



**Dumas Wesley Community Center
Summer Recreation Program
June 1-July 24, 2026 Monday-Friday 8:00am to 3:00pm
Registration Dates: April 1–May 8, 2026**

Criteria:

- Parent/Guardian must reside or work in the 36607 or 36617 zip code. Limited space is available for residents living outside the preferred zip code.
- Must have proof of child(ren)'s age (birth certificate, blue card, etc.).
- Must have proof of residence or employment in the 36607 or 36617 zip codes (recent utility bill or current paycheck stub).
- Must have proof of income (TANF, SNAP or SSI award letters, disability stubs, pay stub, etc.).
- Participants must be between the ages of 6-15.
- **Application must be completed in its entirety and turned in with full payment along with all documents noted above to be considered registered. We WILL NOT hold spaces for incomplete applications, missing documents, or partial payments. You must submit all information at one time to the Admin Office Monday-Friday between the hours of 9am-4pm.**

One-Time Fee of \$350 OR a split payment option of \$175 due at registration with the additional split payment amount of \$175 due by 3pm on July 1st, 2026: Cash, money order or online payment acceptable. All documents must be turned in and approved by the front office AND registration payment made BEFORE a spot will be held for any child.

- Full payment of \$350 or the first installment of the split payment plan of \$175 is due at registration.
- Split payment: Children enrolled in the split payment plan will owe \$175 at registration and \$175 by 3pm on July 1st, 2026. If the split fee is not paid on time, enrolled child(ren) may not return to the program until the past due balance is paid in full. This may also result in forfeiting the participant(s) spot in the program.
- Due to limited availability within the program, we DO NOT allow part-time registration. Full payment of \$350 OR \$175 for those parents/guardians on a split payment plan is mandatory for each child enrolled regardless of how many days/weeks attended. Failure to make weekly payments on time will result in forfeiting the participant(s) spot in the program.
- Field trips and Camp Blue Lake are additional charges.

Dates Closed: Summer programming will be closed on Friday, June 19th in observance of Juneteenth and Friday, July 3rd in observance of Independence Day. The Summer Recreation program will also be closed July 13-17, 2026 for the Camp Blue Lake trip in Andalusia, AL (see accompanying Blue Lake registration form for details).

Lunch: Feeding the Gulf Coast will be providing a free shelf stable meal Monday–Friday. Please let us know if your child has food allergies. Children may bring a bag lunch, if preferred. Please note that shelf stable selections and variety is determined by what Feeding the Gulf Coast has in stock.



Daily Schedule: The summer program operates Monday–Friday from 8:00am to 3:00pm. Children need to arrive on time every day. Children will not be allowed in before 8:00am or after 8:30am. **Parents must escort children to the atrium doors and check them in every morning.** Please make sure your child(ren) eats breakfast each morning, as **we DO NOT serve breakfast.** A weekly newsletter will go home with your child(ren) every Friday. This newsletter will inform you of activities and reminders for the following week. The newsletter is essential and needs to be read carefully so that your child is prepared. In the afternoon, parents/adults must pick up their children at the atrium doors to sign them out. We will not allow children to go outside without a parent/guardian. Pick up is promptly before 3:00pm. A late fee will be incurred for late pick-ups.

Field Trips: Field trips are an additional cost outside of the Summer Rec fee. Please bring the exact change each day, or you will be asked to go get the correct change before your child may be checked in for the day. Money will only be collected on the day of the field trip and not ahead of time. On days we have a field trip planned, your child must arrive on time! We will not hold the bus or come back to the Center if you are late. If you do not wish to send your child on a field trip, you will need to make alternate arrangements for your child that day. Also, children cannot be dropped off at the field trip site. They must ride the bus to be a part of the trip. Please be mindful if your child is afraid of heights, water, loud noises, etc., they will still have to participate in the field trip/events for that day if you bring them to the program. There are no extra staff available to allow them to sit out of activities on field trips. Also, due to limited space and the safety of our children, only Dumas Wesley Staff and Interns will be allowed to go on field trips with our children. We appreciate your understanding.

