guardian(s) responsible for your child's enrollment and account.

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: _____

Primary Person Responsible for Billing: _____

Is there any legal paperwork pertaining to your child that we should be aware of? (e.g., custody agreements, IEP paperwork, etc.) ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Consents and Agreements

Please place your initials next to each statement to indicate your understanding and agreement.

Transportation, Off-Site, and Outdoor Play

_____ 1. Transportation Permission

I give The Shack Neighborhood House, Inc. permission to transport my child in a program van or any other approved mode of transportation operated by the childcare center.

_____ 2. Outdoor Activities

I give The Shack Neighborhood House, Inc. permission to take my child outside daily as part of the scheduled curriculum and program activities.

_____ 3. Water Activities

I give permission for my child to participate in supervised water activities, including but not limited to wading pools, sprinklers, water balloons, and other water-related activities.

Photography & Media

_____ 1. Photo and Video Release

I give The Shack Neighborhood House, Inc. permission to photograph and/or videotape my child for promotional, advertising, educational, or program-related purposes.

Medical Authorizations

_____ 1. Sunscreen Application

I give The Shack Neighborhood House, Inc. permission to apply sunscreen to my child as needed.

_____ 2. Bug Spray Application

I give The Shack Neighborhood House, Inc. permission to apply bug spray to my child as needed.

Acknowledgment

_____ 1. Parent Handbook

I acknowledge that I have received and read The Shack Neighborhood House, Inc. Parent Handbook and agree to follow all policies, procedures, and guidelines outlined therein, including the policy prohibiting children from bringing valuables (such as phones, tablets, toys, etc.) to the program.

By signing below, I acknowledge that I understand and agree to all consents listed above.

Child's Name: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent Code of Conduct

The Shack Neighborhood House, Inc. is committed to providing a safe, respectful, and positive environment for all children, families, and staff participating in our programs. To ensure the safety and well-being of everyone, we have established the following Parent Code of Conduct.

All parents and guardians are required to read, understand, and sign this form as a condition of their child's continued participation in the program. Any parent or guardian who engages in improper conduct may be asked to leave the premises immediately, and their child(ren) may be removed from programming.

Improper Conduct

Improper conduct includes any behavior that is violent, threatening, coercive, harassing, intimidating, or disruptive, or that interferes with the safety, operations, or legal rights of others. This applies to behavior toward children, staff, and other adults.

Examples of improper conduct include, but are not limited to:

- Disruptive behavior, such as yelling, using profanity, verbally abusing others, or making aggressive gestures (e.g., waving arms or fists).
- Violation of personal space - adults may never place their hands on a child or staff member.
- Intentional physical contact intended to cause harm.
- Threatening or menacing behavior toward youth or adults, including throwing objects, aggressive actions, or stalking.

Expectations

We expect all parents, participants, and staff to adhere to these guidelines and to model positive behavior at all times. This includes demonstrating the following core values: Trustworthiness, respect, responsibility, fairness, caring, and good citizenship.

Thank you for your cooperation and understanding. Our shared goal is to provide the safest and most supportive environment possible for all children enrolled in our programming.

Child's Name: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Enrollment Checklist

Your application will not be considered complete until all required documents have been received.

Please Note: The Shack's office will be closed on Monday, September 7th, 2026.

Required Documents

- ☐ Enrollment Application
- ☐ Consents and Agreement Form
- ☐ Emergency Information & Permission Form
- ☐ Parent Conduct Policy
- ☐ Child Health Assessment (must be current, within the last 2 years)
- ☐ Immunization Records (must be current, within the last year)
- ☐ Medication Order Form (if medication needs to be administered by our staff during camp hours)
- ☐ Copy of the Front Page of 2025 Federal Income Tax Return (Form 1040)
- ☐ Registration Fee: $75 per child (billed on ProCare, in-person payments can be accepted via cash or check)

West Virginia Department of Health and Human Resources

Emergency Information/ Permission Form for Children in Child Care Settings

A. Family Information

1. Child's Name: _____ Birth Date: _____ Gender: ☐ Male ☐ Female

Home Address: _____

Child's School: _____ School Phone: _____

School Address: _____

Child's Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Preferred Hospital/ Clinic for Emergency Care: _____

2. Mother/Guardian Name: _____ Phone: _____

Address: _____

Employer/School Name: _____ Work/ School Phone: _____

Employer/School Address: _____

3. Father/ Guardian Name: _____ Phone: _____

Address: _____

Employer/School Name: _____ Work/ School Phone: _____

Employer/School Address: _____

B. Emergency Contact: Names and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	Address	Telephone Number
1.		
2.		
3.		

