



**WAVE OF HOPE HOMESCHOOL ENRICHMENT  
PROGRAM**

**@ WELD AND @ FOOTHILLS**

# POLICIES AND PROCEDURES

## Wave of Hope Homeschool Enrichment (HSE) Headquarters

1111 6<sup>th</sup> Street  
Greeley, CO 80631

Attendee(s) must be in regular attendance in order to fully benefit from the Homeschool Enrichment and Excursion activities provided. In case of absence, a Parent must call to excuse the Attendee(s) from participating in the Activities or Excursion scheduled.

Contact Phone: 720-340-2552. Please leave a message if there is no answer.

The following circumstances are acceptable reasons for absence:

DEATH IN THE IMMEDIATE FAMILY and CONTAGIOUS ILLNESS

**Due to funding requirements, Students not in attendance on October 2nd for “Count Day” will not be eligible for free/complimentary Wave of Hope Homeschool Enrichment Activities and Excursions.**

Family vacations and trips should be scheduled during planned Wave of Hope HSE days off to prevent Attendee(s) from missing Enrichment Activities and Excursions that may not be repeated within the school year. Should this not be possible, a parent must communicate with Administration in advance.

Contact:

[contact@waveofhopelearningcenters.org](mailto:contact@waveofhopelearningcenters.org)

970-340-2552

## STUDENT DROP OFF PROCEDURES

- Attendee(s) must be dropped off in designated areas where Staff will greet and supervise their entry to the building. Parents MUST sign their children IN AND OUT for drop off and pick up.
- With Administration approval, Attendee(s) may be dropped off early and supervised until the beginning of Enrichment Activities or Excursions. Parents who need to drop off Attendee(s) earlier than 7:30 a.m. can make a cash payment arrangements via the website for a child-care fee of \$2/minute. Attendees are not allowed to be dropped off early without prior arrangement via the website at least 48 hours in advance. Staff will be onsite to supervise from 7:30 to 4:20 p.m. Parents who have Attendee(s) still on site after 4:20 p.m. can make a cash payment at the front desk upon pickup for a child-care fee of \$2/minute up until 5 pm.

## ATTENDEE(S) PICK UP PROCEDURES

- Attendee(s) will not be released to anyone not on the Authorization form filed with Administration by a custodial parent/guardian.
- Attendee(s) will stay in the designated area with Staff until verification of a Parent has arrived to pick them up.
- Attendee(s) are to be picked up at the end of Enrichment Activities or Excursion as stipulated.
- **Attendee(s) must notify the Administration should they be late for pick up.** Staff will be happy to supervise until the parent arrives. Fees for this service are noted above.

## EARLY STUDENT PICK UP

- Administration must be notified in advance of an early pick up with the name of the person picking up and information on the make and model of the vehicle picking up.
- Anyone other than a Parent picking up an Attendee(s) may be required to provide ID to Administration.

## **BULLYING POLICY**

Definition: Bullying occurs when a person or group is intimidated, frightened, excluded or hurt by a pattern of behaviors directed at them by others.

Wave of Hope HSE pledges our support to victims of bullying and guidance to those who bully. Our policy is to teach students to deal with conflict in a positive manner to build confident, capable future leaders. However, bullying in any form will not be tolerated; prevention and education are top priorities. Bullying among Attendee(s), Parents, Staff, Content Leaders or Volunteers will be addressed immediately on potential solutions and course of action. Students will develop skills to combat bullying including standing up for themselves, de-escalating situations and seeking adult support.

The following actions in an on-going form may be forms of bullying:

- Physical aggression - including hitting, punching, kicking, pushing, etc.
- Verbal abuse/teasing - including put downs, insults, name calling
- Racial/sexual remarks
- Intentional exclusion from activities or friendship groups
- Planning or inflicting humiliating experiences
- Damaging a person's property/possessions or taking them without permission
- Threatening gestures, actions, or words
- Written/verbal/ electronic messages that contain threats, put downs, gossip or slander
- 8. Cyber bullying online through Facebook or other electronic means

Cyber bullying is illegal, incurring a minimum \$900 fine and court appearance

Attendee(s), especially when they are very young, may not have developed the interpersonal skills necessary to express their needs and feelings. Therefore, occasionally Attendee(s) might be mean to each other or physically hurt each other unintentionally. We do not consider a singular incident of misbehavior "bullying." In these instances, staff will attempt to work with these Attendee(s) to help them express themselves with words and good choices when faced with an undesirable situation.

