

EXTRAS

(EXTENDED TIME FOR RECREATIONAL ACTIVITIES IN SALISBURY)

FALL REGISTRATION PACKET

2011-2012

It's a safe place for your children until you get out of work.

Licensed child care center by the State of Connecticut
Program available for children ages 5 – 12 years
Open Monday – Friday 3:00 pm - 5:45 pm
Open early Dismissals & Some No School Days

Please fill out and return ASAP **first come first serve!**

EXTRAS has a mailbox at Salisbury Central School or
Salisbury Town Hall

Dear Parents,

Welcome to the EXTRAS Program! It has been our pleasure serving the families of Salisbury since 1988. EXTRAS (Extended Time for Recreational Activities in Salisbury), started as an after school program for the school aged children of our community and has enlarged its program to include some school and summer vacations.

The primary purpose of EXTRAS is to provide a safe, stimulating, nurturing and educational environment for our young people. The EXTRAS program strives to ensure an atmosphere where children are encouraged to pursue healthy and wholesome activities within structured guidelines.

We will capitalize on individual strengths of our staff and assets offered by the parents, as well as utilizing community resources whenever available. With our staff, parents, and community we will achieve our goal of enriching and enhancing the lives of our children! All our services are provided with the utmost attention to ethical practices and principles.

Please take a few moments to review the contents of the Parent Registration Packet. This packet contains valuable information regarding our procedures that we will be following this session. All forms must be completely filled out before your child may attend the EXTRAS program. (This is a Connecticut State requirement). Any unpaid bills to EXTRAS need to be paid before your child can attend the program. If you have any questions, please feel free to ask for assistance.

We welcome any of your suggestions! Our goal is to work together with you to provide the most positive experience for your child during their most informative years!

Sincerely,

A handwritten signature in black ink that reads "Rachel Tway-Grant". The signature is written in a cursive, flowing style.

Rachel Tway-Grant
Director, EXTRAS

EXTRAS REGISTRATION FORM

Parent/Guardian Information

Program: Summer Fall 201

Parent's Name: _____
First Last

Physical Address: _____

Mailing Address: _____
 (if different)

Home Phone: _____ * Please Include Area Code for all
 Work Phone: _____ Numbers
 Cell Phone: _____

Employed By: _____

Work Address: _____

Work Schedule:

| | Mon | Tues | Wed | Thurs | Fri |
|-----|-----|------|-----|-------|-----|
| In | | | | | |
| Out | | | | | |

Email Address: _____

If Parents are divorced or separated, who has custody of the child? _____ May the parent who does not have custody pick up the child/ren? yes no (if not, a court order is needed)

Parent's Name: _____
First Last

Physical Address: _____

Mailing Address: _____
 (if different)

Home Phone: _____ * Please Include Area Code for all
 Work Phone: _____ Numbers
 Cell Phone: _____

Employed By: _____

Work Address: _____

Work Schedule:

| | Mon | Tues | Wed | Thurs | Fri |
|-----|-----|------|-----|-------|-----|
| In | | | | | |
| Out | | | | | |

Email Address: _____

EXTRAS REGISTRATION FORM

Emergency Contacts & Authorized Pick-up Persons

1st Contact/Pick-up

Name:

First

Last

Home Phone:

* Please Include Area Code for all
Numbers

Work Phone:

Cell Phone:

Relationship to Child

2nd Contact/Pick-up

Name:

First

Last

Home Phone:

* Please Include Area Code for all
Numbers

Work Phone:

Cell Phone:

Relationship to Child

3rd Contact/Pick-up

Name:

First

Last

Home Phone:

* Please Include Area Code for all
Numbers

Work Phone:

Cell Phone:

Relationship to Child

4th Contact/Pick-up

Name:

First

Last

Home Phone:

* Please Include Area Code for all
Numbers

Work Phone:

Cell Phone:

Relationship to Child

****There MUST be at least TWO Emergency Contacts/Pick-up persons besides child's Parent/Guardian****

EXTRAS Tuition Agreement

On this day _____, 201____, the parent/guardian of _____ is enrolling him/her with the EXTRAS program. On the following days he/she will be attending the program.

| | | | | |
|--------|------------------|----------------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | Early Dismissals | No School Days | | |

Please circle which days your child/ren will attend the after school program and if you will need care on special days (early dismissals & no school days).

