

GLADSTONE EXTENDED DAY SUMMER REGISTRATION PACKET



2019

Sponsored By

Gladstone Community School

Gladstone School District

GLADSTONE EXTENDED DAY

2019 SUMMER FUN PROGRAM

REGISTRATION & INFORMATION - QUESTIONS? 503-793-6367

● **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 \$150.00 deposit must be turned in with the registration packet** (the \$150 will be applied towards 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 voicemail at 503-656-6564 x 264 or cell number 503-793-6367.

● **HOURS**

The Summer Fun Program will operate from Tuesday, June 18, 2019, through Friday, August 23, 2019. The program will be open Monday through Friday, from **7:00 am** until **6:00 pm**. The Program will be **closed on Thursday, July 4, 2019**.

● **INSURANCE**

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

● **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.

→ COST: Tuition includes daily lunch, snacks, supplies, as well as field trips.

- **Summer Fees – Full Time (Monday through Friday) \$150 per Week**
- **Summer Fees – Daily Rate \$30 per Day**
- **There is a \$150 deposit for the Summer Fun Program which will be applied toward cost of care.**

An early-drop-off fee (before 7:00 a.m.) and a late-pickup fee (after 6:00 p.m.) of \$15 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. **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**

Gladstone Extended Day Program is a pre-pay program, requiring payment in advance of care. After registration is turned in and your deposit is paid, you will get information to be able to pay online. Payments can also be made onsite with the program supervisor or at the Gladstone School District office, 17789 Webster Road, 503-650-2570. Make checks payable to Gladstone Extended Day.

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.

● **LUNCH & SNACKS**

Lunch, a morning and an afternoon snack will be provided by the program, including juice or milk. Our scheduling for snacks and lunch will provide for no more than four hours between meals and 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.

● **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/belongings at home. Students may bring electronic devices and use them during the designated times in the classroom and throughout the day. The program does not allow students to call, text, take videos, or pictures without permission.

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 daily 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.

● **FIELD TRIPS**

A schedule of field trips will be available at Extended Day. Your signature on this form gives Gladstone School District permission to transport your child.

● **WALKING FIELD TRIPS**

Our Extended Day program will be taking walking field trips around Gladstone such as to the Gladstone City Park, Police Station, Fire Station, Public Library, Post Office, Gladstone High School, GCCF, a Dentist office, etc. 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 cell 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 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, and 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
2019 SUMMER FUN PROGRAM
INFORMATION AND AUTHORIZATION FORM

This application must be completely filled out, accompanied by a \$150 deposit and returned to the program supervisor no later than Friday, May 24, 2019, or until capacity is reached. Any applications returned after May 24th will receive confirmation/denial of child's registration in the program. **Your child is not registered until we receive the \$150 deposit.**

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

Child's Name _____ Male Female
Birthdate _____ Age at Entry _____ Grade in the Fall _____

Tuition and Schedule of Fees:

Please check the days you are requesting care. **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 that the **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.

→ Tuition includes daily lunch, snacks, supplies, as well as field trips.

Please list the days needed and approximate times you are requesting care:

_____ Full-time (Monday through Friday) \$150 per week _____ AM to _____ PM

Daily - Please specify days of week and approximate times:

_____ Monday	Daily Rate \$ 30 per day	_____ AM to _____ PM
_____ Tuesday	Daily Rate \$ 30 per day	_____ AM to _____ PM
_____ Wednesday	Daily Rate \$ 30 per day	_____ AM to _____ PM
_____ Thursday	Daily Rate \$ 30 per day	_____ AM to _____ PM
_____ Friday	Daily Rate \$ 30 per day	_____ AM to _____ PM

The Summer Fun Program will operate from Monday, June 18, 2018, through Friday, August 24, 2018. The program will be open Monday through Friday from 7:00 am until 6:00 pm. **The Program will be closed on Wednesday, July 4, 2019.**

An early-drop-off fee (before 7:00 am) and a late-pickup fee (after 6:00 pm) of \$15 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.

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

CHILD'S NAME _____

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

➔ **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 _____

Relationship to child _____ Employer _____

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 _____

Relationship to child _____ Employer _____

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

Name	Relationship	Phone Number	May Be Contacted	May Pickup Child(ren)
_____	_____	_____	<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?

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 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 supervision. I understand I will still need to sign up for each field trip at least one week in advance.

____ My child may be taken on walking field trips under supervision.

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

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

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

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 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)