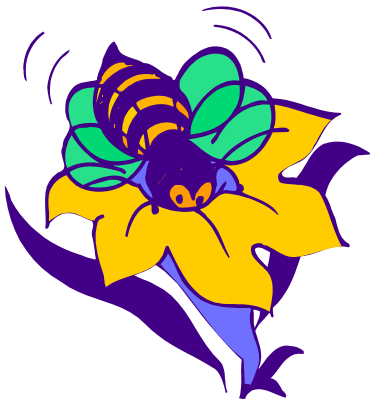


Gladstone Extended Day

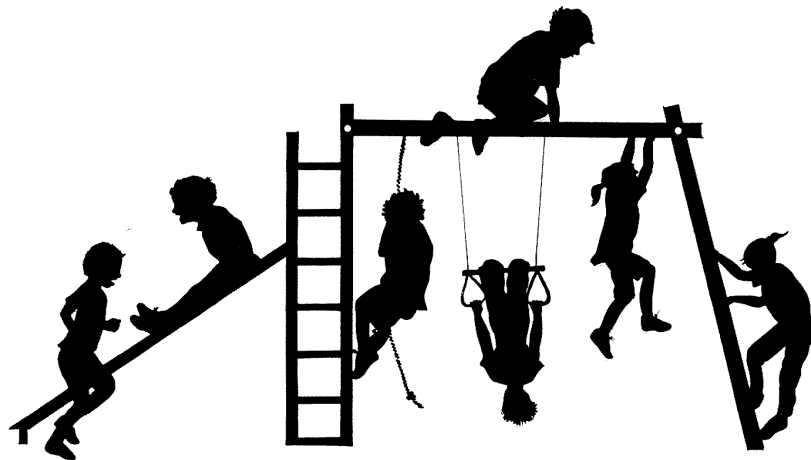
# ***SUMMER FUN***

# **PROGRAM**



2013

Registration Packet



Sponsored By  
Gladstone Community School  
Gladstone School District

**Registration and Information  
for  
Gladstone 2013 Summer Extended Day Program**

**Purpose**

The purpose of the Extended Day Program is to provide educational, recreational and social enrichment opportunities for children grades K-5 in a quality care setting.

Many children spend much of their impressionable years in childcare environments. Our school, staff and community constantly strive to provide your child with a positive program that encourages healthy physical, mental and emotional growth in a comfortable and caring environment.

**Entrance Requirements**

To be eligible for enrollment, a child must be enrolled in John Wetten Elementary School (grades 1-5) or in Kindergarten at the Gladstone Center for Children and Families. A health form completed by the child's physician must be on file in his/her school, including current immunization records. Enrollment application information must be completely filled out and updated as information changes. **A \$105.00 deposit must be turned in with the registration packet** (the \$105 will be applied toward cost of care). Your child is enrolled in the program unless contacted by the program supervisor.

**Withdrawal From Program**

The Extended Day Program and parent(s) agree to provide a two (2) week notice prior to requiring withdrawal or withdrawing child from care.

**Absences**

If your child will be absent from the Extended Day Program, please notify the Extended Day staff by leaving a voice-mail 503-656-6564 x 264 or call cell number 503-793-6367.

**Fees**

Please remember the **Gladstone Extended Day program requires payment in advance of care.** A negative account balance may result in child(ren) being dropped from the program.

Regular summer fees are as follows:

|       |             |                         |                    |                          |
|-------|-------------|-------------------------|--------------------|--------------------------|
| _____ | Full-time   | (Monday through Friday) | \$105.00 each week | _____ a.m. to _____ p.m. |
| _____ | Four Days:  | _____                   | \$ 95.00 each week | _____ a.m. to _____ p.m. |
| _____ | Three Days: | _____                   | \$ 85.00 each week | _____ a.m. to _____ p.m. |
| _____ | Two Days:   | _____                   | \$ 60.00 each week | _____ a.m. to _____ p.m. |
| _____ | One Day:    | _____                   | \$ 35.00 each week | _____ a.m. to _____ p.m. |

In addition to regular fees, a \$25.00 snack/supply fee each month is charged regardless of the number of days that a child attends the summer program.

There is a \$105.00 deposit for the Summer Fun Program (\$105.00 deposit will be applied toward cost of care.)

## **Billing**

Gladstone Extended Day Program **requires payment in advance of care**. Allotments can be purchased from the program supervisor or the District office.

**Statements are put in child's file each week.** It is the responsibility of the parent to be aware of account balance on a consistent basis. **A negative account constitutes child being dropped from the program.**

**Payment can be made by check, cash, or Visa/Mastercard.** Please make checks payable to Gladstone School District. Visa/Mastercard payments can be made at the Extended Day site, or by calling the District Office at 503-655-2777.

