



After School/School Holidays Program 2008-2009

PROGRAM LOCATION:

- Both the After School / School Holiday Programs are held at the Indy Fieldhouse located at 6354 Selig Drive.

TRANSPORTATION:

- Transportation from St. Michael, Primary and Middle Schools to the After School Program is provided by the Independence School District (including early release days).

SCHEDULE OF OPERATION:

- Both the After School and School Holiday Program follow the Independence School calendar.
- When school is in session, the After School Program is in session.
- When school is NOT in session, the School Holiday Program is typically in session.
- On school days, the children usually arrive at the Indy Fieldhouse between 2:30 PM and 3:20 PM (except on early release days), and can be picked up any time until 6 PM. A Late Fee may be issued for any children picked up after 6PM.

REGISTRATION FEES:

- After School/School Holiday Program Fees are as follows:
 - ☺ \$25 per week for three (3) days or less of care OR \$100 for 4 Weeks of care;
 - ☺ \$30 per week for five (4-5) days of care OR \$120 for 4 Weeks of care;
 - ☺ \$25/day for School Holiday Programs
- For your child to be considered registered and transported to the After School Program, payment must be received before the 25th day of each month. Program fees are not pro-rated, including illness, vacation or special activity. School Holiday Program fees are due at the time of registration.
- Failure to pay on time may result in services being withheld.
- After School Program fees cannot be refunded or transferred unless changes or cancellations are made by the Monday prior to the week of cancellation. "Change in Schedule" forms are available at the Front Desk of the Civic Center and Fieldhouse.

HOW TO REGISTER:

- All information on this form is important and **MUST BE COMPLETED** before your child will be registered for the After School/ School Holiday Program. These programs are limited to children residing in Independence who are in Kindergarten through Grade 6, and will be filled on a first-come, first-serve basis.

COME READY FOR PROGRAM:

- ☺ Children should have tennis shoes for the gym. A change of clothes for the St. Michael's students is also helpful. All clothing (shoes, shirts, etc.) should be marked with identification.
- ☺ A snack is provided daily for the children.
- ☺ Staff members will provide help with homework. Unfortunately, we cannot provide one-on-one tutoring.

UPDATING REGISTRATION INFORMATION:

- Periodically your child's schedule of activities may change throughout the school year. It is very important that you put these changes in writing as they occur to make both our staff as well as the school staff aware of these changes.



After School School Holiday Program 2008-2009

ALLERGIES, MEDICATIONS & ILLNESSES:

- Any dietary restrictions, medications, chronic illnesses and allergies must be disclosed on the Registration Form so staff is made aware of them.
- In order for medication to be administered by staff, medication must be brought to program in its' original container with clearly written directions for usage. Parent must also fill out the "Medication Authorization" Form.

DISCIPLINE & GUIDANCE POLICY:

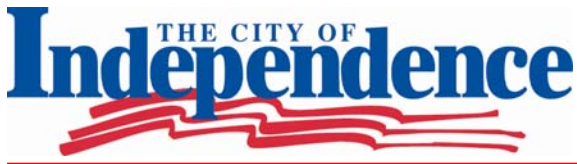
- Because we have a responsibility to insure the safety of and provide positive experiences for all children in the program, children are expected to abide by school rules and those of this Program as well as respect the rights of other children.
- Our goal with discipline is that each child develop increasing self-control and the ability to work and play with others.

ALL children are expected to:

- ☺ Comply with the Indy Fieldhouse rules.
- ☺ Co-operate with staff and other children.
- ☺ Respect self, others, and property.
- ☺ Communicate their needs. Children are not to take discipline into their own hands.

If a child's behavior is contrary to these expectations and/or disruptive to others, the staff will follow these steps:

1. Discuss with child the inappropriate behavior, as well as the expected behavior.
2. Children will first be asked to try to solve the problem amongst themselves. Usually letting someone know to "stop" or telling the person "I don't like that, please stop" will settle the dispute.
3. If it is necessary, a Time Out will be used. Staff will discuss with the child the reason for the child's exclusion from the group and the acceptable group behavior. The child will be temporarily separated from the group for a period of 5 to 15 minutes. The child will be made aware that he/she will be welcomed back into the group when she/he feels ready to maintain acceptable behavior.
4. If inappropriate behavior persists, the program coordinator will request a conference with the parent. During the conference, staff and parent will discuss the cause of the inappropriate behavior and how the staff, family and child can remedy the inappropriate behavior. In some circumstances, professional counseling may be recommended.
5. If the child's behavior does not improve and all resources are exhausted, OR if that child's behavior is such that it requires the constant attention of one caregiver, the child may be suspended from the program. The staff strives to provide a safe and nurturing environment for all children. However, it is impossible to provide continuous one-on-one supervision or handle severe behavior problems. Suspension from the program/camp is a last resort action. To best understand your child and meet his/her needs, parents are asked to communicate to the staff any changes which may affect the child's behavior (i.e. divorce or separation; death of a pet, friend or family member; family or friend moving.) All information is always kept in the strictest confidence.



