



1925 Ohio St., Lisle, IL 60532
630-964-3410 - www.lisleparkdistrict.org

Before & After School Program

Parent Manual

2014-2015

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, complete forms and give each form 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 Program Manager
3. Suspend the child from the program for an appropriate time period
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.
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.

Registration

The After School Program is open to any child in afternoon Kindergarten through 6th grade and Before School is for any student in morning Kindergarten through 5th 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. The school year is divided into two semesters. The first semester runs from August 25, 2014 until December 19, 2014. Second semester is from January 5, 2015 until June 4, 2015 (or last full day of school). **All participants must re-register for the second semester before December 31, 2014.**

Payment Information

Payments may be mailed, called in or dropped off at the Lisle Park District Recreation Center at 1925 Ohio St. Call (630) 964-3410 with your Visa, MasterCard, Discover or American Express Card information. Please specify which days you are registering for.

Fall Semester-August 25, 2014-December 19, 2014

Spring Semester-January 5, 2015-June 4, 2015

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.**
- **Any changes made before the deadline will be accepted.**
- **Refunds will not be given for absences.**
- **There is no transferring of days (after deadline).**
- **Refunds will not be issued for cancelled days (after deadline).**

There is a \$10.00 late fee for any registration made after the deadline. There may be a wait period of up to two (2) days for a late registration before a child can attend the program.

How Flexible Payment Works

- Parents can select which 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 he/she is signed up for.
- Payments MUST be made by the Wednesday before the desired week.
 - Example: You need Monday, October 20; registration must be completed by the previous Wednesday (October 15).
- There is a \$10 late fee for all late payments.

Operation Policies

- After School will operate from 3:15pm – 6:00pm on all full days of school.
- 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.
- It will not operate on days when school is closed due to inclement weather, holidays, in-service days or early dismissals.
- We will provide a daily snack and drink at the After School program. No food or snack service is available at Before School.
- 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-We will use the following system to easily alert you to our location.



Green means that we are in the small gym. Before school enter through door 13 before 7:45am and door 1 (main entrance) after 7:45am. After school enter at door 13.



Yellow means that we are in the big gym. Before school enter through main entrance of the school, door 1. After school enter at door 13.



Blue means that we are at the playground. Sign-in/Sign-out with staff at playground.

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 you may contact the cell phone provided to each site.

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 email me at mgianatasio@lisleparkdistrict.org or call me at (630) 964-3410 ext. 4306. Thank you.

Mike Gianatasio
Recreation Program Manager



**Before School Program
Bus Permission Form
2014-2015 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 _____



Participant Information Form 2014/2015

Child's Name _____ Home Phone _____

Address _____ Cell Phone _____

Age _____ Birth Date _____ Grade in Fall 2014 _____ 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

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

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 suspended 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.

Strike One: Written warning, parent signs strike form.

Strike Two: Written warning, parent signs form, conference with Recreation Program Manager.

Strike Three: Suspended from program. **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

Date

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 Program Manager 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 Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

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