



### After-School Achievement Program 2026-2027 School Year

We are so excited to welcome your students back for the upcoming year! To finalize enrollment in the After-School Achievement Program, parents or guardians must visit the Dumas Wesley Community Center Admin Office to submit the following:

- Completed Registration Form
- Student Survey
- \$25 Registration Fee (per child per semester)
- \$25 Transportation Fee if DWCC is transporting your child (first monthly installment, per child)

Please note that these items must be turned in before a child can enter the program.

We are thrilled to offer transportation services from the following schools for a monthly fee of \$25 (due by the 30<sup>th</sup> of each month. If fee is not paid by the 30<sup>th</sup> of each month your child's transportation will be suspended until balance is paid).

- Holloway
- Mary B. Austin
- Florence Howard
- Old Shell Road
- Phillips

Please remember that you will still need to pick up your child(ren) from Dumas Wesley before 5:30 p.m.

To ensure your child's registration is considered, please submit the following criteria to the Admin Office Monday–Friday between 9:00 AM and 4:00 PM. Please note that we cannot hold spaces for partial applications, missing documents or unpaid fees; all information must be submitted at once.

#### Eligibility Requirements:

- Age: Participants must be between 6-18 years old.
- Location: Parents/guardians must reside or work in the 36607 or 36617 zip codes. Limited space may be available for those living outside these areas.

#### Required Documentation:

- Proof of Age: Birth certificate, blue card, or similar documentation.
- Proof of Residency/Employment: A recent utility bill or current paycheck stub from the 36607 or 36617 zip codes.
- Proof of Income: TANF, SNAP, or SSI award letters, disability stubs, or pay stubs.

Completion Checklist:

- Completed Application and Student Survey.
- Payment of \$25 per child per semester.
- Initial \$25 transportation fee for those requesting transportation.

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a single parent household? Yes / No

Which phone number is the best to reach you at between the hours of 3:00 pm and 5:30 pm? (Circle below)

Cell    Home    Work    Alternate

List the name and age of each child participating:

- |    |       |            |              |           |
|----|-------|------------|--------------|-----------|
| 1. | _____ | Age: _____ | Gender _____ | DOB _____ |
| 2. | _____ | Age: _____ | Gender _____ | DOB _____ |
| 3. | _____ | Age: _____ | Gender _____ | DOB _____ |
| 4. | _____ | Age: _____ | Gender _____ | DOB _____ |
| 5. | _____ | Age: _____ | Gender _____ | DOB _____ |

**Schools Attending/Grade Level:**

\_\_\_\_\_

**\*Will your child(ren) need transportation from their school to Dumas Wesley's After School Achievement Program: Yes or No**

**Emergency Contact (Other than parent/guardian):**

Name and relationship to child(ren): \_\_\_\_\_

Address:

\_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

**\*Please keep all contact numbers updated as needed in case of emergency.**

**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?** Yes / No

**For the child(ren) listed above, indicate whether you receive benefits from any of the following programs:**

Family Assistance: 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

**What is the highest level of education you have completed?**

- Some high school
- High school diploma or GED
- College degree or higher

**For grant and funding purposes, please answer the following 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    Other \_\_\_\_\_

**Ethnicity (circle one)-**

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

**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:** \_\_\_\_\_

**\*\*Please provide lifesaving medication for us to keep onsite (Rescue Inhalers, Seizure medication, etc.) in prescription packaging marked with their name, directions and specific instructions.**

**Nationally, as a result of COVID, trends have shown an increase in children needing academic support intervention at school and help managing their emotions. To better serve your child (ren)'s after school needs:**

**Does your child receive any academic support or intervention at school (i.e. extended time for testing, IEP, separate seating to help focus, reading tools like highlighters, auditory devices for reading, etc.)? Yes or No; If yes, what type?**

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**Have you noticed your child(ren) needing increased emotional support (i.e. sees the school counselor or social worker, needs sensory objects for cooling down/focusing, needs separate areas to focus on homework, needs time warnings before switching to another activity, etc.)? Yes or No; If yes, what type?**

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**Is your child in the process of being assessed for or has your child been diagnosed with autism spectrum disorder, ADHD or dyslexia? This answer will not impact your acceptance or eligibility for the program. Yes or No (Please explain)**

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**Are there any special accommodations that we can make to better assist your child(ren) that you have not already listed?**

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

<b>Activities away from the facility:</b>	<b>Yes</b>	<b>No</b>	<b>Signature of parent/guardian</b>	<b>Date</b>
<b>Transportation provided by the facility:</b>	<b>Yes</b>	<b>No</b>	<b>Signature of parent/guardian</b>	<b>Date</b>
<b>Photographic, audio or video recordings to be used in media, social media &amp; marketing purposes:</b>	<b>Yes</b>	<b>No</b>	<b>Signature of parent/guardian</b>	<b>Date</b>

