



RIGHT STEPS

CHILD DEVELOPMENT CENTERS

nurturing • caring • preparing

2016-2017

Afterschool Program

Cool School: A Program of Right Steps Child
Development Centers



PROGRAM PURPOSE

The purpose of Cool School is to provide working families with a safe, structured, high quality childcare alternative.

PROGRAM

Cool School develops healthy youth today, for a stronger community tomorrow by incorporating the 40 Developmental Assets and the Indiana Academic Standards into the curriculum. Cool School provides a structured, fun, and caring environment for continued growth and well-being of the children.

Typical daily schedule

2:45-3:10	attendance, snack, and clean up
3:10-3:40	sports and recreation
3:40-4:00	curriculum activities
4:00-4:30	homework and quiet activities
4:30-5:30	free choice arts and crafts, board / table games, reading, puzzles, sports
5:30-6:00	clean up and put away

CALENDAR OF SERVICE

A. Scheduled school closings

1. Child care will not be provided on the following holidays:

Labor Day	*Fall Break	Thanksgiving Break
Christmas Break	*Spring Break	Memorial Day

And any other scheduled LSC holiday closings

***Oakland Students will have fall and spring break childcare options.**

EMERGENCY SCHOOL CLOSINGS

If school closes or is canceled due to inclement weather or safety reasons, Right Steps will **NOT** be in operation.

REGISTRATION REQUIREMENTS

A. Registration packet MUST be filled out in full

B. Signature page from the parent handbook MUST be turned in with registration packet.

C. Registration fees and child care fees for the first week must be received with the enrollment packet to be considered enrolled.

FAILURE TO TURN IN ANY FORMS OR FEES WILL DELAY ENROLLEMENT

PAYMENT POLICIES

A. During open enrollment first week's payment and Registration fees are due.

B. Weekly payments are due each Monday for the upcoming week of service.

C. Failure to miss more than 1 week of payments will result in termination of services. The parent or guardian remains responsible for the unpaid balance and any costs incurred, such as a bounce check or lack of funds.

D. A \$5.00 **late fee** is attached to any payments made after the due date.

SIGN IN/ SIGN OUT PROCEDURES:

A. Authorized persons must sign out child(ren) every afternoon with their signatures and departure time.

B. Child(ren) will only be released to persons authorized in registration packet.

- **Changes in authorizations must be in writing.**

C. Identification may be required in order to pick up child(ren).

D. Children must be picked up no later than 6:00pm daily.

- If children are not picked up by 6:00 pm, then all persons authorized to pick up children will be called, Child Protective Services will be called to assist. Cool School staff will attempt to call all contact numbers before calling CPS.

ABSENCE

A. Parents are required to notify program staff if a child is to be absent. Parents may notify by written note to the staff or school or by phoning the After School Director at 491-7600.

EXTRA CURRICULAR ACTIVITIES

- A. If your child is involved in extracurricular activities (Girl Scouts, basketball, etc.), written consent to release child must be given to notify program staff.

HOURS OF OPERATION

A. After school begins at 2:45pm – 6:00pm

***LATE PICK UP FEE IS \$5.00 FOR EACH 15 MINUTES PAST 6:00**

EMERGENCY WEATHER:

A. Thunder/Lightning- all children and Staff will go to the gym/cafe IMMEDIATELY!

B. Tornado- all children and staff will follow school tornado safety procedures.

C. In case of a threat against National Security, all children and staff will return to the gym/cafe IMMEDIATELY.

SICK CHILD POLICY/MEDICAL TREATMENT:

A. A medical release form must be signed prior to the enrollment of each child, found in registration packet. This form authorizes Right Steps staff to seek any emergency medical care that might be needed. Additionally, parents are responsible for any expenses, which might arise from said medical emergency situations.

A. Should a child experience a medical emergency requiring transportation to a hospital or other emergency medical facility, an ambulance will be called. Parents are responsible for any expenses, which may arise from such a situation.

B. If a child requires medical attention in a non-life threatening situation, Right Steps employees will transport and parents will be notified

to meet at emergency facility.

- B.** If a child becomes ill while attending Cool School, the parents will be notified and will be required to pick up the child immediately.

DISCIPLINE POLICY:

At Right Steps Cool School, discipline means teaching. We help children learn positive ways to behave. We use gentle guidance, realizing that children are curious and may do unsafe or hurtful things without understanding.

1. We tell children when they are following rules and are being kind.
2. We give clear directions that children can understand.
3. Sometimes children make mistakes when they are learning. We may show them other ways to act, help them find other things to do, or separate them from the group.
4. Staff and parents work together to help the child.
5. The staff uses no physical punishment.
6. Food is never associated with discipline.

Above all else, the child's health, safety, dignity, and feelings are our most important concerns.

Parents will be informed if disciplinary action is necessary. Parents will be asked to sign a Behavior Incident Report that details the child's behaviors and the resulting consequences.

