



**Concord  
W.E.E. School**

(BEFORE & AFTER CARE)

# W.E.E. Care

ENROLLED STUDENTS 24-25 SCHOOL YEAR



**FOR QUESTIONS CONTACT AMANDA STIMPSON  
AMANDAS@CONCORDLIFE.COM (314)843-9148**

### **MISSION:**

To provide an extension of the same quality in education and care that is offered by Concord W.E.E. School at a time convenient to meet parents' needs.

### **OUR PROGRAM:**

The program operates in accordance with the established W.E.E. School calendar. Our trained, caring, and professional staff offer planned, recreational, age-appropriate activities focusing on fun, learning and development in the areas of social, emotional, academic and spiritual. Snacks will also be a part of both before and after care.

### **HOURS OF OPERATION (these programs will be offered on full-school days):**

**Before Care** – 7:00 a.m. until the start of school at 9:30 a.m.

**After Care** – school dismissal at 2:00 p.m. until 5:00 p.m.

### **REGISTRATION:**

The non-refundable, non-transferrable registration fee for the 2024-25 school year is **\$30.00** per child. **To hold a space for your child in this program, please complete the registration form with \$30.00 and return as soon as possible.** Space is limited to 15 students per session per day, so sign up early! A minimum of 10 students must enroll to operate the program.

### **2024-25 SCHOOL YEAR PROGRAM FEES:**

Your W.E.E. Care Calendar is your child's reservation for Before and After Care. We understand that emergencies come up. If you find it necessary to use Before and/or After Care after the month has begun, you may call the office to add your child to the schedule. However, we cannot guarantee availability.

**Before Care** = \$12.00 per child per day

**After Care** = \$12.00 per child per day

**Both Before & After Care** = \$20.00 per child per day

- Fees for regular attendees will be due **in advance** on the **LAST** Friday of each month.
- Payment may be made by cash or check to "Concord W.E.E. School".
- Occasional attendance must be paid at the time of use.

### **ABSENCES FROM W.E.E. Care**

If you have indicated in a full-time calendar that your child will be at W.E.E. Care, we have staffed and purchased supplies for their attendance. NO credits will be issued for sick days or other absences when school is in session. Snow days will follow W.E.E. School's policy. A credit will apply to your account in the event of a snow day.

### **Before Care arrival:**

Students enrolled in W.E.E. Care should enter the building with their parents or another adult through the Preschool Entrance in the back of the church. All parents need to sign their child in at room 113 upon arrival (but no sooner than 7:00 a.m.). If the records show any unpaid status, the child will not be able to attend that day.

### **After Care departure:**

Students must be picked up from After Care by 5:00 p.m. A \$10 late fee will be issued at 5:05pm. Additional late fees will accrue at \$1/per minute after 5:05pm. Parents or authorized pick-up personnel must sign the child out with a signature and indication of time of pick-up. Photo ID and code word may be required. Children will only be released to those on the authorized pick-up list or those who have called the school office with any pick-up change in routine. Information given on your child's current Drop-Off/Pick-Up form will be used.

**NOTE:** W.E.E. School's drop-off/pick-up carline system is only available during normal preschool hours; it will not be operational during W.E.E. Care; therefore, your child will need to be walked in/out of the building by an adult.

### **OTHER**

All applicable policies for Concord W.E.E. School will apply to the W.E.E. Care program.

**W.E.E. Care**  
**STUDENT REGISTRATION & PARENT CONTRACT**  
**For the 2024-25 School Year**  
**Please complete 1 form per child & return as soon as possible**

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
Do you have any type of custodial agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
List allergies other than to medications \_\_\_\_\_

**CHECK WHICH SESSION(S) YOU WILL BE USING:** (Each month's calendar must be turned in with payment at the end of the previous month, for those who are Regular & Full-Time attendees. This will secure your child's spot.)

\_\_\_\_\_ **We will be using the Regular Attendee calendar rate of \$12 per session.**

These are the sessions my child will need:

Monday: am\_\_ pm\_\_ Tuesday: am\_\_pm\_\_ Wednesday: am\_\_pm\_\_ Thursday: am\_\_pm\_\_ Friday: am\_\_pm\_\_

\_\_\_\_\_ **We will be Full-Time attendees at the \$20 per day rate. (My child will be at W.E.E. Care EVERY day that he/she is scheduled to be at W.E.E. School.)**

These are the days my child is registered to attend:

Monday\_\_ Tuesday\_\_ Wednesday\_\_ Thursday\_\_ Friday\_\_

\_\_\_\_\_ **We may use W.E.E. Care occasionally and will call/email the office to add our child on the days needed. I understand that I am not guaranteed availability.**

By signing this registration form / parent contract, I understand that:

1. I have registered for a session. Once I select specific days for my child for the upcoming school year, should I change my schedule, I must notify the assistant director.
2. The \$30 registration fee and registration form will hold a spot for my child provided a minimum of 10 enroll.
3. I will be responsible for the payment of all fees for these programs by the scheduled due dates, which will be published to me.
4. By signing this form, I agree that I have read this program information in its entirety.
5. I will pick up my child by 5:00 p.m. or I will be charged a late fee.
6. I release from responsibility and liability Concord Church, Concord W.E.E. School, and any of its staff from any accidents or incidents beyond their reasonable control.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Any questions about enrollment? Please contact Amanda Stimpson (314) 843-9148.

Date _____ Amt. paid _____ Cash _____ Check _____
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