










Our Philosophy

We believe that with the increasing pressure on schools to produce higher test scores in language arts and math, parents are left with few outlets that help them raise a contentious and well-rounded child. The Wellspring Enrichment Program will support students' academic, social, emotional and physical development by working within the framework of Howard Gardner's Theory of Multiple Intelligence. Gardner, of Harvard University, changes the traditional question of "How smart are you?" to "How are you smart?". He identifies 8 major areas of intelligence and believes that we all have areas that are already strengths and others that can be strengthened. The 8 areas of intelligence identified by Gardner are:

-  • **VISUAL/SPATIAL** - "Picture Smart" - learning visually and organizing ideas spatially. Seeing concepts in action in order to understand them. The ability to "see" things in one's mind in planning to create a product or solve a problem. Graphs/charts, puzzles and many forms of art, fall into this domain of intelligence.
-  • **VERBAL/LINGUISTIC** - "Word Smart" - learning through the spoken and written word. This intelligence was always valued in the traditional classroom and in traditional assessments of intelligence and achievement.
-  • **MATHEMATICAL/LOGICAL** - "Number/Reasoning Smart" - learning through reasoning and problem solving. Also highly valued in the traditional classroom, where students were asked to adapt to logically sequenced delivery of instruction. Having a strong sense or love of numbers and their relationships.
-  • **BODILY/KINESTHETIC** - "Body Smart" - learning through interaction with one's environment. This intelligence is not the domain of "overly active" learners. It promotes understanding through concrete experience. Activities may include dance, sports, drama, experiments or fitness activities.
-  • **MUSICAL/RHYTHMIC** - "Music Smart" - learning through patterns, rhythms and music. This includes not only auditory learning, but the identification of patterns through all the senses.
-  • **INTRAPERSONAL** - "Self Smart" - learning through feelings, values and attitudes. This is a decidedly affective component of learning through which students place value on what they learn and take ownership for their learning. This intelligence promotes looking inward and evaluating one's own character.
-  • **INTERPERSONAL** - "People Smart" - learning through interaction with others. Not the domain of children who are simply "talkative" or "overly social." This intelligence promotes collaboration and working cooperatively with others.
-  • **NATURALIST** - "Nature Smart" - learning through classification, categories and hierarchies. The naturalist intelligence picks up on subtle differences in meaning. It is not simply the study of nature; it can be used in all areas of study.

Students enrolled in the Wellspring Enrichment Program will have the opportunity to identify and further develop areas of strength, as well as explore areas of untapped potential. Though there are many resources available on Multiple Intelligences, the following website gives a concise overview and explanation of the benefits of using this theory with children:
<http://lth3.k12.il.us/rhampton/mi/MIIDENTIFIED.htm>.



Typical Daily Schedule

Wellspring Enrichment Program students will participate in the following daily experiences:

- 2:30 - 3:30 Indoor/Outdoor Movement Activities/Snack
- 3:30 - 4:15 Academic Support/Study Buddies/Reading Recess
- 4:15 - 5:00 Smart Club Meetings
- 5:00 - 5:30 Helping Hands Service Projects
- 5:30 - 6:00 Exploration Centers

**Students will also participate in weekly Faith Celebrations with our Director of Student Ministries.

- **Indoor/Outdoor Movement Activities** - Individual and large group movement opportunities will be provided on our clubhouse playground, as well as in our open area sanctuary.
- **Academic Support/Study Buddies/Reading Recess** - Teachers will be on hand to provide academic support and grade specific skill review. Students will learn to support each other academically by creating materials such as skill review games to share with their peers. Students will also be supported in selecting appropriate books for independent reading.
- **Smart Club Meetings** - Smart clubs will each represent one of the 8 areas of intelligence identified by Howard Gardner. Periodically, club topics will change and students will have an opportunity to select new clubs based on their interest (see Smart Club Calendar). Examples of club topics may include: science, art, sports, theater etc.
- **Helping Hands Service Projects** - Students will work together to plan, prepare and carry out many community service projects throughout the year.
- **Exploration Centers** - Students will be able to choose from independent activities, both indoors and out, that are designed to promote exploration and reinforcement of each of the different areas of intelligence.
- **Faith Celebrations** - Our Director of Student Ministries leads students in a high energy, engaging celebration of faith and character development each **THURSDAY**.
- **Guest Speakers** - Each **WEDNESDAY**, a guest speaker leads students in discussions and activities related to specific careers and hobbies. These experiences will demonstrate how multiple intelligences are applied in real world settings.



The Specifics

- Hours of Operation: 2pm - 6pm
- Transportation Provided: Only from Westchase Elementary at this time
- Services Provided: After-School Enrichment Program (No before care)
- Grades Served: Currently enrolled K-5
- Tuition is based on a 40 week school year: 5 DAY \$3200/yr, 3 DAY \$2400/yr, 2 DAY \$1600/yr (includes early release days)
- Tuition payments are broken into 10 monthly payments which are collected on the 20th of each month via automatic bank draft or credit card and are non-refundable.
- Annual Registration Fee: \$100 per student
- Discounts: Sibling - 10% off weekly tuition of oldest enrolled child in each family.
one discount per student, discounts not applicable to 2 or 3 day enrollment
- Full Day Camp Fee: Add \$20/day to weekly fee

Camp Days	Date(s)	# of Days
Professional Planning Day	October 29, 2010	1
Veteran's Day	November 11, 2010	1
Day Before Thanksgiving	November 24, 2010	1
Winter Holidays	December 27 - 31, 2010	5
Professional Planning	January 14, 2010	1
Fair Day	February 11, 2010	1
President's Day	February 21, 2010	1
Spring Break	March 28 - April 1, 2010	5
Non Student/Non Teacher Day	April 4, 2010	1

Total Days: 17

To reserve your spot, please return the completed registration form and a check for the \$100 registration fee. Please make checks payable to *Wellspring Enrichment Program*.