## **Hours**

The Summer Fun Program will operate from Monday, June 10, 2013, through Thursday, August 29, 2013. The program will be open Monday through Friday from 7:00 a.m. until 6:00 p.m. **The Program will be closed on Thursday and Friday, July 4 & 5th, 2013.**

**An early-drop-off fee (before 7:00 a.m.) and a late-pickup fee (after 6:00 p.m.) of \$10 will be automatically charged to your account.** If the early-drop-off or late-pickup time exceeds 10 minutes an additional \$1 per minute will be charged.

## **Insurance**

Parents are encouraged to carry insurance, which will cover their children in the event of an accident at school.

## **Snacks**

Snacks are nutritional and may include fruits, cheeses, crackers, raw vegetables, breads, etc. The program provides occasional "treats". Please do not allow your child to bring candy or other "empty calorie" foods.

A morning and afternoon snack will be provided by the program, including juice or milk.

## **Parents Need To Provide A Well-Balanced Sack Lunch For Each Child, Each Day**

Lunches should be ready-to-eat. Please limit microwavable meals as we only have one microwave.

Our scheduling for snacks and lunch will provide for no more than 3½ hours between meals and snacks.

**There will be a \$3.50 charge for a child that has no lunch.**

## **Personal Belongings and Clothing**

Label all belongings and lunches with child's name.

Program and staff members will not be responsible for lost or broken belongings. If a child chooses to bring toys/belongings from home, they will be required to share with others. We strongly recommend that children keep their toys/belongings at home.

On Fridays, any belongings left in classroom will be placed in the lost and found or discarded.

Children should dress according to the weather. Activities may include outside play, walking trips and occasional water play. Shoes and clothing should be appropriate for daily activities and comfortable for your child. A schedule of activities will be provided to you ahead of time. An extra set of clothing, a labeled bottle of sun block, and a labeled water bottle are recommended during the *Summer Fun Program*.

## **Discipline Policy**

Staff will provide children with positive guidance, redirection and the setting of clear-cut limits.

Staff will help each child develop self-control, self-esteem and respect for others.

Only staff will discipline a child, and consequences will be set according to the child's age and appropriate to the infraction.

Staff will not humiliate, frighten or become physical with any child, at any time.

Discipline may include redirection of activity, loss of recess or specific extra-curricular activity, and/or notification to parents. A child may be dismissed from the program temporarily or permanently if child's behavior has become a threat to others or is a continual disruption to the program.

## **Procedures For Field Trips**

Parents will receive notification with a permission slip for all field trips that require transportation. Permission slips must be turned in to staff *prior* to the field trip day for child to be allowed to participate. In the event that your child does not have a permission slip by the required date, a parent will be called to bring it or take the child home before the scheduled departure time. If your child will not be participating in a field trip, you must find alternate care.

Field trips will require an additional \$5.00-\$15.00 fee per trip.

## **Walking Field Trips**

If staff takes the children out of the classroom for a walking field trip, a notice will be posted outside of the door informing parent(s) of our location. Whenever out of the building, a staff member will carry the cellular phone. Parents are welcome to call that number at any time (503-793-6367).

### **Arrival and Departure From Program**

If a school-age child arrives at or leaves the center without a parent, there shall be arrangements in advance and in writing from the parent(s) for the arrival and departure times.

If a child has not arrived at the center by the expected time, staff will make every effort to contact parent(s) and/or emergency contacts to notify them that child has not arrived.

If you know that your child will not be attending care on a particular day, call the Extended Day staff and let them know (503-793-6367).

If you do not want to be notified that your child hasn't arrived at the program, you must request that on your application form.

### **Students Requiring Medication**

Staff members will not dispense **ANY** medication, prescription or non-prescription, to any child without a signed written authorization form from student's parent(s) and/or physician.

Medication must be in the original pharmacy container labeled with the child's name and doctor.

Parents must deliver prescription and non-prescription medication in its original container to Extended Day supervisor. Children are not allowed to transport any medication to or from Extended Day. Parents will be informed daily of the time(s) medication has been dispensed to child.

### **Plan For Emergency Medical Care and Treatment of Illnesses or Injuries**

In the event of an emergency, staff will dial 911 for care and transport to nearest medical facility. Staff will not transport child to hospital. Any charges for these services are the responsibility of the parent. Parent will be notified at the earliest possible convenience. The safety and expedient treatment of your child's illness/injury is our number one concern.

If necessary, a staff member who has been properly trained may provide first aid and/or CPR while waiting for emergency response. Once child has been properly cared for, staff will notify parent(s) and/or emergency contacts.

