

# After School Care for Grades K-8

Parent Handbook: August 2019 – May 2020



The daily schedule offers group activities as well as the opportunity for children to complete their homework or enjoy quiet time. Parents pick up their children any time before 6:15 p.m.

## Sample Daily Schedule

3:15 p.m.	Park District van picks up children from Pietrini – Passow – North – Hester
3:25 – 3:45 p.m.	Snack provided by Park District
3:45-4:45 p.m.	Homework or quiet time activities, word games, crafts
4:45 – *6:15 p.m.	Playtime in the Gymnasium, self-directed activities of games, crafts, and reading

\* \$1 per minute, per child late fee after 6:15 p.m.

### General Overview

Our weekday program alleviates your childcare worries by providing a safe place where your child can have fun playing and socializing with others. We incorporate an inspiring mix of recreation, education and fitness for youth in grades K-8. Each day, students have time to play in the gym, complete their homework and replenish their energy with a healthy snack. We even exercise our creative muscles with craft time. Most importantly, we offer daily opportunities for personal expression through free play.

The program is offered concurrent to the Franklin Park School District 84 calendar, Monday through Friday from 3:15 to 6:15 p.m. Families can register for the full program of five-days per week, or they can select fewer days. Transportation from District 84 schools to the Community Center is available. When registering, please confirm that space is available on the van.

**“Time for Play, Every Day: It’s Fun and Fundamental”**

Alliance for Childhood

The Park District of Franklin Park actively supports the policies and practices of the Alliance for Childhood that promote curriculums to nurture healthy development and joy in living. We believe that “...play helps children make sense of and find their place in the world.” Our program facilitates your child’s play with a balance of structured and unstructured activities.



**Physical Fitness Activities**

This important aspect of the program demonstrates to students that exercise can be fun, rewarding and surprising. They feel success simply by participating. Varied activities may include kickball, exercise stations, dancing, floor hockey, basketball and scooter games. Most days, the children prefer to use their imaginations and create their own games. Our counselors ensure that their games are safe and fair. On occasion, we will play outside and walk to a park.



**Quiet Time Activities and a “time out” for technology**

Since technology is ever-present throughout their days, we want to provide the children with quiet time for spontaneous, creative play. We encourage them to build things, create their own games, read or draw. **We strongly discourage the use of electronic devices.** We understand that they are used for school but we like to encourage the students to find some off-screen time as well. The Park District is not responsible for lost or misplaced items. Supplies are available for self-directed artistic and exploratory activities. Our counselors assist by directing new craft projects. Many students utilize this time for recreational reading.

**Location**

The Community Center is centrally located and provides adequate space, supplies and staff. Students convene daily in the Elm Room for snacks, homework or quiet time. The gymnasium and dance room provide open space and equipment for games and fitness activities.

**Absences**

We look forward to seeing your child every day. If your child will not attend the program on a certain day, **you need to call us in addition to contacting your school. Call us at 847-455-2852 to report the absence.** We appreciate notification of any deviations from your usual schedule.

**Refunds**

There are no refunds. Since you can customize the schedule, pro-rated refund requests will only be considered for medical reasons if accompanied by a doctor’s note.

### **School – Parent – Park District Communication**

To insure that children receive personalized care sensitive to individual needs, we expect the sharing of all pertinent information between the school, family and the Park District’s after-school coordinator. Please advise us of any special needs, medical or related issues that may help us serve your child better.

### **What Should I bring?**

#### **Attire**

Please wear comfortable, durable play clothing and gym shoes. Please do not send your child in sandals as they become a safety issue with our activities. Students may change from their school clothes into play clothes upon arriving, especially during the cooler months. You may want to pack lighter-weight workout clothes so the children do not get overheated during gym activities. Some of our crafts include potentially messy substances, such as paint and glue. Be advised that our downstairs locker room has day-use only lockers available. If a student wants to store his/her clothes in a locker for the day, s/he must bring a sturdy combination lock. Please note that there is no overnight storage available for belongings.

#### **Personal Items / Medicine**

All personal items (shoes, backpacks, books, toys, lunch bags, etc.) must be clearly labeled with your child’s name. Do not allow your child to bring large amounts of money or any valuable items that may be broken or lost. The Park District is not responsible for lost or stolen items. Be sure to pack any special items needed by your child, such as an inhaler or extra clothes. If your child needs any medications, you must inform the program manager and complete the proper paperwork, including a Medication Dispensing form.