Tuition is \$9.00/day for after school, \$18/day for an early dismissal, and \$29.00/day for a no school day. There is a two day minimum. If you are interested in registering your child for ONLY early dismissal days and/or no school days please see the other side. I understand I will be billed weekly and payment is expected promptly at the beginning of each week for the previous week.

To ease the paperwork at the end of the program, the final payment is due **two weeks** before the program ends. There must be a zero balance from the previous program for the child/ren to be enrolled.

There is a 20% discount for siblings.

Scholarship/financial assistance is available. Please speak with the Director for an application.

Parent/guardian agrees that occasional absences of the enrolled child/ren due to illness, family circumstances or other reasons are not entitled to credit. Therefore, parent/guardian is responsible for contracted days.

The weekly tuition for parent/guardian's enrolled child shall be \$_____ per week.

Director _____ Date _____

Parent/Guardian _____ Date _____

EXTRAS has the right to remove your child/ren from the program if tuition is not paid on time (two weeks or more past due) unless other arrangements have been made such as paying once a month or every two weeks. Payment is due in full at the beginning of each week!

Tuition Agreement for Early Dismissal/No School Days

Please Check off all days you would like your child/ren to attend the EXTRAS program

| Early Dismissal Day | Cost | X = requesting care | No School Day | Cost | X = requesting care |
|---|----------|---------------------|---|---------|---------------------|
| Wed., Sept. 21 Teacher Workshop | \$ 18.00 | | Thurs., Oct. 6 th Teacher Workshop | \$29.00 | |
| Wed., Nov. 9 th P/T Conferences | \$ 18.00 | | Fri., Oct. 7 th Teacher Workshop | \$29.00 | |
| Thurs., Nov. 10 th P/T Conferences | \$ 18.00 | | Mon., Oct. 10 th Columbus Day | \$29.00 | |
| Wed., Nov. 23 rd Thanksgiving Recess | \$ 18.00 | | Fri., Nov. 11 th Veterans Day | \$29.00 | |
| Fri., Dec. 23 rd Holiday Break | \$ 18.00 | | Tues., Dec. 27 th Holiday Recess | \$29.00 | |
| Fri., Jan. 13 th Teacher Workshop | \$ 18.00 | | Wed., Dec. 28 th Holiday Recess | \$29.00 | |
| Wed., Mar. 28 th Elem. School P/T Conferences | \$ 18.00 | | Thurs., Dec. 29 th Holiday Recess | \$29.00 | |
| Thurs., Mar. 29 th Elem. School P/T Conferences | \$ 18.00 | | Mon., Jan. 16 th MLK's Birthday | \$29.00 | |
| Fri., May 25 th Teacher Workshop | \$ 18.00 | | Fri., Feb. 17 th Teacher Workshop | \$29.00 | |
| Fri. June 8 th Tentative last Day of School | \$ 18.00 | | Mon., Feb. 20 th President's Day Break | \$29.00 | |
| | | | Tues., Feb. 21 st President's Day Break | \$29.00 | |
| | | | Mon., April 9 th Spring Break | \$29.00 | |
| | | | Tues., April 10 th Spring Break | \$29.00 | |
| | | | Wed., April 11 th Spring Break | \$29.00 | |
| | | | Thurs., April 12 th Spring Break | \$29.00 | |
| | | | Fri., April 13 th Spring Break | \$29.00 | |
| TOTAL | | | TOTAL | | |

