

**WEEPING WATER SCHOOL  
DISTRICT #13-0022-CASS COUNTY, NEBRASKA  
BOARD OF EDUCATION MEETING  
WEEPING WATER PUBLIC SCHOOLS BUSINESS ROOM**

NOTICE for this meeting was posted in the identified locations as per district policy.

1. Call to Order
2. Roll Call
3. Open Meetings Act
4. Hearing for
5. Public Input
6. Adjournment

\*\* Members of the board of education may move to enter "closed" session or adjust the order of the agenda at any point during the regular meeting.

## **Breakfast / Lunch Prices**

Breakfast Program - Grades PreK-5

Regular Price: \$2.60

Breakfast Program - Grades 6-12

Regular Price: \$2.75

Lunch Program - Grades PreK-5

Regular Price: \$3.55

Lunch Program - Grades 6-12

Regular Price: \$3.75

Post Secondary Education Costs - The costs of these items will naturally vary, but the maximum dollar amount of the fee is anticipated to be **\$300/credit hour.**

Participation in Summer School or Night School - The maximum dollar amount charged by the District for summer and/or night school shall be **\$500.**

## **Facility Use Fees**

We will not charge a fee if the activity involves Weeping Water Students (i.e.: Youth Sports, PTO Carnival, etc.) If you charge admission, we will charge a fee for usage.

Main Gym Rental: \$100 for 4 hours; \$10 for each additional hour.

Secondary Gym Rental: \$50 for 4 hours; \$10 for each additional hour.

Kitchen/Cafeteria Rental: \$100 for 4 hours; \$10 for each additional hour.

Classrooms: \$25 for 4 hours

Table: \$10/table

Chair: \$5/chair

## **5045.1 Childcare/Prekindergarten Fees**

### **2026/2027 Childcare Rates**

- Infants: \$245/week
- Toddlers: \$235/week
- Pre-K during the School Year: \$200/week enrolled in half day WWPS PreK
- Pre-K Summer Rate: \$225

### **Discounts**

#### Children of Childcare Employees

- Children of WWPS Childcare Employees will be charged at 10% of the normal rate for each child.
- Children of WWPS Childcare Employees hired after September 1, 2024 will be charged at 50% of the normal rate during their 1st year of employment. After their 1st year, they will be charged at a rate set by the WWPS Board of Education.

#### Children of other WWPS Employees

- Children of WWPS employees will be charged at 50% normal rate for each child.

#### Children considered "at-risk" for Sixpence

Children/Families that fall into one of the four (4) at-risk factors and qualify for one of the programs Sixpence slots may attend the childcare center at a discounted rate. This discount may range from 50% up to 100% of the childcare rate. This final rate will be determined by the superintendent or designee based on the following criteria:

- Children (Birth to 3 yrs.) whose family income would qualify for participation in the federal free or reduced lunch program;
- Children (Birth to 3 yrs.) who were born prematurely or at low birth weight as verified by a physician;
- Children (Birth to 3 yrs.) who reside in a home where language other than spoken English is used as the primary means of communication;
- Children (Birth to 3 yrs.) whose parents are younger than twenty years old (20) at enrollment or who have NOT completed high school.

2026/27 Prekindergarten rates - Admission is contingent upon capacity

- Non-resident student(s) who also attend Bright Arrows Childcare: \$25/week and Foundation Aid for 2026/27 (basis for the payment of a kindergarten aged student being retained in Prekindergarten). This will be determined based on State Aid Calculations. Please check with the superintendent for the most current foundational aid amount.
- Non-resident student(s) who does not attend Bright Arrows Childcare: \$200/week and Foundation Aid for 2026/27 (basis for the payment of a kindergarten aged student being retained in Prekindergarten). This will be determined based on State Aid Calculations. Please check with the superintendent for the most current foundational aid amount.

**\*This fee is on top of any non-resident fee that may also be applied.**

**5045.2  
Fitness Center Fees**

**Membership Type**

Resident/Alumni/Staff Membership - No Membership Fee - \$50 Annual FOB Fee / \$10 the secondary FOB / \$5 for each student FOB

- \_\_\_\_\_ Residents of the Weeping Water Public Schools District
- \_\_\_\_\_ Alumni of WWHS (Allowed on additional person)\*
- \_\_\_\_\_ Staff of WWPS (Allowed on additional person)\*
- \_\_\_\_\_ Parents of students who have opted into the district
- \_\_\_\_\_ Additional people as granted Superintendent or BOE - The Superintendent or Board may grant additional people access if they determine access fits within the Board's intent.

*Each memberships must reside within the same domicile. Parents living in separate homes are subject to two different memberships depending on the situation.*

\* The plus 1 is set at the Sign-up / August renewal date and cannot change during the membership year.