## **CELL PHONES AND SMART WATCHES**

Communication is an increasing necessity between Attendee(s) and Parents, especially during emergencies as well as a valuable social and educational tool. Attendee(s) are permitted to bring Cell Phones and Smart Watches to Wave of Hope HSE, however, they are to remain in backpacks and not in use during Activities and Excursions unless otherwise directed. Problems with interference or distractions caused by a Cell Phone or Smart Watch may result in the device being withheld during Activities or Excursions.

Should a Cell Phone or Smart Watch be involved with bullying, threatening or inappropriate behavior the device may be confiscated and released only to a Parent with possible disciplinary actions and banning from WHO HSE Activities.

## **CHILD ABUSE**

Colorado law requires Wave of Hope HSE staff to report to the local Department of Family and Children services (DFCS) any suspected cases of child abuse or neglect.

Failure to comply with this requirement may result in prosecution of the staff member. Once a report has been made, official representatives of DFCS have the right to come to Wave of Hope HSE to interview the Attendee(s). Parental permission is not required.

## **CODE OF CONDUCT**

For Attendee(s) to maximize their Wave of Hope HSE experience and learning opportunities Attendee(s) must show respect for Administrators, Staff, Content Leaders, other Attendee(s) and themselves. In turn respect will be shown for Attendee(s); mutual respect improves HSE experiences for all.

Attendee(s) first priority during HSE Activities and Excursions is to be fully present, engaged and ready to learn from the experiences offered. Required materials and supplies should be kept in the Attendee(s) assigned space with hands, feet and objects kept to themselves, never to be used to intentionally harm another Attendee(s), Administrator, Content Leader or Volunteer. Appropriate language and courteous behavior are required along with consideration for learning, achievement, each other, the environment and HSE community.

## COMMUNICABLE DISEASE POLICY STATEMENT

Wave of Hope HSE does not discriminate against any Attendee(s), however, we are required to provide to the best of our ability, a safe haven for those Attendee(s) entrusted to our care. It is the intent of Wave of Hope HSE to protect all Attendee(s) from exposure to serious illness and diseases that may endanger Attendee(s), their families, Administrators, Staff, Content Leaders and Volunteers. Wave of Hope HSE has a limited facility and is not equipped to physically care for the needs of a very ill Attendee(s) or any Attendee(s) with a serious chronic communicable disease.

Out of concern for the welfare of all Attendee(s), it is Wave of Hope HSE policy to deny admission to, or to require dismissal from, Wave of Hope HSE for a child with a serious and communicable disease until such time as the disease is no longer deemed to be contagious in order to address the following:

- Other Attendee(s), Administrators, Staff, Content Leaders and Volunteers from being infected
- The compromised Attendee(s) has not become infected with other illnesses or diseases transmitted by fellow Students, Staff or others within the Wave of Hope HSE family.
- Any Attendee(s) denied enrollment or dismissed due to a communicable disease will not be permitted to enroll or re-enroll until medically diagnosed as no longer carrying the communicable disease.
- This policy includes but is not limited to: Hepatitis, Syphilis, Gonorrhea and Acquired Immune Deficiency Syndrome (AIDS). Also included are Attendee(s) who test positive for antibodies of HIV (Human Immunodeficiency Virus).

It is the responsibility of the Parent or Guardian to inform Administration of an Attendee(s) infection of any serious and/or continuing communicable disease upon applying to enroll a new Attendee(s) or at the time of diagnosis if a current Attendee(s). Wave of Hope HSE recognizes medical knowledge about AIDS and other serious communicable diseases can change rapidly. Therefore, the Administration will update the policy should significant new information be released on such diseases.

