



After School Program Enrollment Packet 2017-2018



August 1, 2017

Dear families,

Welcome! My name is Amanda Soukup and I am the Youth Development Coordinator for the Covington Learning Center. I am so thrilled to have the opportunity to be working with your children this school year. My staff and I have been creating exciting lessons and activities to help your children thrive and reach their full potential. We are thrilled to provide a safe, educational atmosphere for your students each day and to be helping them reach their academic goals! Together I know we will achieve outstanding results.

First, I would like to acknowledge that in order to have a successful program, we must have your wonderful children here on a daily basis! Attendance is essential for our program to continue to run smoothly and for your children to receive all of the wonderful things we have in store for them. Naturally, things come up so if your child will be absent, please call to let us know. Excessive unexcused absences will result in withdrawal from the program. The key to any great parent-teacher relationship is communication. Please don't hesitate to contact us! We encourage you to call us anytime throughout the year with any questions or concerns you may have. We will be more than happy to help you as best we can.

Secondly, our program will run daily Monday through Thursday from 3pm-5pm and Fridays from 2pm-5pm. We expect transportation to arrive promptly in order to pick children up on time. It is important to note that no children will be released to individuals not on your child's approved pickup list. As a matter of safety, we ask for your cooperation with this matter.

Additionally, it is very important that the contact information we have on file for you and your emergency contacts stays current. Please supply us with new phone numbers and addresses when necessary. We want to make sure we can reach someone if needed. As cooler weather approaches, we will contact you regarding any program closures due to inclement weather.

Again, it is a pleasure to be working with your children and we appreciate all of your cooperation! We are looking forward to a fantastic school year!

Sincerely,

Amanda Soukup
CLC Youth Development Coordinator
(859) 261-0835 x.205

Student Profile

Student's Name: _____ Parent/Guardian Name: _____

Street Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Grade: _____ D.O.B. _____ Race/Ethnicity: _____

DEPARTURE/RELEASE

Please list designated persons who your child may be released to. Individuals must be at least 18 years of age and be able to provide a valid photo ID for staff verification.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

EMERGENCY CONTACTS

Please list designated people who may be contacted in case of emergency if we are unable to reach you. Individuals must be at least 18 years or older. (Minimum of two people)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I understand that my child will only be released from the Salvation Army to a parent/guardian or designated person listed with valid photo ID. I will also notify the staff of schedule changes that will affect my child's arrival and departure times.

Parent/Guardian Signature

Date

Medical Release Form

AUTHORIZATION FOR AGENT TO CONSENT TO THE TREATMENT OF MINOR

I, the undersigned, parent/guardian of _____ (minor) do hereby authorize The Salvation Army, as agents for the undersigned, to consent to any X-ray, medical examination, anesthetic, medical, surgical diagnosis, treatment, or hospital care at the nearest available hospital, which is deemed advisable and is to be rendered under the general or special supervision of any physician and surgeon licensed by law to practice.

This authorization shall remain in effect while the child is enrolled at The Salvation Army. I understand that a conscientious effort will be made to locate a parent/guardian before any action will be taken.

Parent/Guardian Signature

Date

In case of emergency, my preferred hospital for treatment or hospital care is listed below. I am aware that depending on location and situation, alternative hospitals may be selected by emergency services during an emergency situation.

Hospital Name:

Hospital Address:

Hospital Telephone Number:

Family Physician/Pediatrician Name:

Family Physician/Pediatrician Address:

Family Physician/Pediatrician Telephone Number:

Child Medical/Physical Care Plan

Child's Name: _____

D.O.B. _____

Special Health Concerns:

Symptoms to watch for and emergency action to be taken if the following symptoms occur:

Activities/Foods/Environment conditions to be avoided:

Medical procedures to be followed and expected benefit of treatment:

Are any medications required? No _____ Yes _____

If yes, what medications: _____

I give permission for the staff at The Salvation Army Day Camp to perform the procedures in my child's Medical/Physical Care Plan.