Pick up/Drop off: Parents are responsible for dropping off and picking up their children on time. Children may not arrive before 8:00am, unless otherwise instructed. Doors will open at 8:00am. **The cut off time to drop off kids in the morning is 8:30am. We will not accept late children.**

Late Fee: Summer Rec ends promptly at 3:00pm. Children MUST be picked up BEFORE or AT this time. A \$15.00 late fee will be charged for *each* child picked up after 3:00pm. An additional \$15.00 fee will be charged each additional 15 minutes late for each child. Late pick up fees are assessed on the same day you are late and are due upon pick up before your child can return for their next scheduled day.

Dumas Wesley Bus & Van Rules:

The bus driver is in CHARGE and shall be respected at all times!

1. Students **must** talk softly.
2. Students **must** remain seated at all times.
3. Students **must** keep their body parts out of the aisle and keep all body parts to themselves and out of the windows.
4. Students shall **NOT** use profane language.
5. Students shall **NOT** fight, scuffle, or talk loudly.
6. Students shall **NOT** throw anything out of the windows.
7. No electronic devices (cell phones, air pods, games, etc.) allowed on the bus at any time.

Two verbal warnings will be given to each student. After their second warning, they will automatically be suspended from riding the bus. The bus driver and staff have the right to suspend a student from the bus at any time if the offense exceeds a warning!



Disciplinary Rules:

Dumas Wesley Community Center has a zero-tolerance policy for bullying or disrespectful behavior towards staff, guests, and children attending the summer program. **We will not tolerate fighting, teasing, or any other inappropriate behavior during summer recreation hours.** If your child is acting out inappropriately, he or she may be subject to a write-up. If the child is written up, a parent will be notified of the incident at the end of the day. Please note that fighting between siblings is prohibited and subject to the zero-tolerance policy. Children are not allowed to “play fight.”

The Director may expel a child for justified reasons without warning or write up. If your child is expelled, you will be contacted immediately. If they are dismissed, fees will not be refunded.

Additional Summer Recreation Rules:

Tennis shoes are required. Parents, please bring an extra set of clothing for children 6-7 years old. Accidents do happen, and we do not have extra clothes for those occasions. If your child is not dressed properly, they will be asked to return home and change their attire. This may cause them to miss activities and/or field trips. Parents will be responsible for finding childcare for the day if this occurs.

No short shorts, skirts, or clothing with foul language or images is permitted. We do not allow sagging pants or shorts. Shirts must cover your child's stomach. If children continue to disobey the dress code, they may be sent home. Please make sure your children wear shoes that are adequate to run and play in and that your child is dressed properly to participate in the activities scheduled for each day.

Electronics, fidgets, and outside toys are not allowed during Summer Recreation. This includes air pods, cell phones, iPads, etc. If your child is caught playing with an electronic device or outside toy, it will be taken and returned at the end of the day. We are not responsible for anything that is lost, stolen, or broken.

On swim days, please make sure your child has their swimsuit on underneath their clothing and has sunscreen applied before drop-off. For safety reasons, the pool does not allow children to swim in regular clothing. If your child is not dressed in appropriate swimwear, they will not be allowed to go on the field trip. Don't forget their towel and an extra change of clothing. Please make sure you label all clothing/towels. Girls must wear one-piece suits only. ***If your child does not want to swim, they will still have to pay the entrance fee and sit poolside as all staff is required to be in the pool with children.***

****Please note: Summer Rec spots cannot be held if application is not completed in full and payment submitted (either full or split).**



2026 Summer Recreation Program Application

Parent's/Guardian's Name: _____

Street Address: _____

City, State and zip code: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Work Number: _____

Which phone number is best to reach you during the day? ____ Cell ____ Alternate ____ Work

All phone numbers and email addresses need to be up to date at ALL times!