## **CONTACTING ADMINISTRATION AND CONTENT LEADERS**

Parents should contact the Administration by email for routine or general correspondence and by phone if the issue is urgent. Parents who need to contact their Attendee(s) during Enrichment Activities or Excursions should first call Administration. For safety reasons when stopping in at school, Parents must check in at the front desk before attempting to enter classrooms. Should a Parent require an unscheduled conference, please call the Administration to arrange. We encourage open communication between Wave of Hope HSE staff, Attendee(s), Parents and Guardians.

## **ENRICHMENT ACTIVITIES AND EXCURSIONS**

Enrichment Activities and Excursions are an opportunity to enhance the educational process for students. Many times, Enrichment Activities and Excursions and related activities are planned relative to academic studies. While participation in Enrichment Activities and Excursions was agreed to on the enrollment form, parents will be notified in advance of trips offsite. Attendee(s) are required to participate in Enrichment Activities and Excursions as agreed with the exceptions of sickness or a family emergency. We welcome Parents to accompany Attendee(s) on Excursions, however, there may be times other siblings are not allowed to participate. Dress codes will be in effect unless otherwise stated. Attendee(s) must keep their stomachs, chest area and lower back area covered at all times. We recommend Attendee(s) always wear closed toe shoes and may not go barefoot on the grounds or inside the Learning Center.

## **EXPULSION**

Attendee(s) who either become habitually disruptive or who commit an offense deemed to be dangerous to the Attendee(s), other Attendee(s), Administration, Content Leaders or Volunteers will not be allowed to participate in Wave of Hope HSE Activities or Excursions.

## **FACILITIES**

Attendee(s) should refrain from activities and actions that may result in damage to the facility or property. This includes but is not limited to:

- Climbing on the building or furniture, horseplay, jumping to touch ceilings, door overhangs or elevated signs, etc. Chewing gum is not allowed on the premises. Damaging property will result in Attendee(s) who inflicted the damage being required to pay to repair or for replacement costs as well as discipline action if warranted.

## **FIGHTING**

We realize conflict among Attendee(s) is a possibility and should conflicts occur Wave of Hope HSE policy is to prevent escalation into physical altercations. Should de-escalation not be effective, all parties involved will be interviewed, including witnesses, counseled on conflict resolution tools along with Parent notification. Any incident of fighting most likely will result in suspension or expulsion.

## **ILLNESS**

For the sake of all Attendee(s) and Staff children who are sick must be kept home. Once the Attendee(s) is well enough to return to Enrichment Activities and Excursions. Parents must dress the Attendee(s) appropriately for the weather including warm outdoor clothing such as hat, coat, etc. to prevent future illness.

Attendee(s) who become sick during an Enrichment Activity will be taken to the office to rest while determining if a Parent should be contacted. Attendee(s) who become sick while on an Excursion will be assessed for severity and the need to call a Parent. Parents will be notified to pick up their Attendee(s) in the following instances:

- Illness that can be easily spread such as lice, pink eye, etc.
- Attendee(s) with a temperature of 100.4 degrees or more
- Attendee(s) who vomit, show signs of fever or severe abdominal upset are contagious and will not be permitted to return until symptoms are gone for at least 24 hours

## **INCLEMENT WEATHER**

Wave of Hope HSE will contact Parents in the following manner when Enrichment activities or Excursions are affected by bad weather:

- Parent Alert Text Messaging
- Parent Phone Tree
- Email

The safety of all Wave of Hope HSE families is of highest priority with the decision for a late start of Enrichment Activities or Excursions being canceled after careful consideration of weather reports and reports from area School Districts. The decision for a late start or to cancel Enrichment Activities or Excursions will be made by Administration as early as possible, preferably by 6:00 am. Parents will promptly receive a Parent Alert Text Message. Should school and/or activities not be canceled Parents are ultimately responsible for their Attendee(s) safety



and wellbeing in deciding if Attendee(s) should attend or leave prior to regular dismissal time when the weather is severe.

## **INSTRUMENT RENTAL**

Instruments may be rented from Wave of Hope HSE or rented or purchased through a local music store. In some instances, the school may have instruments for use on site or to take home for practice. See the Music Director for more information.

