

Kelloggsville Public Schools

KV B/A Club Handbook



KV Before/After School Club

Club Description

The KV Before/After Club offers an option for parents who need a place for their children to go before and/or after school. This club is housed at Kelloggsville Early Childhood Learning Center (KECLC). Students who attend other elementary buildings will receive transportation to school in the morning and the After Elementary Club in the afternoon. Children in grades Young 5's through 5th grade are eligible to participate in the club.

Activities

During the time the students attend the club, there will be a variety of activities offered. These include time in the club room engaged in free choice, time outside on the playground, time in the gym, and potentially time in the media room to work on homework.

Hours/Rates

Before School: 6:30 am-8:30 am \$4 per day

After School: 3:35 pm-6:00 pm \$4 per day

Both: \$6 per day

Billing Procedures

You will receive a bill in your family file every Monday. This bill will reflect the club fees for the previous week of attendance. Families will only be billed for the days their student attends the club. Club fees must be paid in full by each Friday. Payments may be made by cash, check, certified check, or money order. Please make checks payable to Kelloggsville Public Schools. Please put payments in the drop box at the club entry. If you are paying with cash, please put it in a sealed envelope with your child's name on it.

Sign-In/Out

Students must be signed in/out when arriving or departing the club. Sign-in/out sheets will be located at the entry of the childcare. Staff will be responsible for signing a child out when they depart for their elementary building and when they arrive from the elementary building. Parents/caregivers will be responsible for signing their child in when they are dropped off and out when they are picked up. Anyone picking a child up from the club must be listed on the paperwork and provide ID.

Confidentiality

Each child/family has the right to confidentiality. All information pertaining to the children in the club, including all reports, records, and data are confidential and used for internal purposes only. Information pertaining to children enrolled in the club will not be released to third parties without the expressed written permission of parent/guardian, unless required by statute or court order.

Food

An after school snack will be provided to students who attend the club in the afternoon. There will not be a charge for the snack.

Personal Items from Home

The club staff discourages parents from allowing children to bring personal items from home to the club. The club is not responsible for any personal items that are lost or damaged.

Clothing/Outside Play

Due to the nature of some of the activities, children should wear comfortable clothing while attending the club. The children will be going outside when the weather permits. Please make sure your child has the appropriate attire for the weather conditions.

Conflict/Concern Policy

If you have a conflict or concern related to the club please bring that conflict or concern to the attention of Kim Stevens. You may call (616-532-1585), email (kstevens@kvilleps.org) or make an in person appointment.

Parent Communication

We recognize the importance of open communication with parents. If your child has an accident or is injured while attending the club, you will be notified via a phone call or incident report. Drop off and pick up times can be busy. If you would like to talk to club staff, please be patient and wait until they have an opportunity or ask that they give you a call. We want to make sure the communication lines stay open,

Absences/Change of schedule

Please call the club phone if your child will be absent, 616-532-1577.
If your schedule changes, please notify club staff as soon as possible.

Illness/Injury

The club requires that the parent keep the child home when he or she is ill for a number of reasons. Keeping a sick child home helps prevent the spread of contagious illnesses to other children and staff in the program. If your child exhibits any of the following symptoms, you must keep your child home. Child should be symptom free for 24-48 hours prior to returning,

Severe Cough	Upset Stomach	Sore Throat
Ear/Eye Discharge	Swollen Glands	Fever
Vomiting	Diarrhea	Rash
Runny Nose	Injury causing unmanageable pain	

The club will report to the parent any accidents, suspected illnesses, or other changes observed in the health of a child. The club will notify parents when a child is exposed to a communicable disease while in attendance. If a child becomes ill while at the club, a staff member will isolate the child in an area where the child can be supervised and contact the parent. The parent is expected to pick up the child within an hour's time.

The club will take the necessary precautions to contain and prevent the spread of contagious illnesses or diseases. However, the club cannot guarantee that contagious illnesses or diseases can be completely contained. Parents must recognize that, while in attendance at the club, it is possible that the child may be exposed to a contagious illness or disease.