C. List of people with permission to pick child up from care (anyone <u>not</u> listed <u>cannot</u> pick up child without written permission from parent):

Name	Address	Telephone Number

Special Instructions: Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Other restrictions on child pick-up: _____

D. List any allergies, illnesses, regular medications, special needs and concerns:

E. Permission to Receive Medical Care:

I, _____ give my permission for _____
(Name of Parent/Guardian) (Child Care Provider Name)

to consent for _____ to receive emergency medical, dental or surgical
(Name of Child)

treatment if I cannot be reached. I place the following restrictions on medical treatment : _____

F. Permission to Transport:

- ☐ I do not give the child care provider permission to transport my child for non-emergency reasons.
- ☐ I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips, etc.
- ☐ In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.
- ☐ In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation:

Parent/Guardian Signature:_____ Date: ___ / ___ / ___

State of West Virginia **County of** _____

The foregoing instrument was acknowledged before me on this ____ day of _____, 20__,

by: _____ My commission expires on _____.
Notary Public

West Virginia Department of Health and Human Resources

Child Health Assessment

Child's Name _____ Parent/Guardian _____

DOB ___/___/_____ Home Phone _____ Address _____

Child Care Facility/School _____ _____

Child Care Facility/School Phone _____ Work Phone _____

Note: A copy of the HealthCheck exam report attached to a copy of the child's immunization record may be substituted for this form.

Health history and medical information pertinent to routine child care and emergencies:

Date of Exam ____/____/_____

Allergies to food or medicine:

Length/Height	Weight	Head Circumference	Blood Pressure
_____in/cm %ile _____	_____in/cm %ile _____	_____in/cm %ile _____	_____in/cm %ile _____

Physical Examination	Normal	Abnormal/Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic/Tone		
Developmental (e.g. ddst)		

Immunizations	Birth to 1 Month	2 Month	4 Month	6 Month	12-18 Month	4-6 Years
DTP/DTaP						
Polio						
HIB						
HEP B						
MMR						
Varicella						
Other (PCV7)						

Note: Ages and number of boosters may vary when immunizations start at older ages.

Screening Tests (If completed)	Date	Normal	Abnormal/Comments
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Tuberculosis (TB)			
Hearing			
Vision			

Date of Last Dentist's Exam

Note: Age-appropriate health services and immunizations must follow the schedule recommended by AAP.

Health Problems or Special Needs

Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

Medical Care Provider

Address

Phone

MD
DO PA
CRNP

_____

Date **Signature of Physician or CRNP**

Medication Order for West Virginia Public Schools

Student Name: _____ Birth date: _____
Last First MI

Address: _____ Age: _____

Telephone Number: _____ School Year: _____ Grade: _____

School: _____ (Homeroom) Teacher: _____

This form must be filled out and signed by a licensed prescriber and the parent/guardian for any prescribed medication to be given in the school setting. A separate order is required for each medication and orders are good for the current school year only. All medication changes (dosage, time, etc.) require the completion of another form. A photograph of this student may be taken to assist in the correct administration of medication. Medication may be given by unlicensed school personnel to whom the nurse has delegated medication administration and trained to administer medication. All medication must be sent to school in the original container bearing the student's name.

Name of medication: _____ Expiration date of order: _____

Reason for Medication Administration: _____

Dosage: _____ Route or method of administration: _____

Time to be administered: _____

Side effects to watch for: _____

Comments/Special Instructions: _____

Student Allergies: _____

** If rectal diazepam, may this medication be administered by unlicensed personnel? Yes or No (circle one)*

**May this student self-administer this medication if permitted by county policy? Yes or No (circle one)*

**May this student carry this medication on his/her person if permitted by county policy? Yes or No(circle one)*

Prescriber's Name (please print): _____ Telephone Number: _____

Prescriber's Address: _____ Fax Number: _____

Prescriber's Signature: _____ Date: _____

I understand that, whenever possible, all medications should be given at home. I give permission for _____ _____ to take the above medication at school according to county policy. I also understand and agree that the school nurse may talk with the clinician and his or her staff, as well as school personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of asthma medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self-administration of asthma medication.

Parent/Guardian signature to approve administration of medication: _____

Day time phone number: _____ Date: _____