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The Salvation Army Center for Worship and Service After School Enrichment Program Fall 2025 Registration Packet

Child's First & Last Name _____

School _____ Grade _____

A completed Registration Packet includes:

- _____ \$50 Registration Fee (for the 2025-2026 school year)
- _____ Enrollment Form
- _____ Medical Information
- _____ Emergency Medical Authorization
- _____ Signed Understanding of Behavior and Discipline Policy
- _____ Form 121 Immunization Record
- _____ Pick up Authorization Form
- _____ Parent Permission & Agreement
- _____ Signed Understanding of Parent Handbook
- _____ Signed Understanding of Tuition and Payment Policy



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MEDICAL INFORMATION

****Please attach a copy of your child's immunization records.****

Child's Name _____

Does your child have any food allergies or food requirements? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have any other allergies (medication, bees, etc.)? ☐ Yes ☐ No

If yes, please explain: _____

Has your child been diagnosed with any learning disabilities (dyslexia, ADD, ADHD, etc.)

☐ Yes ☐ No If yes, please explain: _____

Has your child been diagnosed with anything for which he/she receives counseling?

☐ Yes ☐ No If yes, please explain: _____

Is your child taking any medication on a regular basis? ☐ Yes ☐ No

If yes, please list all medication (s): _____

Is there any other information that would be helpful for staff to be aware of in serving your child? ☐ Yes ☐ No

If yes, please explain: _____

I waive the Salvation Army Center for Worship and Service of Jackson, and any of their staff from liability for any injuries or illness, which may occur that are not the result of gross negligence on their part.

Signature of Parent/Guardian

Date





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EMERGENCY MEDICAL AUTHORIZATION

Please initial each statement.

_____ In the event that my child _____ suffers an injury or illness while in the care of The Salvation Army Center for Worship and Service and the facility is unable to contact me immediately, I give authorization for the staff to arrange for transportation of my child to secure such medical attention and care for the child as is necessary.

_____ I understand that the staff will make every possible attempt to contact me, the child's physician, and other persons listed as an emergency contact.

_____ In the event that it is not possible to receive instruction for the student's care, consent is given to any licensed physician for treatment.

_____ I authorize the physician to administer medication and perform necessary treatment for the preservation of my child's health and well-being.

_____ I will not hold The Salvation Army Center for Worship and Service responsible for the accident or illness.

_____ I further understand that any cost incurred for treatment of sudden illness or accident shall be paid by me.

_____ I agree to keep the Center for Worship and Service After School Enrichment Program informed of any and all changes in telephone numbers, etc., where I can be reached.

Child's Full Name

Date of birth

Primary Physician

Physician's Phone Number

Child's Allergies

Current Prescribed Medication

Any other Special Needs or Medical Concerns: _____

Parent/Guardian Signature

Date

570 E. Beasley Road • P.O. Box 31954 • Jackson, Mississippi 39286 • p: 601.398.0998 • f: 769.251.0684





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PICK UP AUTHORIZATION FORM

We are required by our licensing agency to have a list of all people who have permission to pick up your children from the Center for Worship and Service After School Enrichment Program. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child, _____, has permission to be picked up by the following people from the After School Enrichment Program:

Name	Relationship	Phone
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Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

Is there anyone to whom your child may NOT be released? [] Yes [] No

If yes, please list below:

Parent/Guardian Signature

Date



BEHAVIOR AND DISCIPLINE POLICY

Student Behavior

The children that attend the After School Enrichment Program are to expect respect, patience, courtesy, and caring from all staff. In turn, staff can expect the children to follow some specific rules. The following are rule that you should review with your child before the first day.

Student rules:

- Respect other students, staff, and property
- Keep your hands and your feet to yourself
- Listen to all staff
- Stay with a staff member at all times and NEVER leave the room or area where the activity is without permission
- Adhere to rules regarding building and playground safety
- No stealing
- Refrain from using profanity or other forms of verbal abuse
- No threatening other students or staff members
- No weapons of any kind
- No fighting or other physical altercations

Discipline Policy

The purpose of discipline at the Center for Worship and Service After School Enrichment Program is to guide and assist children to resolve their own conflicts and to regain control of their behavior. Our staff uses only constructive and positive techniques when disciplining. These include redirection, anticipation, modeling, natural consequences, and elimination of potential problems.

If these efforts are exhausted and the behavior continues, the child will be removed from the group for counseling with office staff. If inappropriate behavior becomes consistent, a conference will be set up with the parent (s) and the director. If the behavior does not cease, the center reserves the right to suspend or terminate enrollment.

