

## **Addison Park District Before and After School**

### **PROGRAM PHILOSOPHY**

The Before & After School Program is designed to provide a quality recreational opportunity for children in Kindergarten through fifth grades whose parents work during the before and after school hours. The program provides a safe and relaxed atmosphere to allow children to gain new experiences through both structured and unstructured activities. The qualified and caring staff strives to develop constructive relationships and will make every effort to meet the individual needs of each child. Kids will participate in indoor and outdoor activities including but not limited to: sports, crafts, group games, movies, themes, nature activities and more!

### **LOCATIONS AND SCHEDULES:**

#### **STONE SCHOOL**

1404 W. Stone Ave.  
Addison, Illinois 60101  
630-280-4124  
Enter: Door # 1

#### **ARMY TRAIL SCHOOL**

Army Trail Road  
Addison, Illinois 60101  
630-280-5328  
Enter: Door # 7

#### **FULLERTON SCHOOL**

400 S. Michigan Ave.  
Addison, Illinois 60101  
630-520-2454  
Enter: Door # 12

#### **WESLEY SCHOOL**

1111 W. Westwood  
Addison, Illinois 60101  
630-280-4207  
Enter: Door # 1

- The program is scheduled to run every school day during the school year with the **EXCEPTION** of school holidays and vacations.
- Morning care hours
  - Late-start Monday: 7:00 a.m. to 9:30 a.m.
  - Tuesday to Friday: 7:00 a.m. to 8:50 a.m.
- Afternoon hours are 3:15 p.m. until 6:15 p.m.

### **LATE START MONDAYS**

School District 4 new school year schedule includes late start Monday's. The Before and After School program has instituted that a 5 punch pass and 10 punch pass options for the program. Please inquire by contacting 630-233-7275.

### **ENROLLMENT PROCEDURES**

Registration is taken at Centennial Rec Center/Club Fitness or the Community Rec Center. Parents interested in registering their children for this program need to come to either location to receive their Parent manual and fill out the emergency forms.

Consecutive monthly registration can be made in person, via phone (payment with either Visa or MasterCard) fax or online. Times and days must be consistent for the month, **Payments**

can be made as a one time yearly fee or monthly payments that will be taken out of your account the first of each month beginning August 1 (or time of registration if after August 1) and ending on April 1. We have 5 day/wk, 4 day/wk, 3 day/wk, 2 day/wk and 1 day/wk options. For AM only, PM only or Both Am & PM. **ALL REGISTRATIONS MUST BE SETUP AS AN AUTOMATIC PAYMENT PLAN THE FIRST OF THE MONTH UNLESS THE YEARLY FEE IS PAID IN FULL.**

### **SCHOOL CLOSING;**

The Before & After School program operates on the same schedule as District 4.

**If the District closes the schools due to weather conditions, the Before & After School program WILL NOT OPERATE.** These announcements begin at 7:00 am on the day affected and can be seen on your local news station and or internet.

### **ARRIVAL AND DEPARTURE PROCEDURES**

The Before & After School Program is designed with the idea of safety for your child. Therefore, the staff would like your cooperation with the following procedures:

#### **ARRIVAL**

The building will be locked until 7:00 am. An adult 18 years or older must accompany the child into the building and sign the sign-in sheet. Please do not enter the building before 7:00 am.

#### **DEPARTURE**

You must enter the building and sign the sign-out sheet when picking up your child at the end of the day. Only those persons that are 18 years or older and authorized on the child's information sheet may pick up and sign out a child. The staff will not release a child to an unauthorized person. You may be asked to show Identification upon pickup.

#### **LATE PICK-UP**

If a parent/guardian arrives after 6:15 PM to pick-up a child a late pick-up fee will be assessed. The late pick-up fee is \$1.00 late for every minute that parent/guardian are late per child, starting immediately at 6:15 PM. The late pick-up fee will be charged each time a parent is late. Cash payment is due at the time of pick-up. If fee is not paid child will not be allowed to attend the before and after school program until late fee is paid. If payment is not made that day it will be added to your account on the registration software.

