

Safety Zone Program
Prince of Peace United Methodist Church
6299 Token Forest Drive
Manassas, VA 20112

Dear Parent:

Thank you for considering our Safety Zone Program for the before & after school care needs of you and your Middle School student. We are excited to share our program with you and hope that you will join us for a great upcoming school year in 2008/2009!

Please find the enclosed registration information required to secure a spot for your student for the next year. A summary sheet follows this letter and outlines what documentation is required for registration by the first day of attendance. We will offer an open house drop in time for our program to meet the staff and have your student familiarize themselves with our facility on Monday, August 25 from 5p to 8p. We hope you can stop by during these hours, if this is not a convenient time for you, we are happy to schedule an alternate time for you and your student to visit with us.

We will let every prospective participant know what to expect for transportation times once the bus and dismissal schedules are published for the upcoming school year. Benton students will be transported by bus and all other students will be picked up using our church van. We are proud to offer our program to the community and appreciate any comments you may have that would help us to improve our current program. We are also happy to address any questions you may have at any time. We realize that our program serves not only your Middle School student, but also your family and we are committed to working with you throughout the school year. If you wish to contact me, feel free to do so through the church office (703) 670-4143 or at my home number (703) 794-0790.

Kalei Diehl
Safety Zone Program Director

REGISTRATION PACKET INFORMATION

- 1) An informational brochure on our program that includes our program's goal, our offerings, our daily schedule, information on school's that we service, tuition rates, registration costs and contact information. The back of the form contains the basic information that we need to register your student for the upcoming school year.

The registration form and applicable registration fees are required to reserve a spot for your student in our program.

- 2) Emergency Contact Information Form – this form must be on file for your student during all program times and will be kept in an accessible location to be used to contact you in case of an emergency.

This form should be filled out and provided to our program by the first day of attendance.

- 3) Medical Insurance Form – This will allow us to seek medical treatment for your student in case of emergency.

This form should be filled out and provided to our program by the first day of attendance.

- 4) Safety Zone Tuition and Fees Payment Agreement – this document summarizes the financial obligations for the program and describes the tuition payment options available. We ask that you review the document and sign the last page acknowledging receipt of this document and selecting the tuition payment method that works best for you.

This form should be filled out and provided to our program by the first day of attendance.

- 5) Public Disclosure Statement – we are required by the Commonwealth of Virginia to provide you with this disclosure statement in compliance with our Religiously Exempt Daycare status.

Please review this form and feel free to contact our program or the church office with any questions.

Registration/Information Request FORM

Please mail this form to:

Safety Zone Program
c/o Prince of Peace UMC
6299 Token Forest Drive
Manassas, VA 20112

I would like to register my student for the 08/09 School Year.

AM Care Option Only

PM Care Option Only

Both AM & PM Care

Please find the \$30 Registration Fee plus the applicable Last Week Tuition Fees Enclosed.

I would like for someone from the Safety Zone Program to contact me with more information

Student Name: _____

Middle School: _____

Age: _____ Sex (Circle One): Male Female

Grade for School Year 08/09 (Circle One): 6th 7th 8th

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Safety Zone Middle School Age Before & After School Program

Sponsored by
Prince of Peace UMC
6299 Hoadly Road
Manassas, VA 20112

We are a non-profit, licensed Before & After school care program designed for Middle School students in Prince William County. We recognize the shortage of before & after school care options for families of middle school students within the county and strive to provide a safe environment for 6th, 7th & 8th grade students during those crucial hours where they would otherwise be left on their own. Our program costs are designed to make after school care an affordable option for county families. Our staff and our program comply with all of the background check, safety & educational training required by the Virginia Department of Social Services.

If you would like more information, please contact us at 703-670-7705 and we would be happy to answer any questions that you have! If you would like to schedule a visit to our program or if you would like to speak to one of the parents with students currently enrolled in the program, we would be happy to set up a time and/or have someone contact you.

What We Offer:

- Van transportation to & from schools**

***Scheduled bus stop for Benton students*

- Structured Daily Schedule

Time	Activity
6:00a to 7:45a	Before Care Program
3:00p to 4:00p	Recreation, Social & Snack Time
4:00p to 5:00p	Homework/Quiet Time
5:00p to 6:30p	Continued Homework Time Recreation/Free Time
6:30p to 7:00p	Late Care Option

- Homework assistance & required homework/quiet time
- Transportation for students in after school activities
- Full Day Care on Teacher Work Days (6:00a to 6:30p) ** Additional Fee may be required
- Daily Afternoon Snack
- Indoor & Outdoor Recreational options
- A minimum 8:1 ratio of students to adults
- A maximum enrollment of 24 students

Service is provided to/from the following schools:

Benton Middle School (scheduled bus stop)

Saunders Middle School

Beville Middle School

Lake Ridge Middle School (via Penn Elementary)

Transportation Service may be provided from other Middle Schools for an additional weekly transportation fee to cover fuel costs. Please call to discuss your specific transportation needs, we are happy to work with you whenever possible.