Email Address (required): _____

Number of children who will attend: _____

Pre-Enrollment Information

Please include the following information for each child:

<u>Full Legal Name</u>	<u>Date of Birth</u>	<u>School and Grade</u> (2026-2027 school year)	<u>Gender</u>	<u>Race/ Ethnicity</u>
Child 1:				
Child 2:				
Child 3:				
Child 4:				
Child 5:				



Confidential Family Household Information:

Total number living in household: _____ Current head of household: Male____ Female____
Total Household Income (list monthly OR annually): Monthly: _____ Annually: _____
Do you currently live in a Public Housing Development (Section 8)? Yes / No

For the child(ren) listed above, indicate whether you receive benefits from any of the following programs:
Family Assistance (Does a family member assist with rent, childcare, daily expenses/bills, etc.):

Yes____ No____ Food Assistance (Food Stamps): Yes____ No____
Medicaid: Yes____ No____ School Reduced/Free Lunch: Yes____ No____
SSI ____ Yes ____ No

In your home, how many heads of household are working or looking for work?

____ Number working
____ Number looking for work
____ Retired
____ On Disability
____ Other (Please explain): _____

What is the highest level of education you have completed?

- Not a high school graduate
- High school diploma or GED
- College degree or higher

Health History

Please complete the following information for *each* child. Use additional paper as needed. Please note that your child's eligibility is NOT determined by the answers to these questions. Please fill out a questionnaire completely so we can best serve your child.

Name of child(ren) with allergies: _____

What are their known allergies? _____

Name of child(ren) taking medications: _____

List medications: _____

Name of child(ren) with special needs: _____

Please explain: _____

Special accommodations needed: _____

Child's primary doctor: _____ Doctor's phone number: _____

If your child is injured, do you permit us to treat or take your child to the nearest hospital?

Yes ____ No____ Hospital Preference: _____



***If your child requires any medication to be administered during the day or for emergency purposes, you must provide a filled prescription to be kept on site marked with your child's name and dosing instructions.**

For grant and funding purposes, please answer the following two questions:

Annual Household Income (circle one)

Less than \$15,000 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000
 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000+

Ethnicity: (Circle any that apply)

Arab or Arab American Asian or Asian Pacific Islander American Black or African
 American Latin American Native Hawaiian
 Multiracial or Multi-Ethnic White or Caucasian Native American
 American Indian Alaska Native

Emergency Contacts: (Other than parent/guardian)

Name: _____
 Address: _____
 Cell Number: _____ Home Number: _____ Work Number: _____
 Relationship to child: _____

Name: _____
 Address: _____
 Cell Number: _____ Home Number: _____ Work Number: _____
 Relationship to child: _____

Person(s) the child may be released to:

You must list a minimum of one Pick Up Contact outside of yourself in case of emergency.

Name	Relationship to child	Address	Telephone number



I have read and understand the rules for the Dumas Wesley Summer Recreation Program.

Parent Signature

Date

I give permission for my child to participate in: (Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian:	Date:
Transportation provided by the facility:	yes	no	Signature of parent/guardian:	Date:
Swimming/wading activities:	yes	no	Signature of parent/guardian:	Date:
Photographic, audio, or video recordings	yes	no	Signature of parent/guardian:	Date:

***Form not valid without signature of child's parent/guardian in each space indicated above. ***

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature / _____
Date

Form not valid without signature of child's parent/guardian

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant(s). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Dumas Wesley Community Center, its staff, directors and agents, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Dumas Wesley Community Center, its staff, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature / _____
Date

If you have any questions or concerns, please feel free to email Allie Smalling, Director of Youth and Senior Services at asmalling@dumaswesley.org or call 251-479-0649.



Transportation Waiver and Release

I, the undersigned, give my consent for _____ to be transported by the Dumas Wesley Community Center (DWCC). I will assume all liability for his/her participation in this activity/event and any injury that may result during the transport or at the event/activity. Further, by signing below:

1. I will not hold DWCC, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize DWCC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for my child or registered participant to travel with DWCC.
5. I do hereby give permission for the person identified below to ride in the DWCC van driven by an approved and licensed DWCC employee to and from the Center.

Transportation Safety: All participants transported by DWCC must adhere to safety rules. Participants must remain seated, wear a seatbelt and follow the staff's directions at all times. Because of our safety requirements, any violation of this transportation policy may result in restriction of said participant riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents or guardians immediately of any discipline problems that occur in our vehicles.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT VOLUNTARILY.