Non-Resident Memberships – Anyone who does not qualify for the Resident/Alumni/Staff Membership (Secondary/Children memberships are not allowed.)

Individual Membership

- \_\_\_\_\_ \$40 monthly Membership Fee\*\* plus an annual FOB Fee of \$30
- \_\_\_\_\_ \$440 annual Membership Fee (annual FOB Fee waived)

Couple Membership

- \_\_\_\_\_ \$70 monthly Membership Fee \*\* plus an annual FOB Fee of \$30
- \_\_\_\_\_ \$770 annual Membership Fee (annual FOB Fee waived)

Family Membership

- \_\_\_\_\_ \$100 monthly Membership Fee \*\* plus an annual FOB Fee of \$30
- \_\_\_\_\_ \$1100 annual Membership Fee (annual FOB Fee waived)

\*\* Monthly fee requires the members provide a debit/credit card and allow for automatic monthly charges.

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**Payment**

Payment Type (Debit/Credit Card is required for monthly memberships):

- \_\_\_\_\_ Cash
- \_\_\_\_\_ Check: Check # \_\_\_\_\_
- \_\_\_\_\_ Debit/Credit Card

Card Number \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip \_\_\_\_\_

First name on Card \_\_\_\_\_ Last name on Card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE, WAIVER AND INDEMNIFICATION OF CLAIMS FOR USE OF THE SCHOOL DISTRICT'S FITNESS CENTER

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY AND AN INDEMNIFICATION.

**Declaration.** I do hereby declare myself to be physically sound and suffering from no condition, impairment, or other illness that would prevent my safe participation or use of the facilities and equipment. I do further hereby acknowledge that I must obtain a Physician's approval for my participation in exercise/fitness/weight loss activities at the fitness center, including the use of equipment. I acknowledge that I have either had a physical examination and have been given my Physician's permission to participate, OR that I have decided to utilize the amenities of the fitness center without the approval of a Physician and do hereby assume all responsibilities.

**Acknowledgment of Risks.** I understand and agree that fitness activities, equipment, and amenities available in the fitness center may be strenuous and/or hazardous and I should contact a healthcare professional or doctor before beginning any new activities or weight loss program. **I am voluntarily participating in these activities and using the facilities and equipment of with full knowledge of the dangers involved.** I understand the risks associated with weight lifting and other available exercise amenities in the fitness center, including cardiovascular and other fitness activities, and that those risks include, but are not limited to, the possibility of muscle strain, broken bones, back injury or head injury, which may be severe in nature and which could result in paralysis or even death. **I hereby agree to expressly and voluntarily assume and accept any and all risks of injury or death related to these activities.**

**Release, Waiver and Indemnification.** In consideration of permission granted by the District to use the District's fitness center, and in the addition to any payment of any fees or charges, I do hereby waive, release and forever discharge the District, its board of education, officers, agents and employees from all actions, causes of action, damages, claims or demands that we, our heirs, executors, administrators, or assigns may have against the District and the parties named above for all personal injuries or loss of property which I incur by using the fitness center and its equipment or that otherwise result from my participation in any fitness center activities, whether such injuries are caused by my negligence or the negligence of the District or any of its employees, representatives, or volunteers. I agree to indemnify the District, its board of education, officers, agents, and employees and to pay for any costs, attorney fees, or awards that may result from resisting any complaint or lawsuit which I may bring against the above-named parties for any injury or loss I claim to have suffered.

**Responsibility for Supervision.** I understand that the fitness center will be available to me only during hours designated by the administration, and that I am responsible for my own use of the fitness center and equipment at all times. I will inspect the facilities and equipment of the fitness center upon each visit before using any equipment. The District provides no training, supervision, or assistance. The District is not responsible for lost, stolen, or damaged property.

**Compliance with Rules.** I agree to abide by all District and fitness center rules, regulations, and policies now in force or that may be adopted in the future, and all directives given to me pertaining to the use of the fitness center.

We, the undersigned, have read this Application and Release and understand all its terms. We execute it voluntarily and with full knowledge of its significance. WE UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY AND AN INDEMNIFICATION FOR OURSELVES AND OUR CHILD.

**THIS DOCUMENT CONTAINS A RELEASE, A WAIVER AND AN INDEMNIFICATION. READ IT CAREFULLY BEFORE SIGNING IT.**

Name (printed): \_\_\_\_\_

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

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

## **WWPS Fitness Rules and Regulations**

By signing this Agreement, you acknowledge that Weeping Water Public Schools (“District”) may establish rules and regulations governing the conduct of guests using the fitness facility, and you agree to follow them. These include but are not limited to hours of availability, limitations on use of amenities and/or equipment, and limitation of access upon no notice to the Applicant.

