

# Clinton Parks and Recreation After School Program Guidelines and Information

## **General Purpose:**

Clinton Parks and Recreation's After School Program will focus on quality programs to educate and entertain our participants. Participants will experience a well-rounded program that offers a variety of activities including crafts, recreational games, swimming, bowling and other creative means of expression and recreation.

## **Program Structure:**

The program is for students in Kindergarten through sixth grade and will be conducted Monday through Friday on days that school is scheduled, it will begin at 3 p.m. and participants must be picked up by **5:45 p.m.** There will be no program on snow days, half school days, teacher in service days or scheduled holidays.

## **Program Payment Policy:**

The fee for the program is **\$25** for Clinton Elementary School students and **\$30** for South Clinton/North Clinton Elementary School students per week due to transportation. **There is a registration fee of \$15 per participant, which is due when the registration form is turned in.** Parents have two options of payment: 1. Pay weekly 2. Pay monthly (parents may pay no more than one month at a time). We may walk to the Ritz Theater, if the weekly movie is suitable; cost is \$7 which includes a small drink and small popcorn. All Parent(s)/guardian(s) will be informed at the beginning of the week if we plan on going to the Ritz and on what day. All children are required to participate.

***The weekly fees must be paid on Monday of the current week. NO EXCEPTIONS!!!***

## **Supervision:**

All campers will be under the supervision of Clinton Parks and Recreation Department staff. No child will be left unattended indoors or outdoors. Children will be allowed to use the public bathroom closest to each activity. Participants may be checked out only by a parent/guardian or any individual that has prior written permission. Individuals having parental permission to pick up a child will be asked to show picture identification at the time of pick-up. We reserve the right to ask for photo identification for individuals, including parents, picking up children.

## **Transportation:**

### **Clinton Elementary School Students**

Participants enrolled in Clinton Elementary will gather after the school bell in the gymnasium and be checked in by school staff. Counselors of the After-School Program will walk the participants to the community center.

### **South Clinton/North Clinton Elementary School Students**

Participants enrolled in South Clinton Elementary and North Clinton Elementary will be provided busing to the community center.

## **Check-In and Pick-Up:**

Children will be checked-in upon arrival to the community center. **If your child will not attend the After-School Program on a day they are enrolled, please notify the program at 457-0642(CCC), 259-1165(office) or cell 865-466-0830.** If *any* person other than the parent/guardian of a child is to pick them up, staff must be ***informed by parent(s)/guardian(s) in writing*** no later than the day before they are to be picked up, notes from participants will not be accepted. We reserve the right to ask for photo identification for individuals picking up children. ***The participants must be picked up by 5:45 p.m. each day or a late fee of \$5 will be charged.***

## **Snacks:**

There will be a scheduled snack time each day, campers must bring their own money or snack and be responsible for it.

## **Clothing and Personal Items:**

Comfortable clothing, tennis shoes and socks, should be worn each day. Children should not bring water guns or any type of hand-held video game. Additional personal items may be sent home, not to return, if deemed as unsafe or disruptive.

**Swimming:**

*Occasionally participants may go to the indoor pool on Fridays. Participants are to bring their bathing suits and a towel.* Bathing suit and towel should be clearly labeled with your child's name. Please have your child prepared for pool time. It is unfair to have children sitting on the side while the other participants are in the pool. Children will be required to pass a swim test to enter deep area of pool. Parents will be informed at the beginning of the week if we will be swimming that Friday. ***Children must follow all pool rules.***

**Medications:**

*Any medication to be administered must be in a Prescription-labeled bottle and have a physician-signed note stating the type of medication, frequency of dosage and amount to be given. No exceptions will be made to this rule. It is in the best interest of your child to have any medication properly administered.*

**Emergency Calls:**

*In emergency situations only, you can call the community center, 457-0642 or 466-0830 (cell) 259-1165 (office) and speak with the Program Coordinator, program participants will not be allowed to use the phone.*

**Concerns:**

Any concerns or comments should be addressed with the Program Coordinator Amanda Pope.