Medication

When a parent requests that the center administer medication, the following provision shall apply:

- Medication, including prescription medication, over the counter medication, or individual special medical procedures, will be given or applied only with prior written permission from the parent. Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, name and strength of medication and shall be given in accordance with those instructions. The club will not honor any instructions from a parent
- which contradict the instructions of the physician (prescribed medication) or instruction on the label (over the counter medication).
- Club staff will maintain a record as to the time and the amount of any medications given or applied.
- The medication shall be in the original container, stored according to the instructions and clearly labeled for the specific child. The club staff will keep the medication out of the reach of children, and will return the medication to the parent when requested.
- Medication will not be transported with the child to the child's school from the club or from the child's school to the club.

Discipline

Discipline is a method of learning and a way to teach. Our staff members will model appropriate acceptable behaviors. The staff will be positive, patient, caring and consistent in their use of discipline. The staff will encourage children to be fair, respected property and other people and learn to become responsible for their own actions. For this to occur, there have to be expectations.

Expectations will be spoken simply and clearly and repeated often. The staff will watch, listen and teach children to treat each other with respect as they play. The staff will help children learn to resolve problems between themselves by using words, instead of aggressive behavior. The staff will assure the children that while it is okay to feel angry and/or frustrated, it is not okay to use aggressive physical behavior. The staff will not use any form of physical punishment or abusive language at any time. The staff will use redirection, logical consequences, and, as a last resort, time out. We hope, by using this policy, to help the children learn cooperation and respect for others and at the same time increase their self-esteem.

Business Interruption

The club may be closed due to loss of electricity, fire damage, communicable disease outbreaks, school closure, etc. It is the parents responsibility to arrange alternate emergency childcare for these situations. In the event the club closes, the parent is relieved of any financial obligation to pay for those days. Notification will be made via the district website, local news stations, and/or via email.

Medical Information Child 1

Child's Name		
Health conditions/restrictions?	Yes	No
List restrictions		
Allergies?	Yes	No
List Allergies		
Describe allergic reaction		
List current medications		
Are immunizations current?	Yes	No

Medical Information Child 2

Child's Name		
Health conditions/restrictions?	Yes	No
List restrictions		
Allergies?	Yes	No
List Allergies		
Describe allergic reaction		
List current medications		
Are immunizations current?	Yes	No

Medical Information Child 3

Child's Name		
Health conditions/restrictions?	Yes	No
List restrictions		
Allergies?	Yes	No
List Allergies		
Describe allergic reaction		
List current medications		
Are immunizations current?	Yes	No

Medical Information Child 4

Child's Name		
Health conditions/restrictions?	Yes	No
List restrictions		
Allergies?	Yes	No
List Allergies		
Describe allergic reaction		
List current medications		
Are immunizations current?	Yes	No

Name of Child (Last, First)					Child's Date of Birth
Address (number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Guardian Name		Home Phone	Parent/Guardian Name (optional)		Home Phone
Home Address (If Not Child's address)		Cell Phone	Home Address (If Not Child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Email Address			Email Address		
Employer Name		Work Phone	Employer Name		Work Phone
Name of Child's Physician or Health Clinic			Physician or Health clinic Phone Number		
Hospital Preference for Emergency Treatment:					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary):					

Emergency Contact and Release of Child: List all individuals, including parents/guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank (If more individuals, attach additional sheets.)					
1.		()		()	
2.		()		()	
3.		()		()	
Release of Child Only: List all individuals other than the parent/guardians/emergency contact, to whom the child may be released (If more individuals, attach additional sheets.)					
1.		()		2. ()	
3.		()		4. ()	
Parent/Guardian Initials: _____ I give permission to Kelloggsville Before/After Club, to secure emergency medical for the above named minor child while in attendance					
I certify that I accurately completed this form and if anything changes, I will notify club staff by updating this form.. Signature of Parent/Guardian: _____ Date: _____					

Permissions

YES	NO	My child has permission to:
		Use all of the play equipment (both indoor and outdoor) and toys
		Participate in all activities/textures (sensory tables)
		Receive whatever emergency medical measures are deemed necessary for care and protection. This may include calling paramedics and/or ambulance. Any expenses incurred, will be borne by the child's family.

Signatures

By signing below, I acknowledge that I have received and read the club handbook. My signature also indicates that the information I have provided related to my child's health is accurate to the best of my knowledge. Finally, my signature authorizes the permissions indicated above.

Student Name(s)

Parent Signature:

Date: _____

Date: _____