Weekly Program Fees: (School Year 2008/2009)

Before & After Program Combined: \$75

After School Only (3:00p to 6:30p): \$55

Before School Only (6:00a to 7:45p): \$25

Reg. Fee: \$30 (Non-Refundable) + Last Week Tuition

Late Care Option: \$15

This option provides flexibility for the parent who cannot guarantee pick-up by 6:30 each day. If this option is elected, the fee is charged weekly and late fees will not be assessed until 7:01pm each evening.

*We have weekly, bi-monthly and monthly payment options available.

**Part-Time Tuition may be available as space allows. Please contact us for more details and to make arrangements.

Our Location:

We are located off Token Forest Drive, just adjacent to the intersection of Dale Blvd, Hoadly Road and Purcell Road.

You may visit our church website for directions and additional information. <http://popumc.org>

Contact Information:

Prince of Peace United Methodist Church

Office: 703-670-4143

Office Hours: 8:30a to 2:30p M-F

Email: popumc@comcast.net

Safety Zone Program

Office: 703-670-7705

Office Hours (during School Year)

6a to 8a M-F

3p to 6:30p M-F

Email: safetyzone1@gmail.com

**Please contact the church office during the summer.

Tuition and Fees Payment Agreement

Please find below a summary of the Tuition and Fees segment of the Parent Handbook. Please read the information carefully and sign the portion stating that you understand these fees, tuition due dates and collection procedures and agree to abide by the guidelines stated.

- 1) Registration Fee is \$30 and is due along with the Enrollment Application and the last week’s tuition (\$25 for AM Care, \$55 for PM Care, \$75 for both) prior to the start of services.
- 2) Last Week Tuition paid at the time of enrollment will apply to the last week the program is operational (June 9th - 13th, 2008) or to the final week your student is enrolled when we are provided with the required 2 week notice (10 business days) of withdrawal from the program.
- 3) Tuition is Due in advance and may be paid weekly, bi-weekly, or monthly.

Tuition Payment Option	AM & PM	AM Only	PM Only	Due by 6:30p
Weekly Tuition Payment	\$75	\$25	\$55	Each Monday
Bi-Weekly Tuition	\$166.66	\$55.55	\$122.22	On the 1 st & 15 th of each month
Monthly Tuition	\$333.33	\$111.11	\$244.44	On the 1 st of each month

Bi-Weekly Tuition is calculated based on a 40 week school year (No charge for Christmas and Spring Break week) distributed over 18 payments (9 months – Sept through May). The last payment will be due May 15, will include a credit for the last week’s tuition paid at Registration and will carry you to the end of the school year.

Monthly Tuition is calculated based on a 40 week school year (No charge for Christmas and Spring Break week) distributed over 9 payments (9 months – Sept through May). The last payment will be due May 1 and will include a credit for the last week’s tuition paid at Registration and will carry you to the last day of school.

If the payment due date falls on a weekend or holiday, the payment is due the first business day following the weekend or holiday.

- 4) Late Payments will be assessed a \$15 late fee.
- 5) Returned Checks for Non-Sufficient Funds will be assessed a \$25 fee.
- 6) Attendance: Fees are paid for the days a child is registered to attend. If a child is absent, fees are still due in full.
- 7) Delinquent Accounts: Customer accounts shall not be allowed to be more than seven (7) days in arrears. Customers will be notified of their account’s delinquent status in writing. If tuition is not paid within seven (7) days of written notice, the child’s enrollment will be suspended until the account is brought current. If tuition is not paid within fourteen (14) days of written notice, the child’s enrollment will be terminated. If tuition is not paid within thirty (30) days of written notice, the matter will be referred to the county magistrate for resolution.

8) Late Pick-Up Fees will be assessed for parents or legal guardians who arrive after normal program hours to pick up their child. Late pick-up fees are due the same week that the late pickup occurs. Fees are assessed as follows beginning at 6:31pm each Evening:

<= 10 minutes late	\$5
<= 20 minutes late	\$10
<=30 Minutes late	\$15
>=31 Minutes late	\$15 + \$1/min

Please note that if your schedule will require a late pickup on a regular basis, we ask that you consider the "Elective Late Care Option" extending the required pick-up time to 7:00pm at a rate of \$15 per week. This amount will be added to your weekly tuition and will allow us to pay for staffing beyond the pick-up deadline on a daily basis.

9) Billing Disputes must be addressed within sixty (60) days of the customer statement date. Failure to do so will deem the bill correct and accurate. If a customer has a question concerning their billing statement, they should approach the program director immediately. The program director shall work to resolve billing disputes promptly and equitably.

10) You should expect to receive a monthly statement on the 1st of each month with your account summary and status.

