



Williamsburg Academy ***“The School of Choice”***

1000 Sandy Bay Road
Kingstree, South Carolina 29556

(843)-355-6539 School
(843)-355-7734 Fax

August 15, 2019

Dear Parents,

The Williamsburg Aftercare program will begin on August 1th. 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.

Students may bring snacks and drinks for Aftercare. If you would like to send drinks/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 perfamily 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

Williamsburg Academy After-Care Registration 2019

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)

Date

Signature of Parent

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