



WEIRTON CHRISTIAN CENTER

P. O. Box 2045 117 Ivy Street
Weirton, WV 26062
304-748-2353



PreSchool Program
Afterschool Program
Summer Program

AFTERSCHOOL ENROLLMENT FORM 2026-27

Child's Name _____ Age _____ M F

Birthdate _____ School _____

Entering Grade in Fall _____ Age _____ Any Special Needs? _____

MY CHILD WILL ATTEND WCC AFTERSCHOOL Mon Tues. Wed Thurs_

Any Learning Disabilities: ADHD ODD Autism Dyslexia Other _____

Any Food Allergies _____ (Medical form?)

Ethnicity: Hispanic Non-Hispanic

Race: White Black Bi-Racial Multi-Race Asian Other _____

CLOTHING SIZES Tops _____ Pants _____ Shoe Size _____

My child has permission to attend any Group Meetings with a certified instructor on pertinent topics such as anger management, stress relievers, proper hygiene care, etc. Yes No

IF YES, IS THERE ANY TOPIC YOU WOULD LIKE TO SEE FOR YOUR CHILD? _____

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FAMILY INFORMATION

Mother/Guardian _____ Father/Guardian _____

Address _____ Address _____

Phone: Cell _____ Work _____ Phone: Cell _____ Work _____

Employed By _____ Employed By _____

Birthdate: _____ Education _____ Birthdate: _____ Education _____

E-Mail address _____ E-Mail address _____

**In case of Emergency, please list persons authorized to pick up your child if you are unavailable.
IF YOUR CONTACT INFORMATION CHANGES AT ANY TIME, YOU MUST NOTIFY THE CENTER.**

Name: _____ Name: _____

Address _____ Address _____

Best Phone _____ Best Phone _____

I understand the Weirton Christian Center operates on Biblical principles and will be offering Bible lessons.

I understand that my child must display positive behavior while at the Center and must always abide by the rules of the Center. Good conduct will help all have a good time. Many classes have Kindness points and Good Behavior parties.

I give my permission to use any photos taken of my child in publicity or promotion for the Center.
(including newsletters, social media and on our website) Yes No

I give my permission for the Weirton Christian Center to access my child's online grades for schoolwork and Quarters for Grades rewards. Yes. No PASSWORD _____

I give my permission for my child to receive: TUTORING Yes No

I give my permission for the Christian Center to have access to my child's test scores from their school when needed to better help tutoring opportunities for education. Yes No

Are you interested in any parent educational programs of the Weirton Christian Center? Yes No

Any suggestions? _____ GRANDPARENT AS GAURDIAN? Yes No

Has your family been affected by the Opioid crisis in any way? Yes _____ No _____



2026–2027 Afterschool/Summer Income Registration Form

Children Registered for Program:

Child(ren)'s Names and Ages _____

Parent/Guardian Name(s): _____

Home Address: _____

City/State/Zip: _____

Phone Numbers: 1) _____ 2) _____

Email Address: _____

☐ Afterschool 2:30-6 PM, Monday–Thursday Dinner Served September - May

☐ Summer 11AM-4:30PM Monday -Thursday Lunch Served 7-Weeks June/July

Total Number of Persons in Household _____ **Total Children** _____ w/children above

Monthly Earnings from Work (Before Deductions) _____

Public Assistance/Child Support/Alimony _____ SNAP Benefits _____

Monthly Payments from Pensions, Retirement, Social Security _____

Total Gross Annual Household Income (Include all income) \$ _____

Family income information must be provided. We take your privacy seriously. Your financial information will be kept safe and confidential and will only be included as part of a combined group total or percentage for grant funding. Many times, funders will fund us with grants when we prove we are reaching those that their mission wants to serve – and sometimes that includes income categories. Since we are a non-profit surviving on the generosity of others and grants, to provide our services at no charge – we need all the help we can get. I confirm that the information I am providing is true and accurate.

Parent/Guardian Signature _____ Date _____



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TRANSPORTATION INFORMATION FORM (Weirton Heights & Downtown only)

Student's Name _____ Grade _____

Student's Home Weirton Address _____

Any other place your child will usually go (sitter, Daycare, etc.) _____

ARRIVAL METHOD

Parent Drop Off.

School Bus

DEPARTURE METHOD

Parent/Guardian Pick up

WCC Van

SUMMER PROGRAM ONLY - WCC VAN

Pick up Location _____

Drop off Location _____

Parent/Guardian Name (print) _____

Parent/Guardian Contact Numbers:

1. MAIN Phone _____ (For Emergency and One Call messages)

2. Phone _____ Mom Dad Guardian

3. Phone _____ Mom Dad Guardian

My child has my permission to ride with Weirton Christian Center staff and volunteers in WCC Vehicles, or staff person vehicles. I will not hold Weirton Christian Center, the driver or any personnel liable in the event of an accident. I understand that my child must follow all rules to be transported.