In the event that staff determines illness/injury does not warrant a call to emergency services, a staff member with a current American Red Cross First Aid/CPR card will treat basic symptoms and call the first parent listed on the application to immediately pick child up. If first parent listed is unreachable, second parent listed will be called; if that parent is unreachable, then emergency contacts will be notified.

An illness/injury accident form will be filled out and given to parent(s) on the day of the illness/injury. One copy will be given to the parent and one copy will be placed in child's file.

***Children with one of the following, or a combination of these symptoms of illness will not be allowed into care:***

- |  |   |                                   |                             |
|--|---|-----------------------------------|-----------------------------|
| * Fever over 101.5°  | * Diarrhea  | * Vomiting                        | * Nausea                    |
| * Severe cough   | * Unusual yellow color to skin or eyes  | * Head lice                       | * Complaints of severe pain |
| * Skin or eye lesions or rashes that are severe, weeping or pus-filled | * Stiff neck and headache with one or more of the previous mentioned symptoms | * Difficult breathing or wheezing |                             |

A child who shows any of the above, shall be isolated and the parent(s) notified and asked to remove the child from care as soon as possible.

### **Notice To Parents**

- ⇒ Custodial parents have access to the center during the hours of operation and no advance notice is required.
- ⇒ Staff is *required* to report suspected child abuse or neglect immediately, as required by the Child Abuse Reporting Law (ORS 419B.005 through 419B.045)
- ⇒ No one shall be allowed in the center who has been convicted of a crime of immoral conduct or convicted of violating a criminal statute that protects children, or who has demonstrated behavior which may have a detrimental effect on a child.
- ⇒ Only those individuals listed on the application form will be allowed to pick up your child. *Written* authorization is required for anyone not listed on your application, and staff will require photo identification before releasing child to that individual's care.

### **Visitor Policy**

We discourage any visitors (including non-custodial parents, relatives, & friends) from visiting children while at Extended Day. The following are the reasons why:

- ⇒ It is disruptive and distracting to the other children.
- ⇒ The child who is being visited may want to go home with that person, when such person has to leave. The child may get upset and not understand why they cannot go home with him or her.
- ⇒ Extended Day staff does not know the background of the visiting person, or if that person is authorized by the parent(s) to have contact with their child.

Gladstone Extended Day  
**2013 Summer Fun Program**  
 Information and Authorization Form

**This application must be completely filled out, accompanied by a \$105.00 deposit and returned to the program supervisor no later than Friday, May 31, 2013.** Any applications returned after May 31st will receive confirmation/denial of child's registration in the program. **Your child is not registered until we receive the \$105 deposit.**

A separate form must be filled out for each child in the family.

Child's Name \_\_\_\_\_ Male  Female

Birthdate \_\_\_\_\_ Age at Entry \_\_\_\_\_ Grade next year \_\_\_\_\_

**Tuition and Schedule of Fees:**

Please check only one of the below. This will determine your regular weekly rate. **Any change to the schedule you choose below will require a two (2) week advance written change of schedule notice to supervisor of the program.** Please remember the **Gladstone Extended Day program requires payment in advance of care.** A negative account balance may result in child(ren) being dropped from the program.

Please list days needed and approximate times.

|       |             |                         |                    |                          |
|-------|-------------|-------------------------|--------------------|--------------------------|
| _____ | Full-time   | (Monday through Friday) | \$105.00 each week | _____ a.m. to _____ p.m. |
| _____ | Four Days:  | _____                   | \$ 95.00 each week | _____ a.m. to _____ p.m. |
| _____ | Three Days: | _____                   | \$ 85.00 each week | _____ a.m. to _____ p.m. |
| _____ | Two Days:   | _____                   | \$ 60.00 each week | _____ a.m. to _____ p.m. |
| _____ | One Day:    | _____                   | \$ 35.00 each week | _____ a.m. to _____ p.m. |

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ wish to be contacted if my school age child does not arrive at the facility at the expected time.

**In addition to the above tuition, a \$25.00 snack/supply fee each month will be automatically charged to each child's account regardless of the number of days attended.**

The Summer Fun Program will operate from Monday, June 10, 2013, through Thursday, August 29, 2013. The program will be open Monday through Friday from 7:00 a.m. until 6:00 p.m. **The Program will be closed on Thursday and Friday, July 4 & 5, 2013.**

An early-drop-off fee (before 7:00 a.m.) and a late-pickup fee (after 6:00 p.m.) of \$10 will be automatically charged to your account. If the early-drop-off or late-pickup time exceeds 10 minutes an additional \$1 per minute will be charged.

