

After School Activity Program Policies and Procedures

Oak Terrace School • 240 Prairie Avenue, Highland Park, IL 60035 • 847-433-0930

ASAP Discipline Procedures

A primary goal of our program is that the children develop appropriate social skills. Through modeling appropriate practices, re-directing behaviors and guiding resolutions to conflicts, we help the children understand cooperation, shared space and learn to work out their differences. The following methods are used to help achieve this goal:

1. Maintaining a consistent routine and consistent ground rules for the program.
2. Speaking to a child at their eye-level using a soft voice.
3. Use positive language and praise appropriate behaviors.
4. Re-directing the child to another activity in another area of the room.
5. Asking a child to sit – time out – and think about the inappropriate behavior being used.
6. Informal parent/staff conferences will be held for repeated uses of inappropriate behaviors.
7. A child may be dismissed from ASAP when the health, safety and welfare of the child or any other member of our group is at risk.

A child shall not be subject to any corporal punishment or verbal abuse by any staff member employed by ASAP.

Rules of Conduct

In order to provide a safe, constructive and fun atmosphere for everyone in our program, the following rules have been established:

1. Everyone will be respectful to staff and other participants.
2. Everyone works together to keep our room orderly and each one cleans up after themselves.
3. Rough play will not be allowed. Bullying or intimidation between students will not be tolerated. If such behavior occurs, it is the ASAP Director's right to remove the student from the program immediately, without notice.
4. No one may leave the room or any area of play without permission from staff.
5. Running will not be allowed indoors, in the halls or the classroom.
6. Everyone will keep their hands to themselves.
7. No inappropriate language or overly loud talking or yelling is permitted.

I have read and understand this policy.

Name (Please Print) _____

Signature _____ Date _____

Consent Form and Emergency Contact Information

Child's Name: _____ Birth date: ____/____/____ Sex: Male Female

Address: _____ City: _____ Zip: _____

School Attending: Oak Terrace Wayne Thomas

Grade in 09-10 School Year: _____

Enrolled for (Circle Days): Monday Tuesday Wednesday Thursday Friday

Parent/Responsible Party

Parent/Responsible Party

Name
Relationship to Child
Home Phone
Business Phone
Cell Phone
Email Address
Home Address
Business Address
Working Hours

Legal Guardian: _____ Work Phone: _____ Cell Phone: _____

Step Parent: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY and RELEASE INFORMATION: The following information is for use in case of emergency and for everyday pick-up release information. We will attempt to notify parents first. Please list in order of priority, people willing to pick-up your child during the program hours. Please complete all sections. Contact us with any changes in writing. In case of serious illness, parents will be called and instructed to meet their child and a staff member at the nearest hospital.

Child **CAN** be released to (Please list individuals **other than parents/legal guardian** and step parent listed above):

Name	Relationship to Child	Address	Phone (Home & Cell)
1.			() ()
2.			() ()
3.			() ()
4.			() ()

Child **CANNOT** be released to:

Name	Relationship to Child	Address	Phone
1.			()
2.			()
3.			()

Consent Form and Emergency Contact Information

I give permission for my child _____ to receive emergency medical treatment which may include, but is not limited to, first aid by staff, care by paramedics, physician or local hospital. I understand that I am responsible for any costs incurred.

_____ Signature	_____ Date
_____ Print Name	_____ Relationship to Child

Doctor(s) Name/Practice: _____ Phone: _____
Address: _____ Hospital _____
Affiliation _____
Child's Dentist _____ Phone: _____

I give permission to the school nurse to provide a copy of my child (ren's) medical and emergency information. (Please Print) Names: 1. _____ 2. _____

Parent Signature: _____ **Date** _____

Allergies (include food, medication, insects, etc.): _____

Any additional physical/mental health information you feel we need to know:

PHOTO

I give the Family Network After School Activity Program (ASAP) permission to use photos of (child's name) _____ or other family members (parent and sibling names) _____ in publications or for publicity informational purpose. I understand that Family Network owns rights to the photos.

ATHLETIC PARTICIPATION

I/We authorize ASAP to allow my child to participate in athletic activities provided at ASAP.

RELEASE OF LIABILITY FOR MINORS

I understand that Family Network's After School Activity Program (ASAP) is attempting at all times to exercise reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the program. I hereby expressly forever waive, release and discharge the Family Network After School Activity Program (ASAP) and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action, or cause of action, whether the same be known or unknown, anticipated or unanticipated.

_____ Signature One	_____ Date
_____ Print Name	_____ Relationship to Child
_____ Signature Two	_____ Date
_____ Print Name	_____ Relationship to Child

**BEFORE SCHOOL PROGRAM
MONTHLY TUITION AND FEES POLICY FORM**

Application

A \$25 application fee for families new to ASAP. There is no registration fee for current ASAP families.

Monthly fee

- The monthly fee is based on the number of days registered for per week. The fee per day is \$10. Upon receiving the registration form, invoices for the month of September will be sent out.

Payment

must be received prior to starting the program.

- Last payment is May's tuition (due April 15th), except for full day charges incurred after April 1.
- Fee adjustments will not be made for days missed.
- A sliding fee scale is available for families needing assistance.
- All required forms must be completed prior to the first day of attendance.

Full Days and No Show Fees

- Full Day fees must be paid the month following the full day, as it will appear on the invoice.
- If full day fees are not paid, your child will not be able to attend the next available full day.