Cool School will also follow LSC/Right Steps Behavior Guidelines

IMPORTANT PHONE NUMBERS

Right Steps Child Development Center Admin Office 742-4033

Afterschool Director 491-7600 or 765-742-4033 ext. 118

Program Director 765-742-4033 ext. 117



ON CARE REGISTRATION FORM

Revised: 03/2011

Entrance Date: _____

Center: _____ Teacher: _____

Reference Source (How did you hear of our school?): _____

PARENT/GUARDIAN:

Name: _____

DOB: _____

SSN: _____

Address: _____

Cell Phone: _____

Home Phone: _____

City: _____

State: _____

Zip: _____

E-mail address: _____

Employer/School: _____

Address: _____

City/State: _____

Zip: _____

Work Phone: _____

Second Work Phone: _____

PARENT/GUARDIAN:

Name: _____

DOB: _____

SSN: _____

Address: _____

Cell Phone: _____

Home Phone: _____

City: _____

State: _____

Zip: _____

E-mail address: _____

Employer/School: _____

Address: _____

City/State: _____

Zip: _____

Work Phone: _____

Second Work Phone: _____

CHILD:

Name: _____

DOB: _____

Primary Classroom: _____

Status: ACTIVE

Program: _____

Enrollment Date: _____

Name: _____

DOB: _____

Primary Classroom: _____

Status: ACTIVE

Program: _____

Enrollment Date: _____

Name: _____

DOB: _____

Primary Classroom: _____

Status: ACTIVE

Program: _____

Enrollment Date: _____

CHILD TUITION

Ledger Type: _____

Ledger Type: _____

Ledger Type: _____

Tuition Charge: _____

Tuition Charge: _____

Tuition Charge: _____

Income

Household Monthly

Income before Taxes: _____

SCHEDULE

	Time In:	Time Out:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

MEDICAL INFORMATION

Physician: _____ Phone: _____ Alternate Phone: _____

Dentist: _____ Phone: _____ Alternate Phone: _____

Preferred Hospital: _____

Insurance Provider: _____ Policy #: _____ Phone: _____

EMERGENCY CONTACT

1. Name: _____ Relationship: _____

Phone: _____ Second Phone: _____ Pager/Cell: _____

2. Name: _____ Relationship: _____

Phone: _____ Second Phone: _____ Pager/Cell: _____

3. Name: _____ Relationship: _____

Phone: _____ Second Phone: _____ Pager/Cell: _____

AUTHORIZED PICK-UP

1. Name: _____ Relationship: _____

Phone: _____ Second Phone: _____ Pager/Cell: _____

2. Name: _____ Relationship: _____

Phone: _____ Second Phone: _____ Pager/Cell: _____

EMERGENCY TRANSPORTATION AUTHORIZATION

Parent Signature: _____ Special Instructions: _____

ALLERGIES/MEDICAL PROBLEMS

COURT DOCUMENTS REGARDING CUSTODY/VISITATION: _____

Parent/Guardian Signature: _____ Date: _____



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Revised: 07/2016

Cool School-Family AGREEMENT

I consent to the enrollment of my child(ren) _____ in Right Steps afterschool program Cool School at _____ Elementary School. I need care from _____ to _____ each day for a total of _____ hours per week. The fee is \$ _____ per week.

I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately. I understand that it is my responsibility to see that up-to-date medical and emergency contact information are on file at all times. I understand that I will be notified in writing of any accident and first aid that occurs at the Center involving my child(ren). If the accident appears major, I will be contacted immediately and instructed as to where my child has been taken for treatment.

I agree to dress my child in suitable clothing for indoor and outdoor play. All while following LSC dress code policy.

I understand that my child(ren)'s consistent and regular attendance assures they receive the full benefit of the quality programming offered by Cool School- Right Steps afterschool program. I agree to notify the director if my child(ren) will arrive late or will be absent.

I give permission for the director and staff to use preventative products, such as sunscreens, insect repellents, and Neosporin, rubbing alcohol, etc.

I agree to pay fees in advance. I understand that weekly fees are billed each Friday. For parents receiving CCDF Funding: I agree to swipe my card daily. I understand I am responsible for paying any co-pay required by CCDF Funding as well as for any child care fees not paid by CCDF Funding.

I will notify the director of any change in schedule - either temporary or permanent.

I agree to give a two-week written notice of withdrawal to the Director. I understand that if I fail to do so, I could be charged additional week's fee.

I agree to notify the Director immediately when there are any changes in the information on file such as address, place of employment, phone numbers at home or work, family, income, and persons authorized to pick up my child(ren). I understand that my child(ren) will be released only to persons whom I have authorized in writing.

I give my consent for my child(ren) to participate in the following:

1. Field trips away from the school.
2. Allowing Cool School program to request grade/GPA information from the school for our grants.
3. Communication with the school about my child behavior and/or academic progress
4. Observation during group activities by persons in education or related fields.
5. Observation during class time by persons taking tours of our program.

I understand that a successful child care experience for the children depends greatly on the cooperation between families and staff. I understand that failure to comply with program rules and payment policies may result in unenrollment. I have read this agreement and the Family Handbook and agree to the terms thereof. A copy of the Family Handbook has been given to me to keep as a reference. **I have received a copy of this agreement.**

Director

Date

Family / Guardian

Date

Family/ Guardian

Date



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Created: 07/2008

Revised: 07/2009

PARENT CONSENT FOR MEDIA RELEASE

I, _____, do do not give permission for photographs, slides or videotapes to be taken of my child, _____, and used for the following purposes:

- United Way and/or RIGHT STEPS publicity or community education
- RIGHT STEPS staff training
- Training of RIGHT STEPS student teachers/nurses
- For purpose of obtaining Cool School program grant funds

Parent or Guardian

Date

Any changes or additions to this form must be made in writing.