I, _____, understand that I may register my child/ren _____ to attend the EXTRAS program on early dismissal and/or no school days only. I understand that I must pay at the time of registration for the days I am requesting the services of EXTRAS. I understand my spot will not be held until payment is made for requested days. I understand that at the end of the school year I will be reimbursed for days that I requested that the program was closed due to a lack of sign-up, a weather related emergency, or a building emergency. I understand that occasional absences of the enrolled child/ren due to illness, family circumstances or other reasons are not entitled to a credit. Therefore, I am responsible for contracted days. TOTAL DUE FOR REQUESTED DAYS: \$ _____

Parent/Guardian's Signature

Date

Director's Signature

Date

Emergency Medical Permission Form

In case of medical emergency, I understand that every effort will be made to reach me. If this is not possible, I hereby give permission to the staff of the EXTRAS Program to secure proper emergency medical or surgical care or hospitalization for my child/ren.

Parent/Guardian _____ Date _____

Injury or Sickness

I understand that participation in the EXTRAS Program involves a higher degree for risk of injury or sickness to our child/ren.

I also acknowledge that the EXTRAS Program, the Board of Education and the Town of Salisbury does not provide any medical insurance coverage for injuries sustained during any activities of the EXTRAS Program, or while on school or town property.

In acknowledging the above, I hereby give permission for my child/ren _____ to participate in the EXTRAS Program for the ___ fall or ___ summer 201__ session.

Parent/Guardian _____ Date _____

Medical Insurance

Name of
Company _____
Policy
number _____

If none, check here _____. I further agree to be personally responsible for any medical bills resulting from injuries or sickness to our child/ren, sustained from any activities while participating in the EXTRAS Program.

Parent/Guardian _____ Date _____

State of Connecticut Licensing Requirements

I have read and understand the information in the parents' registration packet and parent handbook and agree to abide by the policies and procedures outlined therein.

Parent/Guardian _____ Date _____

Payment

I agree that I am financially responsible for the time I have requested to be reserved for my children's participation in the EXTRAS Program, regardless of their attendance.

Parent/Guardian _____ Date _____

Permission for Child to be Removed by Another Party

In case of emergency, I give permission for any of my emergency contacts to remove my child/ren _____ from the EXTRAS Program in my stead.

Parent/Guardian _____ Date _____

Field Trips

_____ has permission to go on field trips with the EXTRAS Program either on foot or by school bus driven by a bus driver (All Star Transportation).

Parent/Guardian _____ Date _____

Photographs

I give permission to have _____,
photographed. Photographs of the children participating in our program may
be taken and appear in the local newspapers.

Parent/Guardian _____ Date _____

Web Site

I give permission to have _____,
photographed. Photographs of the children participating in our program, or
their work, may appear on the EXTRAS web site or the EXTRAS link on the
Town of Salisbury web site.

Parent/Guardian _____ Date _____

Sunscreen Permission

I give permission for the EXTRAS staff to apply sunscreen to my child/ren
_____. I agree to provide the sunscreen. In the event
that my sunscreen is not available, the EXTRAS staff will use their own.

Parent/Guardian _____ Date _____

Insect Repellent

I give permission for the EXTRAS staff to apply insect repellent to my
child/ren _____. I agree to provide the insect repellent.
In the event that my insect repellent is not available, the EXTRAS staff will
use their own (DEET free).

Parent/Guardian _____ Date _____



State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 10th or 11th grade. Specific grade level will be determined by the local board of education.

Please print

| | | | | |
|---|--------|--|--|-----|
| Name of Student (Last, First, Middle) | | Social Security Number | Birth Date | Sex |
| Address (Street) | | Race/Ethnicity | | |
| (Town and ZIP code) | | <input type="checkbox"/> American Indian | <input type="checkbox"/> White, not of Hispanic origin | |
| | | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | |
| | | <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Other | |
| Home Telephone Number | School | | Grade | |
| Name of Parent/Guardian (Last, First, Middle) | | | | |
| Health Care Provider | | Health Insurance Company/Number* or Medicaid/Number* | | |

* If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

Part I — To be completed by parent

**Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.**

Please check answers to the following questions in columns on the left.
(Explain all "yes" answers in the space provided below.)

