

Washington Play and Learn Program
Washington Parks & Recreation
PO Box 383 Washington Depot, CT 06794
WPAL@washingtonct.org

WPAL Policy Agreement

2025-2026 School Year

Child's Name: _____ Date of Birth: _____

1. **Registration Fee:** A non-refundable fee of \$25 per child or \$40 or family is due upon registration.
2. **Security deposit:** A \$75 deposit (for 1st child) and \$25 (per each additional child) is due upon registration.
3. **Enrollment:** Enrollment is based on the specific days you sign up for. Please note that extended care on half-days is reserved for students who are enrolled in WPAL on the day the half-day occurs. **For Example:** If your child is registered to attend WPAL on Thursdays, then any half-day that falls on a Thursday would be included in their care. Children who are **not enrolled** on a given day are **not guaranteed a spot** for that half-day. Priority will be given to students already scheduled to attend WPAL on that day. A **waitlist** will be available for students who wish to attend additional half-days outside of their contracted schedule. Be sure to check off the "Waitlist for 1/2 Days" section on the registration form if you're interested in being waitlisted for additional extended care days.
4. **Tuition:** Tuition is due weekly and is based on the days your child is registered. **If your child is absent on a day they are scheduled to attend WPAL, you are still responsible for tuition for the scheduled day.** Please make checks payable to the Town of Washington with WPAL written in the memo. Unpaid invoices will not exceed 2 weeks past due or your child may be withdrawn from the program.

Tuition Rates: Daily (3:15-6:00pm): \$15 per child Extended 1/2 day (12:45-6:00pm): \$25 per child

5. **Returned check:** A \$25.00 fee will be assessed to your account for any check returned for insufficient funds.
6. **Program hours:** The WPAL Program will run Monday through Friday 3:15pm- 6:00pm following the Region 12 school calendar. For scheduled early dismissals, the WPAL Program will run an extended care day from 12:45pm-6:00pm. WPAL follows Region 12 emergency closures and early dismissals in the event of inclement weather.
7. **Daily Attendance:** Please send an email to the Director at: wpal@washingtonct.org as soon as possible if your child will not be attending aftercare. In the case of an emergency you can call 860-868-2016 between the hours of 3:00pm and 6:00pm. If there is a change in your child's weekly attendance, Drop-in care is available with 24 hours' notice and approval from Director. **The fee for Drop-in care is \$25 per child.** Please note, all students must be registered with the welcome packet completed and submitted before attending after care.

8. **Dismissal:** The program ends promptly at 6:00pm. Repeated late pick up may result in the termination of childcare. There will be a **late pick up fee of \$10 per child for every 5 minutes** a child is picked up late. Please pick your child up at the playground or cafeteria, you will not be able to walk through the school as it is closed after hours. Sign-out is required at pick up and an alternate pick up form must be completed prior to another adult picking a child up from the program; a valid picture ID will be required.
9. **Withdrawal:** A two-week written notice prior to withdrawing a student is required or the security deposit will be forfeited. The security deposit will be applied toward the last two weeks of care. Additionally, WPAL is committed to creating and maintaining an educationally safe and nurturing environment and strives to work directly with students to develop and share guidance and discipline practices that are developmentally appropriate and promote all children's social, emotional, and behavioral health. However, not all children thrive in a group setting and this can be overwhelming for students and their families. WPAL reserves the right to withdraw a student deemed unable to allow peers to grow socially or academically or be free from emotional stress or bodily harm.

I / We understand and agree to adhere to all the policies stated above.

Parent/ Guardian: _____ Date: _____

Parent/ Guardian: _____ Date: _____

WPAL Alternate Pick-Up Authorization

2025-2026 School Year

I, _____, authorize my child, _____, to be picked up by the following adults listed below:

Name	Contact Number(s)	Relationship to Child
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Name	Contact Number(s)	Relationship to Child
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Name	Contact Number(s)	Relationship to Child
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I understand that only the adults listed on this form will be allowed to pick up my child at any time. A photo ID will be required in order for my child to leave with these adults; without a proper photo ID my child will not be allowed to leave the program.

***Please choose people within a 20-minute driving distance from the school. It is important that emergency contacts are able to pick up your child in a timely manner in the event of illness or an emergency.**

Parent/Guardian Name Printed: _____

Signature: _____ Date: _____

WPAL Medical Authorization

2025-2026 School Year

Name of Child: _____ **Date of Birth:** _____

Parent/Guardian Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Parent/Guardian Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Emergency Contact Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Insurance Carrier: _____ **Insurance ID:** _____

Child's Physician Name: _____

Phone #: (____) _____

Address: _____

Child's Dentist Name: _____

Phone #: (____) _____

Address: _____

Known Allergies: _____

Current Medications/Dosage: _____

Previous Surgeries/Dates: _____

Chronic Illnesses: _____

Special Information:

Emergency Authorization

☐ I give my consent for the certified staff of Washington Play and Learn Program, to administer first aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital by ambulance in the event of a medical emergency and I will be responsible for all medical fees.