## **INSURANCE**

Wave of Hope HSE is not responsible for injuries suffered during Enrichment Activities and Excursions except in a case of proven negligence. Parents are responsible for medical coverage for their Attendee(s). Parents are encouraged to ensure their children are covered under a family health insurance plan. Attendee(s) participants in any sports program, intramural or scholastic, must show proof of medical insurance or sign a waiver of responsibility for Wave of Hope HSE before the Attendee(s) may participate.

## **LOCKERS**

Should lockers be issued, the lockers are the property of the facility and may be opened by a Wave of Hope HSE official without Attendee(s) permission if necessary. If the locker contains weapons, drugs or any other unauthorized material the Attendee(s) may be suspended or expelled. Drinks kept in the locker must have screw-on lids. All items stored in lockers must be neatly organized. Belongings not stored in the locker and left around the facility (jackets, books, bags, etc.) will be sent to Lost and Found.

## **LOST AND FOUND**

Wave of Hope HSE has a designated Lost and Found area where Attendee(s) or Parents may claim lost items. Lost and Found items will be cleared each semester, with unclaimed items being donated or disposed of. Attempts will be made to contact Students or Parents to reclaim items labeled with an Attendee(s) name. Attendee(s) or Parents should check Lost and Found immediately upon misplacing an item and when items are displayed before removal.

## **LUNCHES**

Wave of Hope HSE may offer lunches depending on the facility, activities and programs offered. Parents and Attendee(s) will be advised should lunch options be available. Both the Wave of Hope @ Weld and the Wave of Hope @ Foothills do **NOT** offer lunches/snacks. Attendee(s) must bring their own lunches and parents are asked to **NOT SHARE** their lunches with other Attendee(s) due to allergy concerns. Snack time in the mid-morning and the mid-afternoon will be designated and families are encouraged to provide their children snacks should they feel like they need it. Attendee(s) should be able to heat up their own food in the microwave(s) and if they cannot, please do not send food needing to be heated in a microwave with them.

## **MEDICATION**

All medications needed to be taken while an Attendee(s) is participating in Wave of Hope HSE Activities or Excursions must be submitted to Administration to be dispensed from the original container with the prescriber's instructions on the label. For over-the-counter medicines, a Parent's instructions for use and dosage are sufficient.

## **OFF LIMIT AREAS**

Wave of Hope HSE Administration offices including desks, computers, personal possessions and files as well as other Attendee(s) lockers, desks or assigned work areas along with their personal possessions are off limits without permission.

## **PARENT CONFERENCES**

Parent Conferences will be scheduled annually or more often as warranted. Parent Satisfaction Surveys will be provided first and second Semesters as well as an exit Survey upon Attendee(s) departures. Attendee(s) sitting in vehicles other than when arriving or departing are also off limits if they are of driving age (they must remain in the building and on-site all day).

## **PERSONAL POSSESSIONS**

As a rule, Attendee(s) should not bring toys to Wave of Hope HSE Activities or Excursions. If an Attendee(s) does bring toys, characters or collectibles they should remain in the Attendee(s) backpack to avoid loss. Exceptions to this policy are scheduled show-and-tell or footballs, soccer balls, playground balls, etc. for outside play. Wave of Hope HSE is not responsible for the loss or damage of any personal items such as toys, games, clothing, phones, etc.

## **STUDENT SOCIAL MEDIA/ONLINE ACTIVITY**

Any Attendee(s), found with social media/online activity that is deemed inappropriate to the purpose and mission of Wave of Hope HSE while participating in Activities or Excursions will be subject to disciplinary action as warranted.

## **VEHICLES**

For the safety of Attendee(s) and Staff the following must be complied with:

- All Attendee(s)-driven vehicles are to be registered with Administration. Should Attendee(s) vehicles not be registered with Administration a \$1/day fee may be imposed.
- Every driver should be an example of courteous, careful driving habits. Drivers should proceed slowly with awareness of surroundings, pedestrians and other drivers always, parking only in designated parking areas.
- Negligent or reckless driving will not be tolerated; vehicles may be reported and/or banned from the property depending on the severity of the violation.
- Attendee(s) driven vehicles must remain parked during the entire day of Enrichment Activities or Excursion.
- Vehicles are not to be occupied during Enrichment Activities or Excursions.
- Attendee(s) are not to sit in parked vehicles waiting for Enrichment Activities or Excursions to begin, afterward before being dismissed or during any Enrichment Activities or Excursion.
- Failure to follow these policies may lead to reporting to law enforcement and/or disciplinary action.

