



## *Williamsburg Academy* *"The School of Choice"*

*1000 Sandy Bay Road  
Kingstree, South Carolina 29556*

*(843)-355-6539 School*

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August 1, 2017

Dear Parents,

The Williamsburg Academy Aftercare program will begin on August 17th. Students in Grades 3K-5K grade will be in our 4K building with Mrs. Shirley Blackburn. Students in Grade 1-5 will be in Room 215 with Ms. T. Ann Dorn. 5K students will be walked over to the 4K building by an adult.

Students may bring snacks and drinks for Aftercare. If you would like to send snacks on a weekly basis, drinks may be kept in the daycare refrigerator and snacks may be stored in student snack boxes provided by the parents. Please label all snack boxes, drink boxes and/or individual drinks with the student's name. Popcorn and lemonade will be provided for those who may forget their snack/drinks or for children who may have to stay unexpectedly.

During Aftercare, students will complete homework as well as enjoy indoor/outdoor games and activities and games. Aftercare will begin at dismissal and end at 5:30 p.m. If a parent will be late, please contact the aftercare teacher. Children picked up after 5:30 will be charged \$5 for each additional 15 minutes.

The cost of WA Aftercare is \$10/day per child. The second child per family is \$6/day. Students picked up by 3:30 will be charged \$5/day.

We look forward to having your child in our Aftercare program. Please complete an updated Aftercare Registration form.

Williamsburg Academy Administration

\*\*\*\*\* Please note, WA Aftercare will be closed on Monday, August 21st.

# Williamsburg Academy After School Care Registration 2017

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

.....  
Please list individuals who have permission to pick up your child/children.

\_\_\_\_\_

Please give any extra information that you feel would help us to provide the best possible atmosphere for your child/ children.

\_\_\_\_\_

**Insurance Verification** Name of Health/Accident Insurance Provider: \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

## Emergency Information and Medical Treatment Consent

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. **Please make the following notations on my son/daughter's records:**

**Allergies to medication:** \_\_\_\_\_

**Medications for long-term illness: (Indicate illness and medication)** \_\_\_\_\_

\_\_\_\_\_

**Relevant Medical Information** (e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is the parents' responsibility to keep all insurance and medical information current throughout the entire school year.

May Tylenol be given at school? \_\_\_\_\_

May Motrin be given at school? \_\_\_\_\_

I plan on using daycare \_\_\_\_\_ full time \_\_\_\_\_ several days a week \_\_\_\_\_ drop in occasionally