In the event a child is not picked up by 6:30 pm, the emergency phone numbers will be called and the designated individual will be required to pick-up the child. Frequent or recurring late pickups may result in suspension or termination from the program. **IF A CHLD IS NOT PICKED UP BY 6:45 PM, THE POLICE WILL BE CALLED!**

### ABSENCES

**STAFF NEEDS TO BE CONTACTED AS SOON AS YOU KNOW YOUR CHILD WILL NOT BE ATTENDING BY CALLING OR LEAVING A MESSAGE ON THE PARK DISTRICT CELL AT YOUR CHILD'S SCHOOL.**

<b>FULLERTON SCHOOL</b>	<b>630-520-2454</b>
<b>STONE SCHOOL</b>	<b>630-280-4124</b>
<b>ARMY TRAIL SCHOOL</b>	<b>630-280-5328</b>
<b>WESLEY SCHOOL</b>	<b>630-280-4207</b>

If your child is in school but will not attend the Before & After School program, notification is **MANDATORY**. If your child is not at the morning program, the staff will assume the child is at home either sick or with the family. If your child is expected in the after school program and does not arrive, the following steps will be followed:

- **KEYPERS STAFF WILL CHECK VOICEMAIL TO SEE IF AN ABSENCE WAS REPORTED.**
- **KEYPERS STAFF WILL CONTACT THE SCHOOL.**
- **PARENTS ARE CONTACTED AT WORK.**
- **EMERGENCY CONTACTS ARE CALLED.**
- **PARK DISTRICT SUPERVISORY STAFF IS NOTIFIED.**
- **ADDISON POLICE DEPARTMENT IS NOTIFIED.**

**\*\*IF THE CHILD IS LOCATED AT ANY OF THE ABOVE STEPS, THE SEQUENCE STOPS\*\***

### DAY OFF FUN

**LOCATION: Centennial Rec Center**

The day off fun program will be offered on most scheduled non-attendance days from District #4 and will include many activities and trips. Program time: 7:00 am to 6:15 pm. Day off fun **Prices: Full day \$42R (7:00am-6:15pm) and ½ Day off Fun \$29R (12:00pm-6:15pm, includes transportation from school)**

\*\*See the attached calendar for these scheduled days. Information regarding this program can be found in the seasonal Addison Park District brochures; flyers will be distributed prior to the registration deadlines.

## HEALTH AND SAFETY

### 1. ILLNESS

If your child is ill or has a FEVER, please do not send them to the Before & After School Program. If a child becomes ill during the program, a parent will be notified and requested to pick-up their child. If the parent is unavailable, the emergency contacts will be called. **The sick child must be picked up within 30 Minutes of the phone call or a \$15.00/late fee will be charged.**

Your child must be fever and vomiting free for 24 hours before returning to the program. In case of contagious disease, please notify the Youth & Leisure Supervisor or staff immediately. A doctor's note may be required upon return to the program. All parents of children in our program will be notified if a child has a contagious disease as soon as possible. Your cooperation is appreciated.

### 2. MEDICAL EMERGENCIES

If your child is injured and requires more than basic first aid, the following steps will be taken:

- **CONTACT PARENT OR GUARDIAN, IF UNAVAILABLE, THEN CONTACT PERSON LISTED ON THE MEDICAL FORM.**
- **THE INJURED CHILD WILL BE TRANSPORTED BY PARAMEDICS TO A LOCAL HOSPITAL.**

You will be responsible for the emergency medical charged for all services rendered. Your authorization for the program staff to secure emergency medical care for your child and your commitment for payment thereof is part of your registration agreement. Park district employees are not permitted to transport injured parties in park vehicles or private autos.

### 3. MEDICATION

We prefer not to dispense medication during The Before & After School Program hours. In the event a child must have medication, we require the following:

- A WRITTEN STATEMENT FROM SUCH PHYSICIAN DETAILING THE METHOD, AMOUNT, NAME AND TIME SCHEDULES BY WHICH THE MEDICATION IS TO BE TAKEN.
- A MEDICAL DISPENSING FORM MUST BE FILLED OUT COMPLETELY BY A PARENT.
- THE MEDICATION MUST BE DELIVERED TO THE PROGRAM IN THE ORIGINAL CONTAINER AS DELIVERED BY THE PHARMACY TO THE PARENT WITH THE CHILD’S NAME & CORRECT DOSAGE.

#### **4. INSURANCE INFORMATION**

The Park District is unable to assume responsibility for injuries, accidents, or loss of personal property occurring at programs, activities, parks and facilities. The Park District does not carry hospitalization insurance for program participants. Your health care policy must cover all your medical needs. For further questions please contact the district’s Safety Coordinator, Mark Good at (630) 233-7275 x 2156.

#### **ACTIVITIES**

Children may participate in a variety of activities while at the Before & After School program. Active play (including the gym and outside), games and arts and crafts will be provided daily. There will be 30-45 minutes set aside for homework every day except on Friday.

We do ask that each child have a pair of gym shoes with them every day so they can be worn for gym or outside activities.

#### **BEHAVIOR AND DISCIPLINE**

There are three overall rules we expect all participants to follow.