**Services and Access:** The District agrees to provide you with use of its facilities and equipment available in the fitness center. The District reserves the right to add or delete services, amenities, and hours. You will be provided a key to access the fitness center. The annual cost for the FOB and access is listed in the application.

Access is limited to the weight room, walking track, main gym and adjacent areas. Membership does not grant the member access to the rest of the school facility. Individuals who access other parts of the facility may have their access revoked.

**Superior Interest in Usage.** The primary use of the fitness center is for District students and programs. The District reserves the right to close the fitness center to outside use at any time and without notice to Applicant when, in the judgment of the District, it will benefit the students and programs of the District.

**Compliance with Laws:** In performing under this Agreement, all applicable governmental laws, regulations, orders, and other rules of duly-constituted authority will be followed and complied with in all respects by both parties. The Applicant understands this may limit access to the facilities with no notice provided to the Applicant.

**Video Monitoring:** The District uses video cameras on its property and makes recordings as part of its security processes. Video cameras may be used in locations deemed appropriate by the District.

**Unauthorized Use:** Use of the facility is limited to those individuals who have paid the appropriate fee and sign the necessary documents. If any member allows a non-member to use the facility, that member will be fined \$10 per day per non-member. This fine applies to both resident and non-resident members. A non-member is anyone who has not signed the waiver and paid the appropriate fee. Accumulating a fine of \$40 without payment or failure to pay a prior fine upon the August renewal, the member’s access will be denied.

Membership renewal – The Fitness Center year runs September 1<sup>st</sup> through August 31<sup>st</sup>. All members are required to renew their membership in the month of August. New members who enroll in the middle of the year will have their membership fees prorated.

## **WWPS Fitness Center Regulations**

- When using the weight room, children ages 14 through age 18 or until high school graduation whichever comes first, must be accompanied by another person of lifting age (14 and older).
- No tobacco, drugs, or illegal substances of any kind are allowed in the facility or on grounds.
- Disrupting or interfering with the workout of another patron is not permitted. Respect the rights of others by using courteous and appropriate behavior. Profanity is not allowed.

- Personal headsets or earbuds are welcome as long as the volume is not disruptive to others.
- No personal boom boxes, blue tooth speakers, or stereos allowed.
- Food is not allowed in the facility or in programs. Closed beverage containers are permitted. No glass containers are allowed.
- Please wipe down the equipment before and after use.
- No equipment is to be moved from its designated area and may not be taken out of the Fitness Center.
- Use of a towel while working out is highly recommended. We do not provide towels. Please bring your own.
- Weight plates are not to be leaned against equipment stands and machines.
- After utilizing equipment, strip bars and return plates and dumbbells to proper storage areas.
- Dumbbells and weight plates cannot be dropped on the floor for any reason.
- Please perform exercises with weight that you can safely lift without the need for spotting or contact with others.
- Shirts, shorts/pants, and shoes will be worn at all times.
- It is the member's responsibility to follow posted rules.
- Use of the Fitness Center is considered a privilege. Individuals who do not comply with the established policies will be asked to leave and may have their membership revoked.

### **Hours**

The fitness center is open to the public when not in use by the school.

As a general rule during the school year, the fitness center is closed:

- Monday through Friday 6:30am to 6:30pm
- During school fine arts convocations, honors nights and banquets held in the main gym.
- During large athletic tournaments / events
- The walking track/gym is closed during regular season games in the main gym.

Summer hours are determined in May and will be posted accordingly. The fitness center is closed:

- During School Lifting Sessions
- The walking track is closed during summer league games/camps in the main gym.

The District reserves the right to close the fitness center to outside use at any time and without notice to Applicant when, in the judgment of the District, it will benefit the students and programs of the District.

# Weeping Water Public Schools Fitness Center Usage Application and Agreement

## Primary Applicant

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name

\_\_\_\_\_ Street Address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**FOB #** \_\_\_\_\_ \$30 fee

## Second FOB - not applicable for nonresident individual membership

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Cell

**FOB #** \_\_\_\_\_ \$10 fee

## Children of the primary applicant 14 years of age and older

\_\_\_\_\_ Name      \_\_\_\_\_ Cell      FOB # \_\_\_\_\_ \$5 fee

\_\_\_\_\_ Name      \_\_\_\_\_ Cell      FOB # \_\_\_\_\_ \$5 fee

\_\_\_\_\_ Name      \_\_\_\_\_ Cell      FOB # \_\_\_\_\_ \$5 fee

\_\_\_\_\_ Name      \_\_\_\_\_ Cell      FOB # \_\_\_\_\_ \$5 fee

Name of Emergency Contact: \_\_\_\_\_

- Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- Relationship of Emergency Contact: \_\_\_\_\_
- Email of Emergency Contact: \_\_\_\_\_