**Person(s) the child may be released to:**

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Telephone Number</b>

**Parent/Guardian Printed:** \_\_\_\_\_

**ASAP Participant(s):** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_



### DWCC Rules of Conduct

1. Students **must** wear closed toe shoes **at all times!**
2. No weapons, drugs, cigarettes, or e-cigarettes of any kind are allowed on the property.
3. No food or drinks allowed in the gym at any time.
4. DWCC is not responsible for any lost or stolen property.
5. Check-in ends at 4:30 p.m. Students will not be allowed in the building after that time.
6. Doors are locked, and the building is closed at **5:30p.m.** If you pick up your child after this time, there is a \$15 penalty per child for every fifteen minutes you are late. (Pick up between 5:31pm-5:45pm will result in a \$15 late fee per child. Pick up between 5:46pm-6:00 pm will result in a \$30 late fee per child, etc.). **All late fees must be paid before the child(ren) will be allowed to return to the program.**
7. Students shall not fight or scuffle, rough house, or put hands/feet on any child.
8. Cursing or profane language is not allowed at any time.
9. Students are expected to clean up after themselves and help keep the facility clean.
10. Cell phones and items from home must remain in the child's book bag during program hours.
11. Everyone must obey the rules posted in the gym.
12. No short shorts, skirts, or clothing with foul language or images is permitted. All children are required to wear a belt. We do not allow sagging pants or shorts. If children continue to disobey the dress code they will be sent home.
13. No smoking anywhere on DWCC property. Drugs and Alcohol are not permitted anywhere on DWCC property. If you are found to be intoxicated or under the influence, you will be asked to leave immediately.
14. For disturbances, fights or theft, we will call the police.
15. All rules are subject to change.
16. At DWCC, we reserve the right to search all students and their property when entering the doors to ensure the safety of staff, volunteers and other participants. Failure to comply will result in termination from the program.
17. Disciplinary action is left up to the judgment of the ASAP Staff.
18. Parents/guardians of children who are provided transportation to Dumas Wesley must give a 24-hour notice if their child does not need pick up service unless it is an emergency, then the parent/guardian must give notice no later than 1:30pm by **calling the main office of Dumas Wesley at 251.479.0649**. Failure to give proper notice could result in your child losing transportation to the ASAP program.
18. The After School Achievement Program prioritizes consistent attendance and active participation; it is not solely a drop-in child care service. A pattern of frequent early pickups or low attendance may lead to a review of your child's continued participation in the program.

#### Disciplinary Action

Dumas Wesley Community Center has a **zero-tolerance policy** for fighting, bullying or any other inappropriate behavior directed to staff, peers, guests and other children on the DWCC property. The staff may suspend a child for justified reasons without a warning and they may be asked to leave for the entire day or a specific period of time. If your child is suspended for any reason, they may not be anywhere on DWCC property until the suspension is lifted. **I have read and understand the rules for the Dumas Wesley After School Achievement program.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (hereinafter referred to as "CHILD") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **Dumas Wesley Community Center (hereinafter known as DWCC)** a non-profit 501(c) (3), 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 or child ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, **DWCC**, 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 said CHILD participates may be inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and /or death. On behalf of myself, CHILD, my heirs, assigns, and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in the requested activities and CHILD'S only limitations or activities from which said CHILD is prohibited are noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive and relinquish any and all claims of any sort whether in tort, contract, equity or otherwise including any claims of personal injury, death, or damage to personal property associated with **DWCC**, including, but not limited to the participation in any volunteer activities, being transported to and from the volunteer site, consuming food, recreational activities or otherwise, or using the facility and its equipment, or other related activities on and off the premises.

This WAIVER AND RELEASE contain 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 provisions 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 said CHILD and 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.

Printed Name of ASAP Participant(s): \_\_\_\_\_

Printed Name of (Parent/Guardian): \_\_\_\_\_

Phone Number of (Parent/Guardian): \_\_\_\_\_ Email: \_\_\_\_\_

Signature of (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_



**Photograph & Video Release Form**

I hereby grant permission to use my image, likeness and voice as recorded on audio or video recordings 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      \* Website or Internet Programs  
\* Educational Presentations or Courses      \* Informational Presentations

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(s): \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 their participation in this activity/event and any injury that may result during the transport or at the event/activity. Further, by signing below:

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. I hereby accept financial responsibility for personal items lost by the person identified herein. 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. I accept full responsibility and hereby grant permission for my child or registered participant to travel with DWCC. 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 \_\_\_\_\_



Transportation Fee Contract

I \_\_\_\_\_ give permission for \_\_\_\_\_  
to be transported to Dumas Wesley Community Center from \_\_\_\_\_ school  
during the 2026-2027 Mobile County Public School Year.

By signing below, I agree to the following terms:

- Monthly Fee: A transportation fee of \$25 per child is due on the 30th of every month.
- Payment Methods: Payments can be made online at [www.dumaswesley.org](http://www.dumaswesley.org) or at the Admin Office no later than 4:00 PM on or before the 30<sup>th</sup> of each month.
- Suspension of Service: If the fee is not paid by 4:00 pm on the 30<sup>th</sup> of each month, transportation services will be immediately suspended until the balance is brought current.
- Flat Rate: The \$25 fee is required regardless of how many days your child attends the program each month.
- Payment History: A consistent history of late payments may result in an evaluation of your child's fit for the transportation program.
- Attendance: To secure ongoing services, children must maintain a high attendance record and use of the transportation service.
- Absences: If your child does not require transportation due to illness, field trips, or other activities, please notify Dumas Wesley ASAP at 251-479-0649 ahead of time.

By signing below, I acknowledge that I have read and agree to the terms stated above.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_