**Discipline:**

Discipline problems will not be tolerated. We strive to provide an atmosphere that is conducive to safety and appropriate behavior while attending the After-School Program. Maintaining proper conduct while in the program is the joint responsibility of the child, parents, and program staff. The nature or severity of the discipline procedure is explained below. The Program Coordinator is informed of all discipline matters and handles those that warrant more than 5-minutes in time-out as punishment. Please make sure you go over the following with your child (children) before the program begins:

- Proper behavior will be expected at all times.
- We treat others as we would like to be treated, with kindness and courtesy.
- We communicate with words and do not hit each other.
- We do not use inappropriate language or gestures.
- We eat only at designated time.
- We clean up after ourselves.
- We take turns.
- We respect and listen to our counselors.
- We put things back where we found them.
- We do not throw rocks or any other debris outside.
- Do not abuse the rights or property of others.
- Participants are not allowed in the equipment room.
- Participants must return any play equipment he/she uses.
- We keep each other's safety in mind at all times.

The Program Coordinator will deal with inappropriate behavior. The first time a child acts inappropriately in words or action he/she will be put in time out away from the activity of the day and other campers, for an age appropriate time limit. The second offense, the child will again be put in time-out, after the Program Coordinator speaks to the child, and his or her parent will be called. The third time an offense occurs; the Program Coordinator will ask the parent to remove the child from the program.

***Biting and bringing of weapons to the program will result in immediate removal and non-return to the After-School Program***

Registration Fee \_\_\_\_\_  
Check \_\_\_\_\_ Cash \_\_\_\_\_ Card \_\_\_\_\_

## Clinton Community Center After School Program

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

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name of Elementary School: \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency contact if parent(s)/guardian(s) are not available:**

Name \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Physician/Phone \_\_\_\_\_

**I would like to enroll my child in the following day(s) (please circle):**

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

**Please list the individuals you would like authorized to pick up child:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Release Form

Participant's Name \_\_\_\_\_

Being fully aware of the risk of bodily injury, the undersigned does further agree that the Participant assumes the risk of danger involved in the program. Being desirous of arranging for medical care and treatment of (my child's) during his/her participation in the Clinton Parks and Recreation After School Program, do hereby authorize the Clinton Parks and Recreation Department to act in the following matters in behalf, place and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of Clinton Parks and Recreation Department are hereby released, acquitted, and discharged from any claim for damage or suit by reason of injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian or Caregiver of the above-specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will bind thereby. The Clinton Parks and Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Clinton Parks and Recreation Department Travel & Photo Waiver/Release Form

I, \_\_\_\_\_, hereby grant permission for my child \_\_\_\_\_ (herein after referred to as "my child") to participate in Clinton Parks and Recreation Department programs. I hereby, for myself, my child, my heirs, executors, administrators, waive and release any and all rights and claims for damages my child may have against the Clinton Parks and Recreation Department its representatives, successors, and assigns for any and all injuries suffered by my child riding in a city or rented vehicle for Clinton Parks and Recreation Department programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Furthermore, I hereby, for myself, my child, my heirs, executors, administrators, grant permission for (my child) to appear in still or motion pictures using (my)(my child's) name for educational, promotional or other proper purposes only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of and read the Clinton Parks and Recreation's After School Program Guidelines and Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medication Authorization

I, the undersigned, hereby **authorize** the organizers, directors, agents, or employees of the Clinton Parks and Recreation Department to **administer any aforementioned prescribed medications to my minor child**. I hereby **promise to provide** the Clinton Parks and Recreation Department with a **prescription-labeled bottle\*** of the medications which **will correctly bear the minor child's name and the dosage and timing of said medications**.

**\*Only those medications prescribed by a doctor, in an original dated container, or an over the counter medication with a doctor's note prescribing the dosage will be permitted to be administered during camp hours. No exceptions.**

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_