PARENT MANUAL AFTER SCHOOL PROGRAM

Please read this manual carefully as it contains important information that you need to know concerning the Lubec After School Program.

The ASP staff will strive to provide your child with a fun, creative and safe environment.

**Registration:**
Parents must fill out all required forms for each child they are registering and return them to the After-School Program Coordinator. All required forms must be completed and on file prior to your child (ren) attending the program.

**Supervision Policy:**
Staff and volunteers will insure that the children are supervised at all times.

**Payment:**
Our goal to keep the cost as low as possible to families is best served by not having to invoice. The weekly fee of $35.00 is due every Monday for that week. It can be paid in advance monthly or the week prior. If payment is not reviewed in full by Monday for that week. It can be paid in advance monthly or the week prior. If payment is not received in full by Monday your child will not be able to attend Tuesday and will be escorted from the school to the LCOC center.

If would like to apply for the sliding scale program it is your responsibility to provide all necessary paperwork prior to your child attending the program.

**Transportation/Pick-Up:**
Please make sure you are prompt at picking up your child. Please make sure that you are aware of the time the program ends. It is the responsibility of the parent/guardian to pick their child up at the designated closing time. An additional fee will be charged at $5.00 for every fifteen minutes after 5:15 pm.

**ALL PARENTS WILL COME INTO THE BUILDING TO PICK UP THEIR CHILD(REN). NO CHILD(REN) WILL BE ALLOWED TO WAIT OUTSIDE FOR THEIR RIDE.**

**FieldTrips:**
Parents will receive advanced notice of any trips. For trips in the local area, with walking distance, there will not be any permission slips sent home, these are authorized by virtue of the Field Trip Release being signed.

**Holidays:**
There will not be After-School Program on school holidays or during school vacations unless otherwise notified.

**Snow Days:**
If school is canceled or released early due to bad road conditions, there will not be After School Program. The After-School Program will be open on regularly scheduled early release days.

**Children’s Belongings:**
Toys and items of value that could be damaged should remain at home. The ASP staff will not assume responsibility for materials brought from home. Under no circumstances will toy guns of any type or toys that make loud noises be allowed.
Clothing:
Children will be outside for up to an hour unless there is inclement weather or the playground conditions are poor, based on the judgment of the Coordinator. It is our policy that as long as a child is well enough to attend school they are well enough to go outdoors. If children are dressed properly, weather conditions should not pose any problems. We will also be going into the gym and to the playground when available. Your child/children will need sneakers. No flip flops, sandals or crocs will be allowed in those areas.

Lost and found:
Please let us know immediately when your child has lost an item at the program. The staff tries to ensure that all items are reunited with their owners but items that are not claimed within a few days are not kept.

After school Program responsibilities:
ASP staff will provide parents with an ASP Parent’s Manual.

Staff will assume responsibility for each child after they arrive at the program until the parent or guardian picks them up.

Staff will do their best to keep each child’s belongings safe and from being lost, but are not responsible for damaged or lost items.

Discipline Policy:
The following procedures are followed whenever a problem requiring discipline occurs. In the case of seriously inappropriate behaviors, steps 3, 4, or 5 may be used immediately.

1st offense – verbal warning
2nd offense – written warning and meeting with parent
3rd offense – meeting with parent and 1 day removal from the program
4th offense – meeting with parent and 3 day removal from the program
5th offense – removal from the program indefinitely

Communications Between Parents and ASP Staff Policy:
Contact between parents and staff is an important part of the ASP. The staff members will always be available to discuss any concerns or ideas about the program.

Any and all complaints should be dealt with using the following steps:

Step 1 – Direct the question or complaint to the Program Coordinator.

Step 2 – If the question or complaint is not answered or resolved satisfactorily, direct the question or complaint to the LCOC Executive Director.

Suspected Child Abuse or neglect Policy:
State Department of Human Services regulations require that any staff member or volunteer knowing or having reasonable cause to suspect that a child has been or is likely to be abused or neglected, shall immediately report or cause a report to be made to the Department of Human Services.

All staff shall immediately report suspicions of abuse or neglect to the Program Coordinator.

