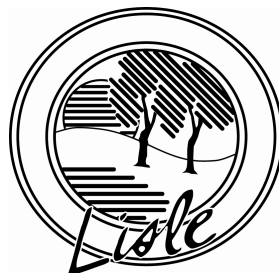


# **Important Information Inside!**



## **Lisle Park District Before School Program and After School Program 2011 - 2012 Parent Manual**



**PARK DISTRICT**

Welcome to the Lisle Park District Before School and After School Programs. The Parent Manual contains all of our program's policies and procedures. **Please review the information and give ALL forms to the Site Director on your child's first day.**

### **Mission Statement**

The Lisle Park District, in cooperation with Community Unit School District #202 offers affordable Before and After School Programs. The program serves Lisle Park District residents and operates during the school year. The Before School program is held at Schiesher School and The After School program will be at Schiesher and Tate Woods Schools with activities including arts and crafts, socialization skills, study time and recreational activities.

### **Code of Conduct**

The Lisle Park District reserves the right to suspend, expel or deny participation in any program, event or facility to any person whose behavior interferes or disrupts the quality of the offerings, the enjoyment of them by other participants, or the ability of the staff to conduct or manage the activities or facilities.

In case of unacceptable behavior we will do the following:

1. Notify the parents or guardians
2. Complete an incident report and call a meeting with parent/guardian, Site Supervisor and the Recreation Supervisor
3. Suspend the child from the program for an appropriate time period
4. If upon return to the program unacceptable behavior continues, the child will be dismissed from the program

These policies and procedures were developed to ensure the safety of all the children. We want all children in this program to have an enjoyable experience. **See the discipline policy for more details.**

### **Parent Responsibilities**

Parents of participants are responsible for providing the following:

1. Maintaining appropriate and timely payment of fees.
2. Contacting the site supervisor if your child will be absent.
3. Communicating your child's needs to the site supervisor.
4. Picking up your child on time.

### **Transportation**

Students attending the Before School Program that attend Tate Woods School are responsible for securing transportation from Schiesher School by filling out the Bus Permission form the first day and notifying the school of your participation in this program. Please notify your child's teacher on the first day of school that he/she will be attending the Before School program and will be riding the bus from Schiesher.

## **Payment Information**

Payments may be mailed, faxed, called in or dropped off at the Lisle Park District Community Center or Meadows Center. Fax payments with a completed registration form to (630) 964-7448. Call (630) 964-3410 or (630) 969-0992 with your Visa, MasterCard or Discover Card information, or stop by the Recreation Center. Please specify which days you are registering for.

Mail payments to: Lisle Park District  
Before/After School Registration  
1925 Ohio St.  
Lisle, IL 60532

**PAYMENTS WILL NOT BE ACCEPTED ON SITE**

Fall Semester-August 22, 2011-December 20, 2011  
Spring Semester-January 4, 2012-May 31, 2012

### **Payment Schedule**

You have the flexibility to sign up for whichever days you need. Upon registration, you can elect to pay for a single day, a whole week, whole month or entire semester. You can select as many days per week as you need! Your child must be signed up in advance for days attending. After School fee is \$12 per day and Before School fee is \$6 per day.

- **Deadline is the Wednesday of the previous week.**
- **Refunds will not be given for absences.**
- **There is no transferring of days.**
- **Refunds will not be issued for cancelled days.**

**There is a \$10.00 fee for each payment not received by the payment due date and your child will not be allowed to attend until fees are paid in full.**

## Registration

The After School Program is open to any child in afternoon Kindergarten through 6<sup>th</sup> grade and Before School is for any student in morning Kindergarten through 5<sup>th</sup> grade that attends Tate Woods or Schiesher School in District #202. Children meeting the grade level requirements but who do not attend District #202 schools may attend the program, but must provide their own transportation to and from the site. Registration information for these programs can be found in the Park District brochures. The school year is divided into two semesters. The first semester runs from August 22, 2011 until December 20, 2011. Second semester is from January 4, 2012 until May 31, 2012 (or last full day of school). **All participants must re-register for the second semester before December 28, 2011.**

If you need to add days to a pre-registered week, you must notify Mike Gianatasio, Recreation Supervisor at (630) 964-3410 x 4306. **Refunds will not be given for absences. We do not grant make up days. There is no transferring of days.**

The program fees do not include a charge for days when the program is not in session. You are only paying for days that your child is attending. The fees are based on a flat daily rate.