☐ In the event of unavoidable circumstances or emergency, I give permission to the staff at WPAL to transport my child. I understand that staff members shall be responsible for compliance with all applicable motor vehicle laws when transporting children.

Preferred Medical Facility/Hospital: _____

Emergency Contact Name and #: _____

Signature of Parent or Guardian: _____

Date: _____

WPAL Health and Immunization Attestation

2025-2026 School Year

I hereby attest that my child:

- ☐ Has been legally enrolled to attend Region 12 School District and, prior to school entry, Physical Health Assessment/ Immunization forms were completed in their entirety by a licensed health care provider.
- ☐ Has current documentation on site at Washington Primary School of current health records in accordance with section 10-206 of Connecticut State Statutes on Health Measures required for School Admission.

OR

- ☐ Has written statement presented prior to April 28, 2021 and made in accordance with the provisions of section 19a-79 that immunization is contrary to the religious beliefs and practices of the child or the parent of such child, and a written declaration stating that immunizations required under section 19a-7f of the Connecticut General Statutes have been given and that any additional necessary immunizations of such child are in process, made in accordance with section 19a-79(b) of Connecticut State Statutes on Health Measures required for School Admission.

I further attest (unless specified below) that my child:

- ☐ Does NOT require medication, have allergies, or dietary restrictions.
- ☐ Does NOT present with dental problems, hearing or visual impairments, chronic illnesses, developmental variations, or history of contagious diseases.
- ☐ Does NOT have a diagnosed disability or health care need that requires special care be taken or provided while at the childcare program.

If any of the above indicators have NOT been checked, please specify below in detail so that an Individual Plan of Care can be implemented:

Child's Name _____ Date of Birth _____

Signature of Parent/Guardian _____ Date: _____

WPAL Student Questionnaire

2025-2026 School Year

1. What is your preferred name/nickname?

2. What grade are you in and what is your teacher's name?

3. What physical activities or sports are you interested in?

4. What school subjects do you like?

5. What is something you do not like to do?

6. What do you hope to do at PAL after-school?

For parents: What would you like to see your child doing after school? Do you prefer your child to complete homework assignments at home or after-school?

Feel free to tell us about your family and pets...you can write something or draw a picture!

WASHINGTON PARKS AND RECREATION
P.O. Box 383, Washington Depot, CT 06794, 860-868-1519
wpal@washingtonct.org
Washington Play and Learn Program

2025-2026 PROGRAM REGISTRATION FORM

Registration forms must be submitted by email to Program Director at: WPAL@washingtonct.org

HEAD OF HOUSEHOLD NAME: _____ EMAIL: _____
MAILING ADDRESS: _____ TOWN: _____ ZIP: _____
HOME #: _____ WORK #: _____ CELL#: _____
NOTIFY IN CASE OF EMERGENCY:
NAME: _____ RELATIONSHIP: _____ PHONE: _____

Child's Name	DOB	Activity Name	Start Date	Time	Fee
		Washington Play and Learn Afterschool Program	Tuesday, August 26, 2025	Monday-Friday: 3:15-6:00pm Extended ½ Day: 12:45-6:00pm	<u>Daily</u> : \$15 per session <u>Extended ½ Day</u> : \$25 per session <u>Drop In</u> : \$25 per session

Please indicate requested aftercare enrollment days: M _____ T _____ W _____ Th _____ F _____ ½ Days Waitlist _____

LIABILITY WAIVER

Participant will hold harmless the Town of Washington, the Parks and Recreation Commission, Region 12 and any officials, agents, instructors, directors and employees for any and all injury or damage which participant personally incurs or injury or damage to the person or property of others which participant causes or contributes to while participating in this program. I also understand that, in the event of an injury, our own personal medical insurance will be used. Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participant for promotional purposes and may use our email for program purposes. **NO** _____

Parent/guardian signature: _____ Date: _____

REFUND/CANCELLATION POLICY: A minimum number of participants is required to hold sessions. When registration is below the minimum, the Washington Parks and Recreation reserves the right to cancel the program with participants receiving full refund or credit. It is highly recommended that you pre-register as early as possible to avoid programs being cancelled due to lack of enrollment. Refunds are not available once a program begins.