Parent/Guardian Signature

Date

Request for Administration of Medication

One form must be completed for each medication. ***Sunscreen lotion requires the completion of this form as directed by the State of Kentucky.***

Check all that apply:

Prescription Medication
 Topical product/lotion
 Refrigeration Required

Food supplement
 Nonprescription Medication
 Modified diet

Complete the following information:

Name of Child: _____ DOB: _____ Weight: _____ lbs.

Name of Medication: _____ Exact Dosage: _____

To be administered at the following times: _____

Parent/Guardian Signature: _____

The following information must be completed by a licensed physician (MD), a licensed dentist (DDS or DMD) or an advanced practice registered nurse (NP) when:

- 1) A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per label instructions); or
- 2) It is a sample medication without a prescription label; or
- 3) The nonprescription medication is to be given longer than three consecutive days within a 14 day period or is a topical lotion or product that is being used for a skin ailment and is to be given no longer than 14 days.
- 4) The child is on a modified diet (an entire food group is eliminated)
- 5) The medication contains codeine or aspirin

(Name of child) _____ is under my care and should receive (name of medication, vitamin, diet, etc.) _____

as follows: (include dosage and instruction) _____ Expiration date: _____

Name of MD, DDS/DMD, or NP (Please print): _____

Signature of MD, DDS/DMD, or NP: _____

Date of signature _____ Telephone Number _____

Routine Field Trip/Transportation Permission

I give permission for my child, _____, to travel with The Salvation Army Covington Learning Center to any pre-approved field trip destination during the After School Program by walking, car, van, or bus (or hired rental bus/driver). Additionally, my child has permission to walk to other areas (ex. park/playground) within a mile radius of the center. I understand that if my student has special needs, it is my responsibility to inform the CLC staff.

During the hours my child is in the care of The Salvation Army, I may be reached at the telephone number listed below. I understand that it is my responsibility to update staff when and if this contact information changes:

Phone Number

Parent/Guardian Signature

Date

Permission for Photography/Videotaping

There will be an occasional need to develop photographic and video data to document activities and events taking place during the After School Program. Students will often be featured in this collection. These photographs are often used for PR purposes, such as websites, and other PR publications. I understand that the photographs/video footage may be used in presentations, posters, brochures, advertisements, and other promotional areas on behalf of The Salvation Army. All such photography will be maintained as property of The Salvation Army with all rights reserved

Please select one option below:

_____ The Salvation Army **has my permission** to photograph/videotape my child while participating in activities.

_____ I **do not give my permission** to The Salvation Army to photograph/videotape my child while participating in activities.

Parent/Guardian Signature

Date

Permission for Internet Access

We are pleased to offer students access to the internet. There are, however, areas that remain unrestricted, that contain explicit, uncensored material that could be considered morally corrupt and perverse at best. Close monitoring will be provided during internet use and prior to use students will be advised of the list of websites that have been screened and approved for their use.

In the event that students are found to have gained access to inappropriate material, they will be removed from the system for the remainder of the session and a parent/guardian will be notified.

The staff will take great care to ensure that a responsible representative supervises the computers at all times. However, precautionary measures are not to be confused with guarantees.

_____ My child **may have** access to the internet.

_____ My child **may not have** access to the internet.

To parents/guardians who authorize internet access, your signature below acknowledges that you have discussed with your child our internet usage and safety policy.

Parent/Guardian Signature

Date

Behavior Policy

Every successful program begins with cooperation, commitment, and appropriate behavior. We require that every student remains mindful and responsible for their actions and behavior in order to maximize the enjoyment and learning experience for all while attending program. We ask that each student:

***Raise hand before speaking.**

***Use appropriate manners on a daily basis.** Please, thank you, etc.

***Show respect to other students, staff, and LC classrooms and property.** Be kind and considerate of other students, asking permission to participate or enter their work areas. Students must gain permission from a peer if they desire to share or use their materials. If granted permission to use another's materials or property, the materials must be cared for, used appropriately and treated gently.