How Flexible Payment works:

- Parents can pick what specific days during the week, month or semester they will need.
- Parents can pay by week, month, or entire semester at the time of registration.
- You must provide a credit/debit card.
- Your child may attend **ONLY** on days in which they are signed up for. Payments **MUST** be made by the Wednesday before the desired week.
- Example: You need Monday, October 17; payment must be received by the previous Wednesday (October 12).
- There is a \$10 late fee for all late payments.
- **Refunds will not be given for absences.**
- **Refunds will not be given for cancelled days after the deadline.**
- **There is no transferring of days.**

How to register:

- Come into the Recreation Center.
- Fax registration along with desired days for registration to (630) 964-7448
- Call the Recreation Center at (630) 964-3410 ext. 0.
- Mail registration to: Lisle Park District  
Before/After School Registration  
1925 Ohio St.  
Lisle, IL 60532

### **Operation Policies**

1. After School will operate from 3:15pm – 6:00pm on all full days of school. It will not operate on days when school is closed due to inclement weather, holidays, in-service days or early dismissals.
2. Before School will operate from 7:00am – 8:45am on full days of school **and** on days when school has early dismissal. If for any reason school is to start later in the day than normal, the program will not be in operation.
3. We will provide a daily snack and drink at the After School program. No food or snack service is available at Before School.
4. After School ends at 6:00 pm. We appreciate your cooperation in picking up your child on time. **There is a \$5 per 5 minute penalty for late pick up.**

### **Tax Information**

We do not provide Section 125, reimbursement accounts or tax information to parents for the Before and After School Programs. It is the parent's responsibility to keep track of expenses by keeping check stubs, credit card slips or to ask the park district for a receipt.

### **Program Location**

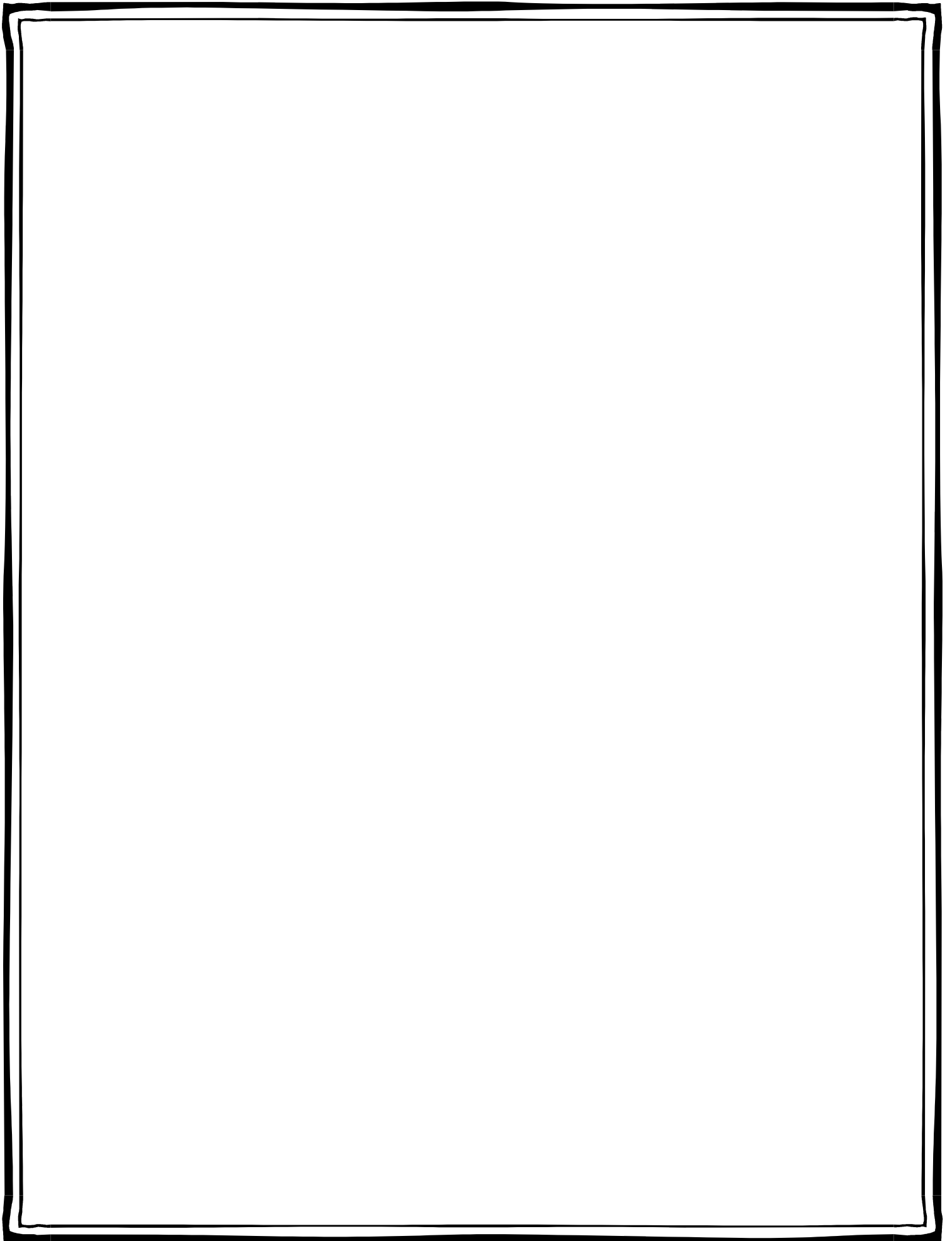
Schiesher School-Small Gym located by parking lot. Enter double doors.  
Tate Woods School-Gym – Drive to rear of school and enter gym through double doors.