Accident and Injuries:
If there is any incident or accident with your child, staff will let you know when you pick up your child. If there is a medical emergency, staff will seek to contact you immediately. You will be given a written Accident/Incident report to sign. This procedure is used so that you will have full information regarding any incident.
**Minor Incidents:**
Minor scrapes and bruises, which need no further attention, will be verbally reported to you.

**Health/Illness Policy:**
If your child shows any of the following, he/she may not be allowed to attend the program.

- Indication of vomiting or diarrhea 12 hours prior to arrival
- Abnormal temperature
- Unfamiliar rash or seeping skin sore
- Unusual redness or eye discharge
- Evidence of nits or head lice
- Contagious illness or condition not being treated by a medical specialist

If you child has been on a doctor prescribed antibiotic for 24 hours (48 hours if conjunctivitis is diagnosed), and is feeling up to attending the ASP, h/she may attend, providing the contagious aspects of the illness have passed.
LUBEC COMMUNITY OUTREACH CENTER
AFTER-SCHOOL REGISTRATION FORM

Child’s Name: ________________________________

Parent’s Name: ________________________________

Parent’s Email: ________________________________

Address: ______________________________________

Phone: ______________________________________

Age: ___ Date of Birth: __________ Grade: __________

IN CASE OF EMERGENCY CONTACT:
Name: ________________________________

Home Phone: __________ Work Phone: __________

IS YOUR CHILD TAKING ANY MEDICATIONS? IF SO LIST:

__________________________________________________________

__________________________________________________________

DOES YOU CHILD HAVE ANY ALLERGIES? IF SO LIST:

__________________________________________________________

PLEASE LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

_______ I have read, understand and will follow the parent manual.

Signature_________________________________________ Date ________________
AFTER SCHOOL PROGRAM

DISCIPLINE POLICY

• Show respect for everyone including rights, opinions, and feelings at all times.
• Show respect for school property and the property of others.
• Keep yourself and others safe at all times.
• Do not use vulgar, profane, or suggestive language at any time.
• No fighting or verbal abuse towards others.
• Obey all rules and regulations and staff members at all times.

IT IS A PRIVILEGE TO ATTEND THE AFTER-SCHOOL PROGRAM

The After-School Program has a ZERO tolerance policy. This means that any form of violence, harassment, threats, use of tobacco, alcohol, and illegal substances, etc. will not be tolerated. If any person is in violation of this policy the After-School Coordinator will immediately call either the State Police or the Washington County Sheriff’s Department.

I have read the above rules with my child.

________________________________________
Parent/Guardian Date

________________________________________
Parent/Guardian
AFTER SCHOOL PROGRAM

RELEASE FORM

Child's Name __________________________________________________________

Parent's Name ________________________________________________________

MEDIA RELEASE

I grant my consent to the After-School Program to use my child's likeness, whether in still or motion pictures, my child's photographs and/or reproduction, including my child's voice and features, with or without my child's name. I agree that I am not entitled to compensation of any kind arising from the use of my child's likeness.

FIELD TRIP RELEASE

My Child has my permission to participate in the After-School Program and all field trips. I am aware that participating in the program and any field trips may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during the program or any field trip. I agree not to hold Lubec Elementary School or the Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the After-School Program, including all field trips. I have provided a copy of my child’s birth certificate for travel purposes. If I provided an original document I understand that LCOC is not responsible for replacement if it is lost.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE

Signature: ____________________________________ Date _________________

Parent/Guardian
Lubec Community Outreach Center
After School Program Contract

The following is a binding contract between (parent/guardian)_____________________ and the Lubec Community Outreach Center/After School Program.

A. CONTRACT TERMS:

After School Program activities shall be provided for (child/children)______________________________________________________________.

Beginning on (mm/dd/yyyy)________________________________________

I understand that the weekly fee is due every Monday for the current week. If payment is not received by Monday evening my child will not be able to attend on Tuesday and will not be escorted from the Lubec School to the LCOC center. I agree to pay the fee of $___________per week.

I understand that I will be charged the full weekly fee whether or not I choose to send my child every day of the week.

The contract shall be in force until the end of the 2018-2019 After School Program.

SIGNATURES:

_________________________________  _______________________________________
Parent/Guardian                      Date

_________________________________  _______________________________________
LCOC Executive Director             Date