***Listen to teachers and follow directions.** No talking back, no verbal or physical aggression or threats, listen to and follow instructions of teachers and respond in a considerate manner.

***Clean up after themselves.** No intentional destruction of property or materials – use materials properly and put them away carefully.

***Keep their hands and feet to themselves.** No hitting, punching, pushing, kicking, spitting, biting, or harming others in any physical way. **Fighting will not be tolerated.**

No inappropriate or offensive language.** No swearing, no threats or hurtful words, no name calling. No profane or disrespectful gestures, no making fun of others based on physical features or limitations. ***We have a strict NO BULLYING policy.

We utilize a behavior chart that allows students to travel either up or down the chart based on their daily behavior. Those students who exhibit behavior that exceeds expectation will be rewarded accordingly, while those students who exhibit behavior that needs improvement will lose free time or additional privileges that **may include field trips**. Consistently poor behavior will result in removal from the program. This can include a child hampering the smooth flow of the program by either requiring constant one-on-one attention, inflicting physical or emotional harm to other children, being physically aggressive towards staff, and/or otherwise unable to conform to the rules and guidelines of the program. We ask for your signatures to ensure acknowledgement of these policies as well as the commitment of your respect and support whenever you are present in our center throughout the duration of the program.

Parent/Guardian Signature

Date

Student Signature

Date

Important CLC Policies

We are thrilled to provide quality programming for your child! In order for our center to operate most efficiently, please be advised of the following policies below:

- We love learning! Our sole purpose is to provide your child with the supplemental help they need with homework; however we are not to be expected to replace the time they spend working with you. We are happy to help them practice healthy study skills, provide educational research opportunities in our computer lab, and review the lessons they have learned in school.
- The CLC will not under any circumstances allow your child to attend program if they refuse to practice appropriate behavior, have been ill at any point in the day, or consistently arrive unprepared or refuse to participate.
- The ASP is a free educational assistance program- not a free childcare facility. We are a Learning Center first and foremost and here to assist with academic needs. Please do not drop your child off if they are unprepared to learn or behave accordingly.
- Your child must attend consistently in order to improve their academic progress! It is vital that your child attends daily in order to reap the full benefits of our program. Excessive absences may impact the privilege to attend field trips and retain their spot in the program. Withdrawal from program may impact future program eligibility.
- We must have current and working phone numbers on file in order to reach you in the event of an emergency. If important contact, medical, or dismissal information changes, you are required to update staff accordingly and immediately.
- We strictly enforce our dismissal time. If your child is not picked up on time, you will be assessed a fee. Additionally, your child not only risks their program eligibility, but Children's Services may also be contacted per our policy.

Any violation of the above policies may result in withdrawal from CLC programming. By signing below, you acknowledge and agree to the policies of the CLC.

Parent/Guardian Signature

Date

Student Signature

Date

Flexible Seating

What is it and how will it work?

Flexible seating provides various seating options to students within the classroom in order to promote positive, productive results. Students get to choose the spot they sit in to do their best classroom work each day. There are many more options besides the traditional chair and desk, which will also still be provided. In a flexible seating classroom, students are not up roaming around and playing. In fact, they are still held to the same quality of work & rigorous curriculum standards as traditional classrooms. Educational research is telling us that student choice helps all types of student learners perform better in the classroom. Providing comfortable, flexible seating options is one way we can empower students with choice.

Student Contract and Parental Acknowledgment:

As a part of this flexible seating community of learners I will:

- Use all the classroom seating options the way they are designed to be used.
 - Clean up after myself so our classroom stays neat and tidy.
 - Choose my spot responsibly each day, determined by where I work the best.
 - Respect our community supplies so they can be used over and over again.
 - Respect my classmates' learning space.
- I understand that my teacher can choose to move my spot at any time if she sees it is not setting me up for success.

Student signature

Date

Parent signature

Date