Parent/Guardian Signature

Date

*You must notify the Center when your child's Ridership status changes. Rides are subject to cancellation after five (5) consecutive school days of no ridership. Please notify the office at 304-748-2353. **Please remember that transportation has gotten very costly, if you are able to transport your own children, please do. Or if you can make a donation toward transportation expense, it is greatly appreciated.***



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END OF DAY RELEASE STATEMENT

Child's Name _____ may be released to his/her parents:

Father _____ or Mother _____

OR THESE INDIVIDUALS:

Name	Address	Phone	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL RELEASE STATEMENT

Child's Physician/Pediatrician _____

Address _____ Phone _____

Insurance Company covering Child _____

Policy Number _____ Expiration Date _____

Over-the-Counter Medicine approved to give my child and dosage: Tylenol _____ Ibuprofen _____

I would be interested in signing my child up for personal counseling with a licensed therapist. Yes No
(You will be provided with additional information for our counseling service during Center hours)

You will be immediately notified in the case of an emergency, by the numbers provided. We need your permission to provide the best care we can. Please give your consent to contact the nearest hospital or Emergency services to administer treatment.

I understand and agree that my child will not be released to anyone unless they are indicated on this sheet;
or a hand-written note signed and dated by parent/guardian is presented to the school upon child's arrival on that day. I
also give consent to transport by Ambulance if the situation warrants it.

Signature _____ Date _____



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AFTERSCHOOL AND SUMMER GENERAL POLICY STATEMENT

(Please read carefully and sign below)

Weirton Christian Center After-School Program requires that we have documentation of each child's parents understanding and acceptance of our policies, rules and regulations. Please read the following and sign your name below to indicate you understand and accept these policies.

1. **DISCIPLINE POLICY**- Parents are required to read & sign the Behavior and Discipline Policy as part of the registration process.
2. **TRANSPORTATION**- Parent's signature on this form permits the child to be transported home from our facilities in our vans, bus or church vans. This form also covers any off property activities where children are transported using the Weirton Christian Center vehicles, or on occasion, staff vehicles.
3. **MEDICAL/INFORMATION- TREATMENT**- In the event of an emergency in which the parent cannot be contacted, emergency medical staff and the Weirton Christian Center staff may take appropriate action in the best interest of the child.
4. **LOST ITEMS**-The Weirton Christian Center After-School Program is **not** responsible for any personal items lost or stolen at our programs.
5. **COMPUTER/INTERNET USE**-Parents are required to read & sign the parental form if they wish their child to use, have internet access at the Weirton Christian Center facilities.
6. **ATTENDANCE**: Participation in extracurricular activities (music, art or dance lessons, field trips) will be based on the student's attendance at our program. 75% attendance is expected. Since we usually have a waiting list for our programs, when your child does not come for an extended period, without reason, they will be removed from the roster and lose their spot in the classroom. Special activities are based on available grant funding or volunteers.

I have read and understand the above statement of policies and agree to abide by all stated.

Parent/Guardian Signature_____ Date_____



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AFTERSCHOOL AND SUMMER PROGRAM BEHAVIOR AND DISCIPLINE POLICY

(Please read carefully and sign below)

Students will be treated fairly and reasonably. Discipline will be based on careful evaluation of the circumstances for each case. Factors that will be considered include the seriousness of the offence, the student's age, frequency of misbehavior and the student's attitude.

Parents/Guardians will be notified of all necessary disciplinary procedures through phone calls and conferences called by our faculty or administration.

Weirton Christian Center does not condone and will not permit:

1. Ridiculing, threatening, using an inappropriate loud voice.
2. Using profanity.
3. Leaving children unattended.

We expect the children to:

1. Always use appropriate language.
2. Cooperate with staff and follow instructions, and classroom rules.
3. Respect other children, staff, themselves, equipment and facilities.
4. Stay in assigned program areas.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting.
3. Possession of weapon of any kind.
4. Vandalism or destruction of Center property or property of others.
5. Possession of or use of alcohol or illegal or unauthorized drugs.
6. Leaving the premises without authorization.

It is of extreme importance that the staff maintains good order and discipline. Safety and a positive atmosphere can be promoted by following the described policies. These policies also apply during transportation of children.

I have read the above statement of policy and agree to abide by the stated policies.

Parent/Guardian _____ Date _____



WCC TECHNOLOGY ACCEPTABLE USE POLICY FOR STUDENTS

Technology is made available to the Weirton Christian Center students to support the education process. It is a general policy that all computers and technology at Weirton Christian Center is to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy and the guidelines listed below shall result in the revocation of access privileges and/or disciplinary actions.

USER RESPONSIBILITIES (All Students)

As the user of technology resources provided by the Weirton Christian Center, each student must read, understand and accept all the following rules and regulations started in this section.

- I understand that all technology use must be for educational purposes.
- All equipment is to be handled with care and respect.
- I will use WCC technology resources and telecommunications for the purpose that supports the educational process.
- I will not use WCC telecommunication services for personal purposes. Personal purposes included but are not limited to social networking, personal shopping or participating in online gaming, downloading music/videos.
- I will not use WCC technology to view, create, modify, or disseminate obscene, objectionable, violent, pornographic, or illegal material.
- I will not use WC technology to send unsolicited, offensive, abusive, obscene, harassing, or other illegal communications.
- I will not use external instant messaging email, chat services or any form of social media.
- I will not change the computer setting, this includes but not limited to desktop background, screen saver, desk top icons, etc.
- I understand that all use of the Internet must be authorized by a WCC educator and must support the educational learning goals and objectives.

I have read the rules and regulations above. I also understand that any computer or iPad is subject to random auditing for the purpose of determining the presence of unauthorized software, by the WCC technology staff.

STUDENT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____