- 1. CHILD MAY NOT DISTURB OR HURT OTHERS, VERBALLY OR PHYSICALLY**
- 2. A CHILD MAY NOT DAMAGE EQUIPMENT OR PROPERTY**
- 3. A CHILD MAY NOT PLACE HIM/HERSELF OR A COUNSELOR IN A DANGEROUS SITUATION**

A positive approach will be taken regarding discipline should the need arise. The purpose of discipline is to help a child develop self control and learn to assume responsibility for his or her own actions. We use only positive to redirect negative

behavior. Problems will be discussed with the parent/guardian. Reoccurring or severe behavior problems may lead to suspension or dismissal from the program.

**If a child is involved in an incident a misconduct form will be filled out and must be signed by a parent. If 3 (three) incidents have occurred then that child may be terminated from the program! Physical violence or bullying of any kind will **NOT** be tolerated!**

### **SUSPECTED ABUSE OR NEGLECT**

In accordance with the procedures set forth in the abused and neglected child reporting act, the Before & After School personnel, having reasonable cause to believe that a child known to them in their professional capacity may be an abused or neglected child shall immediately report the matter to their supervisor. The supervisor will report it to DCFS immediately and the proper authorities will then be notified.

### **FOOD/SNACKS**

A cold breakfast **snack** will be served each morning and a **snack** each afternoon. This will not be a full meal, only a snack. If your child has any dietary restrictions, allergies please be sure to indicate them on the information sheet and notify the program supervisor immediately.

### **PARENT RESPONSIBILITIES**

- **COMMUNICATION**

The exchange of information between staff and parents provides an insight for both. Please keep the staff informed of changes happening in your child's life regarding family, friends, school, etc. This will enable the staff to be more sensitive to your child's needs.

- **SPECIAL INSTRUCTIONS**

When children attend The Before & After School Program there are many activities available for them to choose from. The staff is there to guide and assist them, not make choices for them. Therefore, if there are activities you do not want your child to participate in, or if you want your child to do his/her homework, you need to make the Supervisor aware of this. The staff will then make every effort to see that your child follows your instructions if the activity allows.

## IMPORTANT PHONE NUMBERS

<b>Centennial Rec Center</b>	<b>Day off Fun</b>	<b>(630) 233-7275 x 6214</b>
<b>Army Trail School</b>	<b>Army Trail, Lake Park &amp; Lincoln</b>	<b>630-280-5328 (APD cell) Building Entrance: Enter through building Door#7</b>
<b>Fullerton School</b>	<b>Fullerton &amp; Ardmore</b>	<b>630-520-2454 (APD cell) Building Entrance: Enter Building Door #12</b>
<b>Stone School</b>	<b>Stone</b>	<b>630-280-4124 (APD cell) Building Entrance: Entry into the building Door #1</b>
<b>Wesley School</b>	<b>Wesley</b>	<b>630-280-4207 (APD cell) Building Entrance: Entry into the building Door #1</b>

School: \_\_\_\_\_ Days: (please circle) 

M	T	W	TH	F
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AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

**ADDISON PARK DISTRICT  
EMERGENCY FORM**

Please Print

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Individuals to contact in case of emergency:**

1. \_\_\_\_\_  
                                (Name)                                  (Relation)                                  (Phone #)

2. \_\_\_\_\_  
                                (Name)                                  (Relation)                                  (Phone#)

Please list any health problems (i.e. allergies, medications, asthma, diabetes, epilepsy, vision, or hearing problems)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

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

\*\*Special Information \_\_\_\_\_

**EMERGENCY TREATMENT RELEASE**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE:

\_\_\_\_\_  
(Parent/Guardian Signature) DATE: \_\_\_\_\_

**PLEASE TURN OVER AND FILL OUT THE REVERSE SIDE OF THIS FORM!**



**GENERAL INFORMATION FORM**

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

Child's School: \_\_\_\_\_

Grade : \_\_\_\_\_ Days Attending: \_\_\_\_\_

**PLEASE PRINT NAMES, RELATIONSHIPS, AND PHONE NUMBERS BELOW FOR ALL AUTHORIZED AND UNAUTHROIZED PERSONS TO PICK UP YOUR CHILD.**

**AUTHORIZED: (Name, relationship, phone or cell numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Authorized persons will be required to provide a picture ID at the time of pick-up. Staff will not release a child without proof of identification.

**UNAUTHORIZED: (Name, relationship, phone or cell numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**If there are any changes to this form, written notification must be made and give to staff. NO CHANGE WILL BE MADE WITHOUT THIS.**

**OTHER INFORMATION**

Any other important information you want us to be aware of in regards to your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_