DELINQUENT PAYMENTS

- Monthly tuition is due by the 15th of the month prior to the month of attendance. (For example, September tuition is due by August 15th).
- If current tuition is not received at that time, a **\$10 late fee will be charged**. Parents are responsible for paying tuition for the entire period during which their child is enrolled.
- **Fees not paid by the end of the month will result in your child not able to attend ASAP the following month- NO EXCEPTIONS. Please call director to discuss payment issues.**

Refunds

- If a child is absent from school (illness, vacation, etc) that does not coincide with times when the ASAP program is closed, the parent is still responsible for tuition payments during that period of time.
- To withdrawal your child from the program, Family Network must receive notification either in writing or by phone to the ASAP Director. Refunds will be issued in full if the request to withdraw is made prior to the fifteenth day of the month.

NSF Checks

- **A \$25 fee will be assessed for each check returned due to non-sufficient funds.**

The fee policy has been established in an effort to keep up with program costs and to provide a quality after school program with qualified staff.

I have read and agree to comply with this policy.

Name (Please Print) _____

Parent Signature _____ Date _____

Please turn over to complete invoice preference information 



**BEFORE SCHOOL PROGRAM
INVOICE PREFERENCES**

Name(s) of child or children _____

AUTHORIZATION TO CHARGE CREDIT CARD FOR TUITION

Please charge my Visa Master Card American Express

Card Number _____ Exp. Date _____

Card Holder's Signature _____

**Please automatically charge tuition to my credit card on the 15th of the month
(August 15, 2009 – July 15, 2010, if necessary):**

Signature: _____

BILLING ADDRESS

Please mail invoices to:

Name _____

Address _____

City _____

Zip Code _____

Please email invoices to:

Name _____

Email _____

BEFORE SCHOOL PROGRAM
CONFIDENTIAL PARENT OBSERVATION SURVEY

The best place to gather information about children is from their parents. The observations you have made as your son or daughter has grown can be very valuable to us as providers of after school care. Please take a few moments to answer the questions below so that all of us in the ASAP program can best meet the needs of your child.

Child's Name _____ **Nickname** _____
Grade _____ **Birth date** _____

School (Circle One): Oak Terrace Wayne Thomas

1. Please list all of the adults living in your child's household.

Name	Relationship
_____	_____
_____	_____
_____	_____

2. Please list all of the children in the family.

Name	Relationship
_____	_____
_____	_____
_____	_____

3. Does your child speak or understand a language other than English? Yes No
If yes, what language? _____

4. What are your child's major strengths?

5. What are your child's outside interests and commitments (i.e. piano lessons, hockey, Hebrew School, etc.)? What does he/she like to do with their free time?

6. How does your child get along with other children?

7. Does your child enjoy doing homework? Does your child learn best from seeing (visual learner), hearing (auditory learner) or doing (kinesthetic learner)? Please explain.

8. Does your child have any food allergies? Does he/she eat a wide variety of foods?

9. Does your child have any fears?

10. Please describe recent family events or changes (i.e. death, divorce, new sibling, moving).

11. How do you feel the ASAP staff can best help your child this year?

12. Is there anything else you would like us to know about your child?

13. In order to best serve your child, do you give permission for the ASAP Director or the Site Coordinator to confer with school personnel?

The questions above were answered by _____ Date _____

DEMOGRAPHIC INFORMATION

This information is required in order for us to obtain grants to help fund our programs. We will keep all information confidential. Thank you for your cooperation.

Family Last Name: _____

Household Type:

- Two-Parent
- Single Parent – F
- Single Parent - M

Marital Status:

- Single Separated
- Married Divorced
- Living w/ significant other
- Widowed

Number in Household: _____

Please complete the following information for all members of your family.

Parent 1/ Guardian Name: _____

Parent 2/ Guardian Name: _____

Other Adult Name: _____

Sex: M F

Sex: M F

Relationship: _____

Birth Date: _____

Birth Date: _____

Sex: M F

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

Birth Date: _____

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Haitian/Dominican
- Central American
- South American
- Other Hispanic/Latino

Native American

Asian/Pacific Islander

Bi/Multi Racial

Other

Unknown

Native American

Asian/Pacific Islander

Bi/Multi Racial

Other

Unknown

Native American

Asian/Pacific Islander

Bi/Multi Racial

Other

Unknown

Primary Language:

- English
- Spanish
- Other

Primary Language:

- English
- Spanish
- Other

Primary Language:

- English
- Spanish
- Other

Highest Grade Completed:

- Below High School
- High School
- College
- Post Graduate

Highest Grade Completed:

- Below High School
- High School
- College
- Post Graduate

Highest Grade Completed:

- Below High School
- High School
- College
- Post Graduate

Please turn over to complete children's information 

Child's Name

Sex: M F

Birth Date:

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Haitian/Dominican
 - Central American
 - South American
 - Other Hispanic/Latino
- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

Primary Language:

- English
- Spanish
- Other

Child's Name

Sex: M F

Birth Date:

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Haitian/Dominican
 - Central American
 - South American
 - Other Hispanic/Latino
- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

Primary Language:

- English
- Spanish
- Other

Child's Name

Sex: M F

Birth Date:

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Haitian/Dominican
 - Central American
 - South American
 - Other Hispanic/Latino
- Native American
- Asian/Pacific Islander
- Bi/Multi Racial
- Other
- Unknown

Primary Language:

- English
- Spanish
- Other

Child's Name

Sex: M F

Birth Date:

Race/Ethnicity:

- African American
- Caucasian
- Hispanic/Latino
 - Mexican
 - Puerto Rican
 - Cuban
 - Haitian/Dominican
 - Central American
 - South American
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Primary Language:

- English
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- Other