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been diagnosed with any chronic disease <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizure disorder <input type="checkbox"/> other _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies (food, insects, medication, latex, etc.)? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any hospitalization, operation, major illness or injury, or significant accident? (Please specify.) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with wheezing, excessive coughing or excessive night waking? (Please specify.) |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination? (Please specify.) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the school nurse? |

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian
Date

To the Health Care Provider: Please complete and sign.

_____ has had a complete history and physical exam on _____
 Student's Name Birth Date Month/Day/Year

Findings for this student are as follows:

| Screening/Test Results | | | | Immunization Record | | | | | | | | | | | | |
|--|-------------------------------|-----------------------------------|--|---|--------|--------|--------|--------|--------|--|--|--|--|--|--|--|
| Note: * Mandated Screening/Test under Connecticut State Law | | | | Vaccine (Month/Day/Year) Note: * Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only. | | | | | | | | | | | | |
| * Height: | | * Postural: | | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 | Dose 6 | | | | | | | |
| * Weight: | | <input type="checkbox"/> Normal | | | | | | | | | | | | | | |
| * Blood Pressure: | | <input type="checkbox"/> Abnormal | | | | | | | | | | | | | | |
| Pulse: | | Min. _____ | | DTP | * | * | * | * | | | | | | | | |
| * HCT/HGB: | | Slight _____ | | DTP/Hib | | | | | | | | | | | | |
| Urinalysis: | | Mod. _____ | | DTaP | | | | | | | | | | | | |
| * Gross dental: | | Marked _____ | | DT/Td | | | | | | | | | | | | |
| Lead (Date/Result) | | <input type="checkbox"/> Referral | | OPV | * | * | * | | | | | | | | | |
| TB and Other Test Results (Sickie Cell, etc.) | | | | IPV | * | * | * | | | | | | | | | |
| TB: In high-risk group? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | MMR | | | | | | | | | | | | |
| Test | Date | Results | | Measles | * | * | | | | | | | | | Booster for entry into K and 7th grade | |
| | | | | Mumps | * | | | | | | | | | | | |
| | | | | Rubella | * | | | | | | | | | | Students under age 5 | |
| | | | | HIB | * | | | | | | | | | | Req. for entry into K and 7th grade. | |
| | | | | Hep B | * | * | * | | | | | | | | Students born 1/1/97 or later. Required for 7th grade entry. | |
| | | | | Varicella | * | | | | | | | | | | Pneumococcal conjugate vaccine | |
| * Vision/ Type of Screening | * Auditory/ Type of Screening | | | PCV | | | | | | | | | | | | |
| With glasses R L | Pass/Fail | | | Other Vaccines (Specify) | | | | | | | | | | | | |
| 20/ 20/ | R | | | | | | | | | | | | | | | |
| Without glasses R L | L | | | | | | | | | | | | | | | |
| 20/ 20/ | | | | | | | | | | | | | | | | |
| * Chronic Disease Assessment: | | | | Disease Hx | | | | | | | | | | | | |
| Yes No | | | | of above _____ (Specify) _____ (Date) _____ (Confirmed by) | | | | | | | | | | | | |
| <input type="checkbox"/> Asthma: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe | | | | Exemption | | | | | | | | | | | | |
| <input type="checkbox"/> exercise induced <input type="checkbox"/> unclassified | | | | Religious _____ Medical: Permanent _____ Temporary _____ Date _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II | | | | Recertify Date _____ Recertify Date _____ Recertify Date _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Anaphylactic Reaction: <input type="checkbox"/> food <input type="checkbox"/> insect <input type="checkbox"/> latex | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Seizure Disorder | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: Please specify _____ | | | | | | | | | | | | | | | | |

This student has the following problems which may adversely affect his or her educational experience:

Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior

The pupil has a health condition which may require emergency action at school, e.g., seizures, allergies, anaphylaxis. *Specify below.*

The pupil is on long-term medication. *Specify below.*

Comments and recommendations (additional information about any of the above health assessment): _____

This student may participate fully in the school program, including physical education activities.