Date: _____

Printed Name of child(ren)* _____

Phone Number _____

Signature (Parent/Guardian for children under 18) _____

Email Address _____



Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes: * Agency Presentations
* Educational Presentations or Courses
* Informational Presentations
* Website or Internet Programs

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a public setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Name: _____

Street Address/P.O. Box: _____

City: State: Zip Code: _____

Phone: Email Address: _____

Signature: _____ Date: _____



WAIVER FORM

Waiver and Release from Liability for Nonprofit

I, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **Dumas Wesley Community Center (hereinafter known as DWCC)** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, for, or under the auspices of **DWCC**, whether on the premises of **DWCC** or not, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions in which I participate may be considered (but do not have to be) of a volunteer nature, or for the benefit of a 501 (c)(3), and/or dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and /or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **DWCC** including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing and/or engaging in organizational functions, philanthropic activities, other nonprofit or for-profit engagements or functions and fundraisers or other related activities on and off the premises. This includes tutoring/mentoring activities, on or off campus, provided by non-employee volunteers both during and outside of normal business hours.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of **DWCC**, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Date: _____

Printed Name of child(ren)* _____

Phone Number _____

Signature (Parent/Guardian for children under 18) _____

Email Address _____



Summer Recreation Parent Survey

Please note:

The following information is being collected to help our Summer Recreation Staff better serve your child/children. The information will be kept confidential and will only be used by the Summer Recreation staff to ensure your child is cared for to the best of our ability. **Answers to the following questions have no impact on the acceptance of your child/children into the program.**

Section 1: About My Child

- Child's Name: _____
- Age: _____ Grade/Year: _____
- Nickname or Name They Love: _____

Section 2: What Makes Them Shine

- My child's three best qualities are: ★ _____ ★
_____ ★ _____
- Favorite activities or hobbies: 🎨 🎵 🌐

- They feel happiest when: 😊

Section 3: Learning & Growing

- My child learns best when: (Visual, Auditory, Hands on) 🖋

- A subject or skill they're great at: 🏆

- Something they'd like to get better at: 🌱

Section 4: Feelings & Friends

- My child shows feelings by: ❤️

- They enjoy playing: 👥 With friends / 🧑 Alone / 🗣 Both

- Something that can make them feel nervous or overwhelmed: 😬

- Something that can make them feel safe: 😊

 Section 5: Health & Care

- Allergies or medical needs: 🚑

- Foods they love: 🍓

- Foods they avoid: 🚫

 Section 6: Family & Communication

- Main caregivers: 👨‍👩‍👧

- Best way to reach you: 📞 / 📧 / 📱

- Anything else we should know to help your child thrive: 🌈

 Section 7: Academic & Emotional Support

- Does your child receive any academic support or intervention at school? Yes No
- If yes, what type (IEP, Tutoring)?

- Have you noticed your child needing increased emotional support? Yes No
- If yes, what type (School Counseling, Therapy, Medications)?

Has your child ever been diagnosed with or suspected to have (Please circle all that apply)
 ADD / ADHD / AuDHD / OCD / Autism / Depression / Anxiety / Sensory Disorder / Other

Please list and share how we can best assist your child in managing their behavior.

What typically causes these behaviors:

 Section 8: Health

What strategies help manage situations related to these behaviors? _____

Does your child experience regular nosebleeds? Yes No

If yes, what seems to cause them?

Does your child experience regular migraines or headaches? Yes No

If yes, what seems to cause them?

Does your child regularly experience an upset stomach? Yes No

If yes, what are their usual symptoms or causes?

All children are required to be fully potty trained and able to clean and dress themselves independently.

Does your child require extra time or additional trips to the restroom? Please explain:

**Are there any special circumstances you would like us to know about your child?
(Divorce/custody, death in the family, sick loved one, sibling issues, counseling,
homelessness, past abuse, trauma, medical issues, LGBTQIA+, etc.)**