#### **Snacks**

Advise staff of any food allergies or dietary restrictions. We provide light snacks daily such as fruit bars, pretzels, or cheese and crackers. Your child can bring additional snacks for after school nourishment.

#### **Arrival and Departure Schedule**

Drop-off and pick-up times and procedures are strictly enforced for security and consistency. It is not allowable for families to drop-off or pick-up at will. Parents should pre-arrange any necessary deviations to the program.

#### **Arrival 3:15 – 4:00 p.m.**

Only students who are pre-registered for the program or day can join the group. The program coordinator takes attendance each day. Parents must advise us when a student will be absent. If a student is expected to attend and does not, our front desk registrar will telephone the student’s contact phone numbers.

**Departure until – 6:15 p.m.**

Parents should advise staff of expected pick-up times. The student will be released at departure time to adults with the proper identification. When you arrive to retrieve your child, you must present the official Identification Card. Even though staff will recognize you without the card, please present the card each time to help us maintain this important security procedure.

Parents will be charged late fees when they are tardy in retrieving children at the end of the day. The penalty is \$1.00 per minute beginning at 6:16 p.m. per the lobby clock. Charges should be submitted to the front desk immediately.

**Code of Conduct: Participants, Parents, Employees, Volunteers**

**Conduct Expectations**

To maintain a safe and enjoyable environment during this recreation program, participants are expected to adhere to fair and safe conduct guidelines. These guidelines apply to the safety of participants, the general public, employees and volunteers of the Park District of Franklin Park.

Misconduct may include:

- Hitting, kicking, fighting or throwing objects
- Creating a risk of contagion or illness, intentional or otherwise
- Possession of a weapon or acting in a manner that exposes the participant or others to danger. (gang signs, attire)
- Verbal abuse
- Inappropriate touching
- Mistreatment or harassment of any staff member by any participant or participant’s guardian
- Disobedience of staff’s directions
- Violation of safety guidelines
- Stealing, delivering falsehoods upon request of information, or coercion

Parents or family members are not allowed to remain in the rooms or otherwise participate in the program activities. Only parents assigned as “monitors” may directly interact with the group. Parents may not directly approach another child in the program. If an interpersonal issue arises, parents must communicate with the coordinator to insure that the issue is acknowledged and dealt with by Park District staff.

**Consequences**

When any acts of misconduct occur, staff shall take reasonable steps to reduce the risks of misconduct noted. Prompt resolution will be sought to each situation. If the risks cannot be eliminated by the use of accommodations, consequences may result.

Such action may include:

- Removal of the participant from the activity for a short time and parent notification
- Removal of the participant from the activity for the remainder of the day or the next program day and a meeting with the coordinator, manager, parent and student
- Suspension of the participant from the program for the remainder of the session

Whenever the above consequences are implemented, staff will advise the participant’s family of the actions. Alternatives may be considered while insuring a cooperative and safe environment for all participants.

**Registration Options**

You can purchase a package for the entire semester or you can register on a monthly basis, for the same days of the week. Monthly payments must be submitted by the 1st day of the upcoming month. We will not

transport students unless registration is finalized. The fees published apply to Park District residents and students enrolled in District 84 schools.

### **Transportation**

The Park District offers one-way transportation from North, Pietrini, Passow or Hester Schools to the Community Center. Pickups will be at the school at dismissal time only. Participants will be transported via the park district's 14-passenger bus driven by a staff member. All students must be properly secured in either a child restraint system or seat belt. Please confirm availability of transportation since our capacity is limited. Transportation needs and related fees are to be submitted at time of registration. Any child under 8 years of age may be provided a booster seat by the family for use during transportation.

### **Paperwork**

Participants must complete and submit: Consent Form (accompanied by court order noting any parental access restrictions), Parent Handbook Agreement, Child Information and Health History Record, and registration form with waiver, Medication Dispensing Information, if applicable.