After School/School Holiday Program Registration Form 2008-2009

5-Days (Monday through Friday)

Choose 3-Days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

| | | | | |
|--------------|-----------|-----|------------------|-------|
| Child's Name | Birthdate | Age | School Attending | Grade |
|--------------|-----------|-----|------------------|-------|

| | | | | |
|--------------------------|---------|------|----------|-------------------|
| Mother's/Guardian's Name | Address | City | Zip Code | Home Phone Number |
|--------------------------|---------|------|----------|-------------------|

| | | |
|----------------------|-------------------|--------------------------------|
| Daytime Phone Number | Cell Phone Number | Pager Number or E-Mail Address |
|----------------------|-------------------|--------------------------------|

| | | | | |
|--------------------------|---------|------|----------|-------------------|
| Father's/Guardian's Name | Address | City | Zip Code | Home Phone Number |
|--------------------------|---------|------|----------|-------------------|

| | | |
|----------------------|-------------------|--------------------------------|
| Daytime Phone Number | Cell Phone Number | Pager Number or E-Mail Address |
|----------------------|-------------------|--------------------------------|

AUTHORIZED PICK UP FORM:

List people who you authorize to pick up your child from the After School/School Holiday Program. Please remember to include yourself, spouse, family members, etc.

| | | |
|--------------------|--------------|----------------------|
| Authorized Name(s) | Relationship | Daytime Phone Number |
|--------------------|--------------|----------------------|

| | | |
|--------------------|--------------|----------------------|
| Authorized Name(s) | Relationship | Daytime Phone Number |
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| | | |
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| Authorized Name(s) | Relationship | Daytime Phone Number |
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A photo ID must be presented to the After School/School Holiday Program personnel before your child will be released. Children will not be released to any person not listed on the Registration Form.

DISCIPLINE & GUIDANCE POLICY:

I have received, read and understand the Discipline & Guidance Policy outlined in this packet of information for the After School/School Holiday Program.

I have read and understand the Discipline & Guidance Policy outlined in the After School/School Holiday Program information packet.

Signature of Parent or Guardian _____ Date _____

PHOTOGRAPHIC RELEASE:

I hereby consent to the City of Independence to reproduce photographic or video of my child for publicity or advertising purposes.

Signature of Parent or Guardian _____ Date _____



ALLERGIES, MEDICATIONS & ILLNESSES:

Dietary restrictions, allergies, medications and chronic illnesses must be disclosed on application so that our staff is aware of them.

Dietary Restrictions _____ Allergic to _____

Medications _____ Chronic Illness _____

MEDICATION AUTHORIZATION:

In order for medication to be administered by staff, medication must be brought in its' original container with clearly written directions for usage and current date. Parent must also fill out "Medication Authorization" Form.

EMERGENCY INFORMATION:

If we cannot locate a parent in an emergency, please list two people that we can contact that can authorize any emergency treatment for your child. Insurance information helps facilitate proper billing in your absence. Please provide us with your Insurance information in the event of emergency.

Authorized Name Relationship Daytime Phone Number

Authorized Name Relationship Daytime Phone Number

Name of Person with Insurance Benefit Name of Insurance Provider Policy Number

WAIVERS & RELEASE OF CLAIMS:

It is expressly agreed that all use of the City of Independence's and/or the Independence Local School District's property, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence and/or Independence Local School District, and any transportation provided by the City of Independence and/or the Independence Local School District shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence and/or Independence Local School District shall not be liable for injuries or any damages to me, or my child, or my legal ward, or to any of my property, or my child's property, or my legal ward's property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence and/or Independence Local School District, their employees, agents, representatives, officials, or board members. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge the City of Independence and/or Independence Local School District, their employees, officials, agents, board members, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever.

If applicable and in addition to the above, I have read and understand the policies that have been set in place by the City of Independence that are outlined in the After School/School Holiday Program Registration Information sheet. I agree to all of the foregoing policies.

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date