11) Withdrawal from the Safety Zone program may be enacted by a parent or legal guardian at any time by submitting written notice of their desire to do so no later than 10 business days prior to their intended withdrawal date. Parents or legal guardians who do not provide the required notice will be billed for the period of service. Customers who withdraw from Safety Zone with an outstanding balance will be sent a customer statement and a request for payment.

12) If a Holiday or School Cancellation falls during a program week, the weekly tuition will not be prorated. We offer a low weekly tuition rate as a service to families. Any expenses spared the program due to a holiday closure or school cancellation will be maintained in the program budget and utilized to support Teacher Work days and Early Dismissal days when costs exceed normal operation days.

Safety Zone Program is closed for 2 weeks during the school year and will not charge tuition for these two weeks:

Dec 24 to 28 – Closed for Winter Break

Mar 17 to 21 – Closed for Spring Break

13) Payment Methods: Payments for fees and tuition are payable by check (preferred), money order, or cashier's check. Cash is not accepted. Payments should be remitted to Safety Zone, 6299 Token Forest Drive, Manassas, VA 20112.

Please Sign & Return the statement below

I/We, _____, have received a copy of the Tuition And Fees Payment Agreement for the Safety Zone Program and understand the guidelines outlined in the agreement regarding tuition payment due dates, penalty fees and collection procedures and agree to abide by them. I understand that I may address any concerns regarding these policies with the Program Director in a timely manner and expect a prompt and equitable resolution.

My student is enrolled for:

- AM & PM Program (\$75 weekly; \$166.66 bi-monthly; \$333.33 monthly)
- AM Program Only (\$25 weekly; \$55.55 bi-monthly; \$111.11 monthly)
- PM Program Only (\$55 weekly; \$122.22 bi-monthly; \$244.44 monthly)

I prefer to make my payments:

- Weekly – Due Every Monday
- Bi-Weekly – Due on the 1st & 15th
- Monthly – Due on the 1st

Parent/Legal Guardian Signature

Date

Student Participant Name: _____

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

FRONT

BACK

Child's Emergency Medical Authorization

CHILD'S MEDICALLY DIAGNOSED ALLERGIES OR CHRONIC CONDITIONS ETC

CHILD'S MEDICAL NUMBER

OTHER INSURANCE IF YES, COMPANY
 YES NO

INSURANCE NUMBER

The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of and/or the performance of necessary diagnostic tests upon, the use of surgery on, **and/or** the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately.

SIGNATURE OF PARENT OR GUARDIAN DATE

NOTE: THIS FORM IS TO BE KEPT BY THE PROVIDER AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY

NAME OF CHILD BIRTHDATE

NAME OF PARENT(S) OR GUARDIAN

ADDRESS

CITY, STATE, ZIP

MOTHER'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP PHONE

FATHER'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP PHONE

GUARDIAN'S EMPLOYMENT

ADDRESS

CITY, STATE, ZIP PHONE

CHILD'S PHYSICIAN OR CLINIC

ADDRESS

CITY, STATE, ZIP PHONE

Safety Zone Program – Prince of Peace UMC PUBLIC DISCLOSURE STATEMENT

The Code of Virginia, Section 63.2-1716, allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the exemption law. The following information is provided in accordance with this law.

EXEMPTION

In compliance with the Code of Virginia, Section 63.2-1716, the Safety Zone program is exempt from licensure and is classified as an “Exempt” child day center.

QUALIFICATIONS OF PERSONNEL

All Safety Zone staff personnel have undergone required background checks through the Virginia Department of Social Services/Child Protective Services and the Virginia State Police. Additional information on the qualifications of these staff members is available upon request.

DESCRIPTION OF FACILITIES

The Safety Zone center is located at Prince of Peace United Methodist Church, 4299 Token Forest Drive, Manassas, VA 20112

The occupancy load for the building is 500 occupants.

Safety Zone will be operated from the downstairs fellowship hall at the church.

Kitchen facilities are not available for use by the Safety Zone (except the microwave and ice machine). Safety Zone will maintain its own refrigerator and food storage area.

Play equipment consists of outdoor basketball and volleyball/badminton equipment and indoor/outdoor games that are provided specifically for Safety Zone use.

Bicycle riding, skateboarding, and unsupervised recreation off the immediate premises of the church will not be allowed.

ENROLLMENT CAPACITY

The maximum number of children that Safety Zone will enroll is 25.

FOOD SERVICE

The Center does not intend to provide meals. However, the Center will provide pre-packaged snacks and beverages. During full day operations like Teacher Workdays or Summer Camp, a cold breakfast will be made available and participants must provide a bag lunch that does not require any cooking.

HEALTH REQUIREMENTS FOR STAFF

All staff employed by Safety Zone have been certified by a practicing physician to be free from any disability which would prevent them from caring for children. Documentation is on file at the Safety Zone facility.

PUBLIC LIABILITY INSURANCE

The Center is covered by public liability insurance which provides coverage in the event someone brings suit for personal or bodily harm suffered during the operation of the Center as a result of negligence.