### **Park District of Franklin Park Staff**

Sabrina Rivera, *Supervisor of the After-School Program*  
Program and Events Manager  
847-451-8136,  
srivera@fpparks.org

Superintendent of Recreation  
Director of Parks and Recreation

Dan LoCascio  
Joseph D. Modrich

### **Contact Us**

To report expected absence or leave message for the After-School Supervisor

**Park District of Franklin Park Community Center**  
**Phone: 847-455-2852**

### **To enroll:**

1. Complete the following paperwork and submit to the front desk with payment:
  - Parent/Guardian Consent Form
  - Child Information and Health History Record
  - Behavior Guidelines and Agreement
  - Park District Registration Form
  - If applicable, Medication Dispensing Information
2. Deliver child car seat or medications, if applicable

# After School Program

## Child Information and Health History Record

Please Print - Fill out all sections completely

Name \_\_\_\_\_  
School (Fall) \_\_\_\_\_ Grade (Fall) \_\_\_\_\_  
School Attendance Office Phone Number \_\_\_\_\_ Dismissal Time \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 8/29/11 \_\_\_\_\_  
Are you registering for transportation from school to the Community Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Check the days of the week for which you will register:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

### How will you pre-pay?

\_\_\_\_\_ Monthly (Submit payment before the first of each month)  
\_\_\_\_\_ Semi-annually (Submit full payment prior to start date to receive the discount)

### Mother's Information

Name: \_\_\_\_\_  
Address (if different from above)  
\_\_\_\_\_  
Home Phone (if different from above)  
\_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

### Father's Information

Name: \_\_\_\_\_  
Address (if different from above)  
\_\_\_\_\_  
Home Phone (if different from above)  
\_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

### Emergency contact person if parents are unreachable

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to child \_\_\_\_\_

### Illness and Injuries (check any chronic or recurring illness and explain below)

\_\_\_\_\_ Asthma \_\_\_\_\_ Hypertension \_\_\_\_\_ Heart Defect/Disease  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Ear Infection(s) \_\_\_\_\_ Musculoskeletal Disorders  
\_\_\_\_\_ Seizures \_\_\_\_\_ Bleeding/Clotting Other \_\_\_\_\_

Date of last Health Exam \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

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**Please explain any other chronic or recurring illness not listed above.**

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**Allergies:** (check any that apply and specify nature of allergic reaction below)

<input type="checkbox"/> Animal	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Pollen
<input type="checkbox"/> Food	<input type="checkbox"/> Medications/Drugs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Plants	

**Please list the specific nature of the allergic reaction(s).**

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**Other Health Conditions** (check all that apply and describe below)

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Fainting	<input type="checkbox"/> Wears Glasses/Contacts
<input type="checkbox"/> Special Diet Regimen	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Speech Impediment
<input type="checkbox"/> Takes Medication		
<input type="checkbox"/> Other specify: _____		

**A: List any other health conditions you feel the staff should be aware of:**

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**B: List any medication(s) the participant may take:**

*If child will take medication while at this program, parent must complete the Medication Dispensing form*

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**Activities your child should be restricted from:**

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**I know of no reason(s) why my child should not participate in activities except as noted above.**

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

# After School Program

## Parent / Guardian Consent Form

1. I give authorization to the following people, including myself, to pick up my child. Person must be 16 years and older; list all persons including spouse, if applicable. **Each person must show the card and photo ID when picking up child, each time.**
2. In the event I cannot be reached in an emergency involving my child, I hereby give permission to the authorized personnel of the park district to provide emergency care through paramedics and, when necessary, a local hospital.
3. I give my permission for my child to be included in photos / video for publicity purposes.

Name	Relationship	Phone

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

Cell phone or work # \_\_\_\_\_ Home phone # \_\_\_\_\_ other phone # \_\_\_\_\_

Child's name \_\_\_\_\_ Card numbers issued \_\_\_\_\_

Are there any parental access restrictions?    \_\_\_ Yes    \_\_\_ No    If yes, attach legal documents.

Please enter the approximate time that you will pick up your child: \_\_\_\_\_

# Help Us Get to Know Your Child!

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Tell us a little about his/her personality.

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What subject does your child struggle in the most, and what helps them focus?

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If he/she has a hard time listening or not wanting to interact, what could help?

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Family/Pets/Special People or current obsession in his/her life!

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Feel Free to use the back side to give us any other information you think we should know. Thank you for your help!