Teach2Reach Enrichment Program

WPACS Campus • 2026–27 School Year

Admission Agreement

Grade _____

Teach2Reach Enrichment Program is for grades TK through 8th grade and provides homework assistance.

Admission Requirements

School-age children old enough to attend T-Kindergarten through 8th grade will be admitted to the program based on the following conditions: (1) legal guardian enrolls them, (2) all paperwork is completed, (3) all fees are paid.

_____ *Initial*

Tuition Payment Policy

Total tuition: $3,500.00 for the school year, based on the total number of school days. Tuition is not reduced for holidays, school closures, early dismissals, Christmas/Spring breaks, or the month of June.

Payment Schedule (10 payments to Teach2Reach)

Due Date	Amount
August 8th	$175.00
1st of each month, September–May (9 payments)	$350.00 each
June 1st	$175.00
Total	**$3,500.00**

Late payments: If tuition is not received by the 5th of the month, a $35.00 late fee is added to your account.

Returned checks: A $35.00 fee applies to any dishonored (bounced) check. After a returned check, payments must be made in cash for the rest of the year.

Non-payment: If tuition is not paid by the 5th of the month, your child's enrollment may be terminated.

_____ *Initial*

Additional Fees

Sibling discount: Families with more than one child enrolled receive a 10% discount on tuition. This discount does not apply to the registration fee.

Late pickup fee: If your child is picked up more than 5 minutes after the scheduled pickup time, a $25.00 fee applies, plus $5.00 for each additional minute after that.

_____ *Initial*

By law, you will be notified at least 30 days in advance of any change to tuition or fees.

Hours of Operation

Program hours are from 3:30 PM – 6:00 PM for TK through 8th grade students. There is a transition period from 3:00 PM – 3:30 PM, and students are allowed to eat snacks provided by parent(s)/guardian during this time. The homework assistance program begins at 3:30 PM.

Wednesday's program hours are from 1:00 PM – 6:00 PM.

The after-school program will be closed on days when the school is closed and on days when parents are required to pick up students from a location other than WPA.

_____ *Initial*

Withdrawal from Program

A two-week notice must be given in writing to the Site Administrator if a child is leaving the program for any reason. If this notice is not given, I agree to pay an additional two weeks prior to withdrawal. The family is responsible for any unpaid tuition balance. No refunds will be given if a child leaves the program without giving a two-week notice.

_____ *Initial*

Reasons for Expulsion from Program

1. Failure to pay tuition

_____ *Initial*

2. Disruptive and/or disrespectful behavior (see discipline policy)

_____ *Initial*

3. Aggressive behavior

_____ *Initial*

I have read, understand, and agree to abide by these provisions. In addition, I have received my copy of the agreement.

Parent's Signature	*Date*	*Print Parent Name*	*Email*

Print Child's Name	*Grade*	*Director's / Site Supervisor's Signature*	*Date*

Discipline Policy

When a student exhibits unacceptable behavior or attitudes, he/she is instructed as to what is wrong and then directed to a positive alternative approach/behavior. The following are reasons for expulsion:

- Hitting
- Biting
- Foul Language
- Spitting
- Abusive/Threatening Language
- Abuse of Property
- Stealing
- Leaving Without Permission
- Disrespecting Authority

_____ *Initial*

Medication

_____ *Initial* We do not administer any medicine. If medication is necessary while your child is in school, parent must administer it. If a child becomes ill or has an injury, the parent shall be notified immediately.

Photo / Media Release

_____ *Initial* I understand that photographs are taken of children in the after-school program and sometimes these pictures are used later for the purpose of publicity and advertising. I grant permission, as a parent/guardian, for Teach2Reach's use of pictures in which my child is included, and relinquish all title to said photographs, negatives, and reproductions.

Enrollment Checklist

_____ *Initial* Admission Agreement

_____ *Initial* Health History Form

_____ *Initial* Agreement and Release from Liability

_____ *Initial* Consent Authorization for Medical Treatment

_____ *Initial* Registration Fee — $100.00 Due August 8th

_____ *Initial* August Tuition — $175.00 Due August 14th

_____ *Initial* MUST bring personal items (writing utensils and paper)

_____ *Initial* After-School Program begins August 18th

****** MUST BRING SNACK. SNACKS WILL NOT BE PROVIDED FOR PURCHASE. ******

Health History Form

It is very important to provide the proper information for your child to attend Teach2Reach Enrichment Program. This information is to assist us in providing the appropriate health care for your child. If any changes need to be made, please contact personnel.

Name *Grade*

Date of Birth *Age*

Home Address *City / State / Zip*

Gender: ☐ Male ☐ Female

Custodial Parent / Guardian

Name *Phone*

Address *City / State / Zip*

2nd Parent / Guardian or Emergency Contact

Name *Phone*

Address *City / State / Zip*

If Not Available in an Emergency, Notify

Name *Phone*

Relationship *Address / City / State / Zip*

Allergies

List all known allergies, and describe the reaction and management of the reaction for each.

Medical Allergies

Allergy *Reaction & Management*

Allergy	*Reaction & Management*

Food Allergies

Allergy	*Reaction & Management*
Allergy	*Reaction & Management*

Other Allergies (insect stings, hay fever, asthma, animal dander, etc.)

Allergy	*Reaction & Management*
Allergy	*Reaction & Management*

Agreement and Release from Liability

To be completed by all parents or guardians

I am voluntarily enrolling my child to participate in the Teach2Reach Enrichment Program. I am aware that Teach2Reach's program and activities are potentially hazardous. I hereby agree to fully accept any and all risks of injury, illness, and death that may occur as a result of my child's participation in the program.

In consideration of my child being allowed to participate in the program, I hereby agree that both my child and I will not claim against, sue, or attach the property of, and hereby fully release from any and all liability, Teach2Reach Enrichment Program, its associates, and any of its employees and agents for any injury (including death), illness, damage, or loss to me, my child, or my property, including any loss or theft of personal property, however caused (including but not limited to whether caused by Teach2Reach Enrichment Program, its employees or agents' alleged negligence) and wherever occurring (including but not limited to in the classroom or building, parking areas, or sidewalks) that may occur as a result of activity, exercise, and use of training equipment while my child participates in the program.

I declare my child to be physically sound, suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the program. If there is a change in my child's health status, I am obligated to inform Teach2Reach Enrichment Program.

Name of Participant	*Date*
Print Parent/Guardian Name	*Signature*

Consent Authorization for Medical Treatment

To be completed by all parents or guardians

As the Parent or Legal Guardian, I hereby give consent to the Director of Teach2Reach Enrichment Program to provide all emergency dental or medical care prescribed by a duly licensed physician (MD), osteopath (DO), or dentist (DDS) for _____ (participant's name). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I hereby authorize the Director of Teach2Reach Enrichment Program to consent to an X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to _____ (participant's name), a minor child, under the general or special supervision and upon the advice of a licensed physician and surgeon; or to consent to an X-ray, examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a licensed dentist.

I understand that the authorization I have given will be exercised only when, in the judgment of the Director, it is necessary to do so.

_____ _____

Home Address *Contact Phone Number*

_____ _____

Parent/Guardian Signature *Date*