This student may participate in the school program and physical education with the following restriction/adaptation. *(Specify reason and restriction.)* _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

I would like to discuss information in this report with the school nurse.

Signature of health care provider _____ Name/Group Practice (Please type or print.) _____ Phone Number _____

EXTRAS

Parent Handbook

Please read through handbook, sign and return the last page to the Director with registration packet. The handbook is for you to keep for your own reference. Thank you 😊

1) Program Objectives

- a) EXTRAS program Director and staff strive to meet or exceed all of the following program objectives:
 - i) Provide a safe, stimulating, nurturing, and educational environment for school-aged children, after their school day, some school vacations, and summer vacation times.
 - ii) Ensure a positive environment that will help foster a good self image, which will be the base of their strong foundation that will carry them through life with a positive outlook on themselves and the world around them.
 - iii) Build trust and form friendships through a variety of shared activities where they will learn to understand their own rights and feelings, as well as those of their peers.
 - iv) Provide them with center and community based activities that go beyond what the average school-aged child could experience at home.

2) Program Activities

- a) EXTRAS has a schedule of daily activities posted in the program space. The schedule is followed each day to give the children structure within the free choices they are encouraged to make throughout the day. Our curriculum encompasses learning through play and will be structured so that children gain knowledge through experiences. The curriculum provides a mixture of teacher directed and children directed activities.
- b) During the summer the curriculum will coincide with the weekly themes determined by the program Director and staff.
- c) The school year curriculum will be based on a bi-weekly themed unit.

3) Enrollment

- a) Before a child may attend the EXTRAS program a registration packet must be completed and given to the Director for review.
- b) There is a two day minimum attendance for enrollment.
 - i) Parents may register children for early dismissal/no school days only (please see registration packet for details)
- c) The information must remain current at all times. If there are any changes the Director needs to be notified immediately.
- d) Parents/guardians must give a two week written notice for withdraw from the program.

4) Billing and Payments

- a) The tuition is due the FIRST DAY OF THE WEEK for the previous week's services.
- b) Prices are as follows:
 - i) Regular after school day (3:15 – 5:45) -- \$9/day
 - ii) Early dismissal (1:00 – 5:45) -- \$18/day
 - iii) No School (8:00 – 5:45) -- \$29/day
 - iv) ½ Day Summer (8 – 12:30) or (12:30 – 5:15) -- \$18/day
 - v) Full day summer (8:00 – 5:15) -- \$29/day

- c) There is a 20% discount for siblings.
- c) Timely payments are essential for enrollment in the program. However, if you experience difficulty with paying on time, please discuss the matter with the Director immediately.
- d) Weekly tuition will not be altered due to child illness or voluntary non-attendance.
- e) At the end of each session (school year or summer) final payment is due two weeks before the program ends.
- f) If payment is more than two weeks over due, your child/ren will not be allowed to attend program until payment is made current or a payment plan is made with the Director.
 - i) EXTRAS reserves the right to remove your child from the program due to lack of payment efforts.
- g) A \$25.00 fee will be charged to any account when a check is returned for insufficient funds.
- h) EXTRAS will accept Care 4 Kids as a form of payment.
 - i) Parents/guardians are responsible for payment until approval has been received stating the amount Care 4 Kids will pay.
 - ii) Parents/guardians are responsible for payment of any differences by Care 4 Kids and EXTRAS fees.