Immediate suspension and/or expulsion will result if a student exhibits more severe behavior, such as fighting, verbal abuse, physical altercations, endangering the welfare of others, assault, vandalism, stealing, or running away from the program. In this instance, a parent will be called and is expected to pick up the student within an hour of being notified. Incident reports are completed by staff when any disciplinary action is required and must be signed by the director and parent/guardian. When we feel we have exhausted all of our abilities to control the behavior

we will require withdrawal from the program.

UNDERSTANDING OF BEHAVIOR AND DISCIPLINE POLICY

Please initial each statement.

_____ I have read and understand the Center for Worship and Service After School Enrichment Program Behavior and Discipline Policy.

_____ I have reviewed and discussed these policies with my child.

_____ I will assist staff by supporting these policies.

Parent's Signature

Date

Media Release Statement

I, _____ hereby consent to the use of my child/children's name, likeness and speech in any audio tape, video tape, film or photograph made in any Center for Service and Worship activity for the business or publicity purposes of the Center for Service and Worship and its partners. I understand that any participation offers no remuneration and that my child/children's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release The Salvation Army Center for Service and Worship and its licensees, assignees, affiliates and successors from any privacy, defamation or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

I have read, understood, and agreed to all the above:

Parent/Guardian Signature

Child's Name

Date



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PAYMENT AGREEMENT

Tuition

Tuition is \$200 per month. Tuition is due on the first week day of the month.

Fees

A nonrefundable registration fee of \$50 is required for each child. Late fees:

- A late fee is charged when children are not picked up on time. There is a five minute grace period from 6:00 pm to 6:05 pm; after 6:05 pm, a late fee of \$5 every 5 minutes thereafter.
- A late fee of \$10 per child per day will be assessed for late tuition payments.
- Returned check fee: \$35.

Payment method

Tuition may be paid in the form of cash, credit card or money order.

Please read and initial the following:

	I understand I must pay by check or money order.
	I understand that payment of \$200 due according to the payment schedule provided.
	I understand that I will be assessed a late fee of \$10 per child per day if payment is not made on time.
	I understand that if payment is not made, within 3 days of the due date my child will be withdrawn from the program.
	I understand registration fees and membership fees are nonrefundable.
	I understand if my payment is returned due to insufficient funds a return fee of \$35 will be charged.
	I understand I must give a two week written notice, if I plan to exit the program. I will complete a cancellation form at this time.
	I understand if I fail to give a two week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification of withdrawal.

Payment Schedule

Month	Due Date	Amount Due
August	Monday, August 4 th	\$200
September	Tuesday, September 2 nd	\$200
October	Monday, October 6 th	\$200
November	Monday, November 3 rd	\$200
December	Monday, December 1 st	\$200

Payment due dates are based on 18 weeks of afterschool enrichment activities, excludes (Thanksgiving Break and Winter Break).

The Salvation Army Corps Community Center follows the JPS calendar. We will be closed on the following dates:

- Friday, August 15th, 2025 (Professional Development Day)
- Monday, September 1, 2025 (Labor Day)
- Friday, September 12, 2025 (Professional Development Day)
- October 6th-10th, 2025 (Fall Break)
- Friday, November 14, 2025 (Professional Development Day)
- November 24-28, 2025 (Thanksgiving Break)
- December 22, 2025 -- January 2, 2026 (Winter Break)

I have read and understand The Salvation Army Center for Worship and Service Payment Agreement; I accept all terms and conditions as set forth in this policy. I understand that failure to uphold this payment agreement will result in my child being suspended from the program and that my child will be ineligible for all future Center for Worship and Service programs and/or activities.

Parent/Guardian Signature



PARENTAL AGREEMENT

Please initial each block.

The Salvation Army Center for Worship and Service After School Enrichment Program agrees to provide afterschool care for your child, _____, on Monday through Friday 2:30 PM until 6:00 PM during the City of Jackson school year. My child will receive an afternoon snack while attending the program. If my child needs a special diet, I will notify the program accordingly.

	I have received and have read a copy of the Salvation Army Center for Worship and Service After School Enrichment Program Parent Handbook and understand all policies and procedures therein.
	My child will not be allowed to enter or leave the facility without being escorted by the parent(s), Center for Worship and Service Staff, or other person authorized by the parent.
	I acknowledge that it is my responsibility to keep my child's record current and will inform the Center for Worship and Service staff of any significant changes such as telephone numbers, work location, emergency contacts, child's physical condition, child's health status, immunization records, etc.
	I understand that The Salvation Army Center for Worship and Service does not administer medication.
	I understand that I must provide a copy of my child's current immunization records.
	I understand that it is my responsibility to notify the CWS if my child will not attend the program that day.
	I understand that the Salvation Army Center for Worship and Service follows the same schedule as the JPS school system and will be closed when there is no school.
	I understand that only individuals listed on the Pickup authorization form will be allowed to check my child out of the center.

Parent/Guardian Signature

Date

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