The church office hours are: Mon. - Thurs. 9 am - 4:30 pm and Fri. 9am - 1pm



Child's Enrollment/Information Form

Wellspring United Methodist Church
10701 Sheldon Rd. Tampa, FL 33626
Ph 926-5006

****Please mail or deliver this form to Wellspring to reserve your spot****

CHILD'S NAME: _____ PREFERRED NAME: _____

DOB: _____ GRADE 2010-2011: _____ SEX: _____ DATE ENROLLED: _____

ELEMENTARY SCHOOL: _____ PARENT'S EMAIL: _____

ADDRESS: _____ ZIP CODE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

HOME PHONE: _____ HOME PHONE: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

WORK PHONE: _____ WORK PHONE: _____

PREFERRED ENROLLMENT MODEL: Full time (5 DAYS/wk) Part time (3 DAYS/wk) Part time (2 DAYS/wk)

If PART TIME, please specify which days of the week you prefer. We will try to accommodate these requests as space permits:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PERSONS AUTHORIZED TO REMOVE CHILD (IDENTIFICATION REQUIRED)

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. Afternoon Snack: _____ (Mark P for Parent Will Provide or C for Center May Provide)

Indicate Special Dietary Requirements: _____

As parent or legal guardian of _____ I certify that all the information on this form is complete and accurate.

Signature of Parent or Legal Guardian

Date

Student Medical Information Form

SECTION I: ALLERGIES YES (IF YES, COMPLETE THIS SECTION) NO

Allergy Type:

Drug Allergy (List): _____

Food Allergy (List): _____

Insect Allergy (List): _____

Others (List): _____

Describe Reactions:

Coughing Hives Rash Difficulty Breathing Generalized Swelling Nausea Wheezing

Local Swelling

Other _____

Prescribed treatments to be used IN SCHOOL and/or Enrichment Program:

Oral Antihistamine (Benadryl) EpiPen Other

SECTION II: ASTHMA YES (IF YES, COMPLETE THIS SECTION) NO

Triggers: Exercise Environmental Other (list) _____

Physical Education Restrictions: None Self Limits Other (list on separate sheet if needed)

Symptoms or Reactions:

Chest Tightness/Discomfort/Pain Difficulty Breathing Throat Itch, Tightness or Soreness Coughing

Hoarseness Wheezing

Other (list) _____

Date of last hospitalization for asthma _____

SECTION III: DIABETES YES (IF YES, COMPLETE THIS SECTION) NO

Currently prescribed treatments to be used IN SCHOOL and/or Enrichment Program:

Insulin Syringe Pen Pump Blood Sugar Testing Glucagon

SECTION IV: SEIZURE DISORDERS YES (IF YES, COMPLETE THIS SECTION) NO

Absence (staring/unresponsive) Complex Partial Generalized Tonic-Clonic (Grand mal /Convulsive) Other

Physical Education Restrictions: (Please List) _____

Date of last seizure _____ Type & Length of seizure _____

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

EMERGENCY CONTACT (OTHER THAN PARENTS):

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

Program Authorizations

I. **EMERGENCY MEDICAL TREATMENT**

If my child, _____, should become ill or
CHILD'S FULL NAME

Injured at, _____, I understand that the
NAME OF FACILITY

Facility will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

II. **BENADRYL ADMINISTRATION**

____ Yes ____ No In the case of an allergic reaction, I give permission for my child to be given Benadryl when necessary (ex. Insect bites) even if I cannot be reached at the moment. Please specify amount to give _____

III. **TRANSPORTATION**

____ Yes ____ No I give permission for my child to be picked up from his/her elementary school and transported to Wellspring United Methodist Church. I understand that the primary mode of transportation will be the program bus but in the event an alternate form of transportation is needed, students will be picked up in approved staff vehicles with a seat belt for each child.

IV. **PHOTO/VIDEO RELEASE**

____ Yes ____ No I give permission for Wellspring Enrichment Program to take photography and/or video of my child and use it for advertising and/or publicity purposes. I understand I will not be compensated in any way for the use of this material.

SIGNATURE RELATIONSHIP DATE

Payment Authorization Form

Wellspring Enrichment Program

Please complete this form for monthly payment processing.

Debits/Charges are Processed on the 20TH of Each Month.

Last Name		First Name	
Address			
City		State	Zip
Home Phone		Other Phone	
Email Address			

Checking / Savings	Payment Amount _____
Please check which account type	1st Payment Date (MM/DD/YY) ___ / 20 / ___
____ Checking Account	Routing # _____
____ Savings Account	Account # _____
Please attach a voided check for checking account, or voided deposit slip for savings	
I authorize Wellspring Enrichment Program and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect through May 2010, unless I provide at least 15 days written notification to terminate the authorization.	
Authorized Signature _____	Date _____

Credit Cards	Payment Amount _____
Please check which credit card to use	1st Payment Date (MM/DD/YY) ___ / 20 / ___
____ VISA ____ Mastercard	____ Discover
Credit Card # _____	
Expiration Date _____	
Name as it appears on credit card _____	
Billing Address (if different from above) _____	

I authorize Wellspring Enrichment Program and Vanco Services, LLC to charge my credit card in accordance with the information above. I understand that this authority will remain in effect through May 2010, unless I provide at least 15 days written notification to terminate the authorization.	
Authorized Signature _____	Date _____