**Permission for walking field trips:**

Our Extended Day program will be taking walking field trips as indicated below. Because advance notice is not always possible, we ask for your blanket permission to have your child take these trips.

City Park     Dentist     Fire Station     Post Office  
 Police Dept.     Public Library     High School     GCCF

If you give permission for your child to attend these walking field trips, please sign:

\_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_  
 Date

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

**1. Parent(s) or Guardian(s) that can be reached during the day:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Work # \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_ Address \_\_\_\_\_  
 Home # \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
 Cell/Pager # \_\_\_\_\_ Work hours from \_\_\_\_\_ to \_\_\_\_\_  
 Email (optional) hm \_\_\_\_\_ Email (optional) wk \_\_\_\_\_

Does this parent/guardian have authorization to remove child from care?  Yes  No

**2. Parent(s) or Guardian(s) that can be reached during the day:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Work # \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_ Address \_\_\_\_\_  
 Home # \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
 Cell/Pager # \_\_\_\_\_ Work hours from \_\_\_\_\_ to \_\_\_\_\_  
 Email (optional) hm \_\_\_\_\_ Email (optional) wk \_\_\_\_\_

Does this parent/guardian have authorization to remove child from care?  Yes  No

*Note: In order to deny any parent access to his/her child, a copy of legal documentation must accompany this application, i.e.: Custody papers, restraining order, etc.*

**CONTACT/PICKUP INFORMATION: If parent or guardian cannot be reached, the following individuals may be contacted and/or may pick up your child(ren). (List at least two (2) individuals)**

**Please Print Clearly**

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> | <u>May Be Contacted</u>  | <u>May Pickup Child(ren)</u> |
|-------------|---------------------|---------------------|--------------------------|------------------------------|
| _____       | _____               | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| _____       | _____               | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| _____       | _____               | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |
| _____       | _____               | _____               | <input type="checkbox"/> | <input type="checkbox"/>     |

Special Arrangements: (Such as a school age child who arrives/leaves without a parent, etc.)

\_\_\_\_\_



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

**Medical History:**

Does your child have any acute/chronic medical conditions? If so, please describe.

Is your child allergic to any medications? If so, what? What is your child's reaction?

Is your child currently on medication? If so, what?

Does your child have any environmental/food allergies? If so, what? What is your child's reaction?

Are there any other special needs your child has? How can we attend to or support these needs? (Emotional, social, etc.)

**PERMISSION IS GIVEN TO THE CHILD CARE FACILITY FOR THE FOLLOWING:**

**A check or "X" on the line indicates approval.**

\_\_\_\_\_ In an emergency, the Gladstone Extended Day Program has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

\_\_\_\_\_ In an emergency, the above-named facility has my permission to obtain medical treatment for my child, except for these restrictions: \_\_\_\_\_.

\_\_\_\_\_ I do NOT wish my child to receive any medical treatment.

\_\_\_\_\_ My child may be taken on field trips or excursions by bus under required supervision.

\_\_\_\_\_ My child may participate in swimming or other water activity. \_\_\_\_\_ on site \_\_\_\_\_ off site

**By signing the bottom of this form I am confirming that I have read the Extended Day packet in its entirety and I fully understand and agree to the guidelines, expectations and payment requirements of the program.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Physician/Hospital Information: (required information)**

Child's doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT REQUIRING MEDICATION**

No school personnel shall assist or dispense **ANY** medication, prescription, or non-prescription drug to any student without:

1. Physician's written authorization and directions. (ORS 336.650)
2. A written authorization from the student's parent/guardian.
3. Parents must deliver prescription and non-prescription medication to the Gladstone Extended Day supervisor. Children are **NOT** to transport any medication to or from Extended Day.
4. Medication must be in the original pharmacy container labeled with the child's name and doctor.
5. Option to #1 and #2: Parents may come to school and administer any medication at any time.

It is the responsibility of the child to report to Extended Day for his/her medication.

Physician to complete the following information:

Student's name: \_\_\_\_\_

Medication: \_\_\_\_\_

Tablet/Capsule: \_\_\_\_\_ Liquid: \_\_\_\_\_

Amount: \_\_\_\_\_ Administration time: \_\_\_\_\_

Side effects of drug, if any:  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Physician authorizing use of medication:

\_\_\_\_\_  
(Physician's signature)                      (Physician's name - please print)                      date

**OR**

Parent's Authorization:

Rx# \_\_\_\_\_ Pharmacy: \_\_\_\_\_

I request school personnel to assist my child to manage his/her medication at school and absolve the District of any liability

\_\_\_\_\_  
(Parent or Guardian Signature)                      (Date)