### **Communication**

To communicate with the Before and After School Staff a voice mail number has been set up at the Park District. Please leave any messages for the staff on that line. The number is (630) 964-3410 ext. 4330.  
Schiesher School direct phone line is (630) 742-8238.  
Tate Woods School direct phone line is (630) 675-5125.

If you have any questions, compliments or concerns, please feel free to call me at (630) 964-3410 ext. 4306. Thank you.

Mike Gianatasio  
Recreation Supervisor

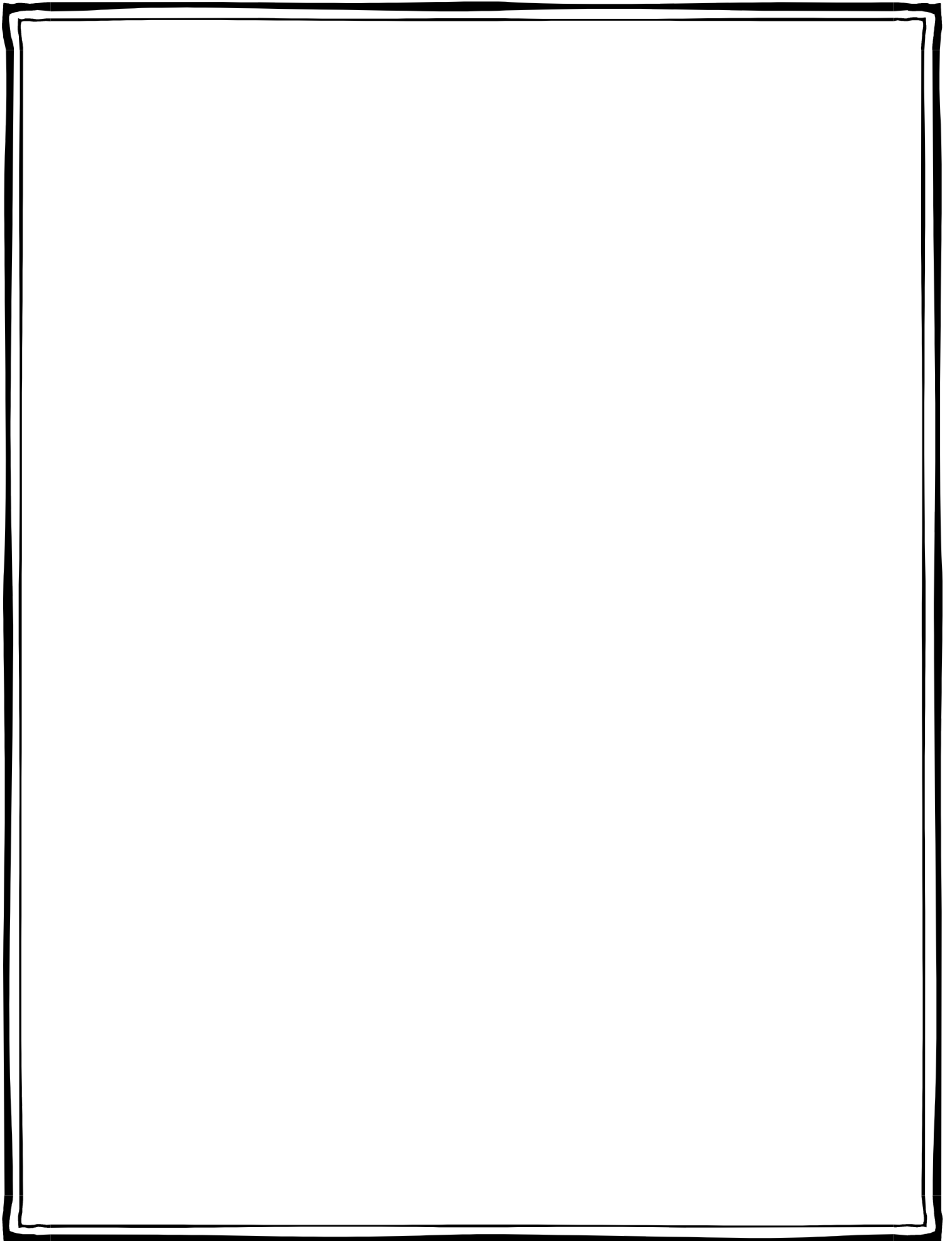


Lisle Park District  
Before School Program  
Bus Permission Form  
2011-2012 School Year

My child, \_\_\_\_\_, has permission to ride the bus as transportation from Schiesher School to Tate Woods School for the purpose of attending the Lisle Park District's Before School Program.

I hereby waive and relinquish all claims my child or I may have against the Lisle Park District or Community Unit School District #202, their officers, agents, servants and employees as a result of participation in this program.

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



Lisle Park District Before and After School Program 2011/2012  
Participant Information Form

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in Fall 2011 \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**In case of emergency and we are unable to contact either parent**

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

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any allergies (seasonal, food, medicines) we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Does your child use any medication that he/she will be bringing with them to the program?

\_\_\_\_\_

Are there any special needs your child has that may limit his/her success in the program?

\_\_\_\_\_

Any likes/dislikes or fears your child may have: \_\_\_\_\_

\_\_\_\_\_

Please circle the program registered for:

**Before School    After-Tate Woods    After-Schiesher**

(over)

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

**The following people have permission to pick up and transport my child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there anyone restricted from picking up your child from the Program? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please let us know of any changes that occur during the year regarding your information above.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in The Before school program and/or After school program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the programs, including, but not limited to, field trips, and transportation services, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the Before school program and/or After school program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Park District and its officials, employees, agents, servants and volunteers as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s).

I have read and fully understand the above program details and Waiver and Release of All Claims and Assumption of Risk.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Discipline Policy  
Before and After School Program  
Lisle Park District**

Thank you for enrolling in the Before and After School Program. In order to ensure the quality of this program and safety of each child, each participant must follow the program rules.