## **VISITORS**

Parents must stop at Administration if they need to leave something for the Attendee(s) or if they must pick up or drop off an Attendee(s). Parents are not allowed to go directly into classrooms, they must check in with administration first. Parents are completely welcome to join classes, teach classes with administrative approval and will be under the supervision of Wave of Hope staff unless they have secured all requirements to be a content leader. If a conference is needed with the Administrator, Staff or Content Leaders, an appointment should be requested.

Occasionally Visitors such as Parents or Grandparents, will be invited to participate in onsite Activities. In that instance all Visitors must report to the Administrator to sign in and receive a "Visitor" badge.

## **WAIVER AND RELEASE OF LIABILITY**

**IN CONSIDERATION OF** the risk of injury that exists while participating in HOMESCHOOL LEARNING CENTER AND ENRICHMENT ACTIVITIES (hereinafter the "Activity"); and

**IN CONSIDERATION OF** my desire to participate in said Activity and being given the right to participate in same;

**I HEREBY**, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

**I HEREBY** release and forever discharge WAVE OF HOPE MINISTRY AND THE SALVATION ARMY, located at 1111 6th St, Greeley, Colorado 80631, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

**I FURTHER AGREE** to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Wave of Hope Ministry and the Salvation Army to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I FURTHER ACKNOWLEDGE** that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Wave of Hope Ministry and the Salvation Army official or agent, regarding my approval to participate in the Activity.

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Wave of Hope Ministry and the Salvation Army AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Wave of Hope Ministry and the Salvation Army FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releasees for ordinary negligence, this release is also for such negligence on the part of Wave of Hope Ministry and the Salvation Army, its agents, and employees.

I agree that this Release shall be governed for all purposes by Colorado law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

**THIS AGREEMENT** was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, \_\_\_\_\_ and Wave of Hope Ministry and the Salvation Army agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

**In the event of an emergency, please contact the following person(s) in the order presented:**

**Emergency Contact #1** \_\_\_\_\_

**(First Name)**

**(Last Name)**

**Contact Relationship** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_

-----

**Emergency Contact #2** \_\_\_\_\_

**(First Name)**

**(Last Name)**

**Contact Relationship** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_

**I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.**

**Participant's Name:** \_\_\_\_\_

**(First Name)**

**(Last Name)**

**Participant's Address:** \_\_\_\_\_

**(Street Address)**

\_\_\_\_\_

**(City, State and Zip)**

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

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

## PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I HEREBY CERTIFY that I am the parent or guardian of: (Print Attendee(s) name below)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

,named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

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

(First Name)

(Last Name)

Relationship to Minor: \_\_\_\_\_

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

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



## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_ No \_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_ No \_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HEALTH INFORMATION

This health form is a voluntary and temporary paper record that will be shredded should your child no longer attend a Wave of Hope Learning Center.

Child's Name \_\_\_\_\_

(First)

(Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

Parent/Guardian Name \_\_\_\_\_

(First)

(Last)

Home Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

Emergency Contact Name #1 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_

Can this # be texted? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies: Substances that cannot be ingested or touched

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other Diagnoses you would like us to know about: (Please note if child should wear eyeglasses)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# 2025-2026 Wave of Hope Homeschool Enrichment Program Calendar

www.waveofhopehse.org

Phone: 720-340-2552

August 2025						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2025						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2025						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
ww	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Wave of Hope @ Weld Thurs K-12  
Wave of Hope @ Foothills Thurs K-12

Fall Semester Start – August 11th – December 19th  
Spring Semester – Jan 9th - May 15th

RED – Non-Student Days  
GREEN – In Person Student Days



HOME SCHOOL ENRICHMENT

First Date of Class – August 15th  
Last Date of Class – May 15th