

Registration Packet

Gladstone Extended Day



2019-2020 School Year

Sponsored by
Gladstone Community School
Gladstone School District
Registration & Information: 503-793-6367
Accounting Office: 503-655-2777

REGISTRATION AND INFORMATION

GLADSTONE 2019-2020 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.** Your child is enrolled in the program upon receipt of this completed registration packet, and a **\$25 non-refundable registration fee.** 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 at 503-793-6367. You can also leave a message by calling the main office at 503-656-6564 and ask for extension 264. You are not charged for care if your child is absent. **The school office does not notify the Extended Day staff of children absent from school.**

● HOURS

Standard days and hours are Monday through Friday from 7:00 am to 8:00 am and 2:20 pm to 6:00 pm. **Non-operating hours: Extended Day will be closed for Winter Break, Spring Break, and In-Service days.** Notice of closure will be posted on the door one week in advance as a reminder to parents. You will need to make other arrangements for your child during these times.

● EXTENDED DAY CLOSURE

When school has a delayed opening due to **inclement weather or any other unforeseen condition**, there will be no before school child care. If there is no school due to inclement weather or any other unforeseen condition, there will be no child care available.

● INSURANCE

Parents are encouraged to carry insurance, which will cover their children in event of an accident while attending Extended Day.

● FEES

Gladstone Extended Day program requires payment in advance of care. **Your account should always have a credit balance.** An account with an amount owing could prevent your child from attending the program. After you have registered and turned in your deposit, you will be given information to be able to pay online through **Tuition Express.** Payments can also be made onsite with the program supervisor or at the Gladstone School District office, 17789 Webster Road, 503-650-2570. Please make checks payable to Gladstone Extended Day.

- \$25 non-refundable registration fee
- Before school care at a rate of \$5.00 per day
- After school care at a rate of \$4.75 per hour (\$5.00 minimum), snack and supplies are included.
- If your child's daycare is being paid through an agency, please note this on the registration form, fill in the agency's contact information and provide agency's appropriate paperwork to Extended Day. Parents or guardians are responsible for all charges not covered by the agency.

An early-drop-off fee (before 7:00 am) and a late-pickup fee (after 6:00 pm) of \$15 per child will be automatically charged to your account. If the early-drop-off or late-pickup time exceeds 10 minutes an additional \$1 per minute per child will be charged. Please remember that parents or guardians should use this service for an emergency only. It is not intended to be used on a regular basis.

● **BILLING/ACCOUNT BALANCES**

Fees are posted on a weekly basis; statements are then emailed to parents. **It is the responsibility of the parent to be aware of their account balance on a consistent basis. Your account should always have a credit balance.** An account with an amount owing could prevent your child from attending the program. Please apply additional funds to your account weekly or as needed to maintain a credit balance. Past due amounts could be subject to collection. Parent/guardian will receive notification from Extended Day personnel prior to a child being dropped from the program.

● **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. An afternoon snack is provided to all children in the program at approximately 3:00 pm.

● **HOMEWORK**

Daily from 4:00 to 4:30 pm is “homework time” at the program. All children are required to work on homework, read a book, or participate in a quiet activity. Staff is available at this time to help children with homework.

● **PERSONAL BELONGINGS AND CLOTHING**

Please 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 at home. We will have “Toy Days” on early release days, where it’s okay to bring a toy to share.

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

Children should dress according to the weather. Activities may include outside play and walking trips. Shoes and clothing should be appropriate for daily activities and comfortable for your child.

● **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.

● **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 (this applies to children enrolled in the everyday after school session, Monday through Friday).

If you know that your child will not be attending care on a particular day, notify the Extended Day staff by calling 503-793-6367, or call the main office at 503-656-6564 and ask for extension 264.

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

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

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; 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.

Date: _____ Amount paid: \$ _____ Check # _____ Cash Visa/MC By: _____ Copied _____

Comments:

GLADSTONE EXTENDED DAY SCHOOL YEAR 2019-2020 PROGRAM INFORMATION AND AUTHORIZATION FORM

This application must be completely filled out and accompanied by a \$25 non-refundable registration fee. The application can then be returned to the program supervisor, main office at John Wetten, or the District Office. **Your child is enrolled in the program upon receipt of the non-refundable registration fee and this completed registration packet.** You will only be contacted if your child is not able to attend the Extended Day 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. Past due amounts could be subject to collections.

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

Child's Name _____ Male Female

Birthdate _____ Age at Entry _____ Teacher _____ Grade _____
(Fall of 2019)

TUITION AND SCHEDULE OF FEES:

- **Payment is required in advance of care**
- \$25 non-refundable registration fee
- Before school care at a rate of \$5.00 per day
- After school care at a rate of \$4.75 per hour (\$5.00 minimum)
- Snack and Supplies are included

My child's daycare is being paid for through an agency:

Name of Agency _____

Contact Person _____ Phone # _____ Case # _____

An early-drop-off fee (before 7:00 am) and a late-pickup fee (after 6:00 pm) of \$15 per child will be automatically charged to your account. If the early drop-off or late pickup time exceeds 10 minutes an additional \$1 per minute per child will be charged.

Please check days needed and list approximate times:

_____ Morning care only (Monday through Friday) Time: from _____ to _____
_____ After-school care only (Monday through Friday) Time: from _____ to _____
_____ Both morning and after-school care (Monday through Friday) Time: from _____ to _____
_____ My schedule varies (times and dates will differ). I understand that staff cannot notify me of my child not arriving to the program.

I DO _____ DO NOT _____ wish to be contacted if my school age child does not arrive at the facility at the expected time (this question only relates to children enrolled in the "every day" after school session, Monday through Friday).

Non-operating hours: Extended Day will **be closed** for Winter Break, Spring Break, and In-Service days. You will need to make other arrangements for your child during these times.

1. PARENT(S) OR GUARDIAN(S) THAT CAN BE REACHED DURING THE DAY

CHILD'S NAME: _____

➔ This person will be listed as **PRIMARY PAYER** and will receive statements by email unless otherwise noted.

➔ Does this parent/guardian have authorization to remove child from care?

Yes No

Name (primary payer) _____

Occupation _____
Employer _____

Relationship to child _____

Address _____

Work # _____

City, State, Zip _____

Address _____

Home # _____

City, State, Zip _____

Cell # _____

Work hours from _____ to _____

Email (required) _____

Email (optional) wk _____

2. PARENT(S) OR GUARDIAN(S) THAT CAN BE REACHED DURING THE DAY:

➔ This person will be listed as **SECONDARY PAYER**. Do you wish to receive emailed statements?

Yes No

➔ Does this parent/guardian have authorization to remove child from care?

Yes No

Name (secondary payer) _____

Occupation _____
Employer _____

Relationship to child _____

Address _____

Work # _____

City, State, Zip _____

Address _____

Home # _____

City, State, Zip _____

Cell # _____

Work hours from _____ to _____

Email (optional) Hm _____

Email (optional) Wk _____

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"/>

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.)

PHYSICIAN/HOSPITAL INFORMATION: (REQUIRED INFORMATION)

Child's doctor _____ Address _____ Phone _____

Child's doctor _____ Address _____ Phone _____

Child's dentist _____ Address _____ Phone _____

Name of Hospital _____ Phone _____

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 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: _____

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

_____ Photographs may be taken of my child to post in classroom, on school bulletin board, registration packet, etc.

By signing 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.

I also understand I am responsible for payment of all charges incurred by my child attending Extended Day. Past due amounts could be subject to collections.

Parent or Guardian Signature

Date