**Behavior Problems:** If the Before and After School Staff encounters behavior problems with any child, he/she will first attempt to resolve the problem with the child, if this fails, the Recreation Supervisor will be consulted, followed by the parents. There is a strict three strike policy. If a child gets three strikes throughout the course of the semester, he/she will be dismissed from the program. **NO REFUNDS WILL BE GIVEN IF A CHILD IS GIVEN SUSPENDED OR DISMISSED FROM THE PROGRAM.** Every parent/guardian is required to read the enclosed form to his or her child, sign it and return it with the other forms.

**General Before and After School Program Rules**

1. Disrespectful attitudes and actions toward Staff and other children will result in a strike.
2. Fighting, hitting, swearing, theft, destruction of property, etc. **WILL NOT BE TOLERATED.** They will result in a strike and an automatic one day suspension.
3. A child is allowed three time outs per day before they receive a strike.

**Consequences for breaking rules:**

The program leaders will keep a written record of serious/chronic rule breaking and will notify parents/guardians of such occurrences. If problems persist, the child may be withdrawn from the program. Please discuss these rules with the child, sign, date and return.

I have discussed the rules and consequences of Before and After School Program with my child.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Date

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

1. Strike One: Written warning, parent signs strike form.
2. Strike Two: Written warning, parent signs form, conference with Recreation Supervisor.
3. Strike Three: Dismissed from program for the remainder of semester. **No Refunds Given!**

I have discussed the discipline policy with my child and they understand what is expected from them in the Before and After School Program.

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

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Recreation Supervisor

**OFFENSE #1**

\_\_\_\_\_  
Date

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

Description of  
Incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Staff Signature

**OFFENSE #2**

\_\_\_\_\_  
Date

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

Description of  
Incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Staff Signature

**OFFENSE #3**

\_\_\_\_\_  
Date

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

Description of  
Incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Recreation Supervisor Signature

## Medication Dispensing Information

This form must be completed for each program session or when medication changes. If no medication is needed please mark N/A, sign and return.

### BACKGROUND INFORMATION:

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

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

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICATION INFORMATION:

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instruction: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to give the medication directly to the Camp Director with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date