5) Operating Times

- a) School year – First day of school through last day of school
 - i) Monday through Friday: 3:00pm – 5:45pm
 - ii) Early dismissal: 1:00pm – 5:45pm
 - iii) School vacations days: 8:00am – 5:45pm
 - (1) EXTRAS will only be running on these days as long as there are seven or more children signed up to attend that day.
 - iv) If school is closed due to inclement weather, EXTRAS will also be closed.
 - v) Closed for the following holidays:
 - (1) Thanksgiving Day
 - (2) Friday After Thanksgiving
 - (3) Christmas Eve
 - (4) Christmas Day
 - (5) New Years Eve
 - (6) New Years Day
 - (7) Good Friday
 - (8) Memorial Day
- b) Summer – The start date and ending date vary in relation to the end and start of school. Please speak with the director to find out dates.
 - i) Monday through Friday 8:00am – 5:15pm
 - ii) Closed for the following holidays:
 - (1) Independence Day

6) Supervision

- a) Staff member will supervise each area in proportion to the number of children occupying the area. There will be a staff member with the children at all times, in conjunction with the Connecticut State Licensing requirements.
 - i) There will always be one teacher for every ten students. (1:10)
 - ii) While the children are by water the ratio will change to one teacher to every six students. (1:6)

7) Discipline Policy

- a) Our aim will be to set limits so that children know that their strong emotions will not lead them to do things they will regret later. We will deal with disciplinary problem on an individual basis to reinforce a positive self-image. The following are acceptable discipline measures:
 - i) Verbal reminders to the child or children involved.
 - ii) Adult demonstrations of correct and acceptable behavior.
 - iii) Redirection.
 - iv) Removal from situation.
 - v) Supervised time-out period.
 - vi) Providing a safe environment to prevent a child from hurting self or others.
 - vii) Notifying parent or guardian of persistent or dangerous problems.
 - (1) Parent or guardian will be required to sign a behavioral report. A copy will be put in the child's folder.
 - viii) A parent or guardian will be notified in advance, when possible, if their child is to be placed on probation. The accumulation of 5 behavioral reports and/or joint decision of the staff and Board of Directors may determine probation.
 - ix) We reserve the right to request that a parent withdraw his/her child from the program if it becomes apparent that the child and the program are incompatible.
- b) No punitive measure will ever be taken. The following are prohibited disciplinary measures:
 - i) Corporal punishment
 - ii) Humiliating punishment
 - iii) Frightening punishment
 - iv) Health impairing punishment
 - v) Physical restraint
 - vi) Neglectful punishment
 - vii) Abusive punishment

8) Illness

- a) If a child becomes ill while attending the EXTRAS program the child may be removed from the mainstream of children and placed in a separate area. There will be one staff member available to comfort and care for him/her. A parent or emergency contact will be called to pick up the child as quickly as possible.
- b) If a child is sent home due to the following illnesses they may not return until the designated time period:

- i) Fever – 24 hours after the fever has gone.
- ii) Impetigo – 24 hours after treatment has begun.
- iii) Conjunctivitis (pink eye) – 24 hours after treatment has begun.
- iv) Diarrhea – 24 hours after symptoms have subsided.
- v) Lice/Scabies – 24 hours after treatment has begun.
- vi) Strep Throat/Scarlet Fever – 24 hours after antibiotics treatment has begun.
- c) If you are unsure of when your child can return to EXTRAS due to an illness not listed above please speak with the Director of the program.
- d) If your child/ren is going to be absent due to an illness you must call and notify a staff member of the illness.
- e) Our nurse consultant is Mary Cadman, RN who can be reached at 435-0816.

9) Medication Administration

- a) Only properly certified EXTRAS staff will be allowed to administer the following types of medications:
 - i) Inhalant medications specific to metered dose inhalers.
 - ii) Injectable medications, by a regulated injection system, (Epi-Pen) to a child with a medically diagnosed condition who may require emergency treatment.
 - iii) Topical medications
 - iv) Oral medications
- b) No medication will be administered to a child without the written order of a licensed physician, with the indication that the medication is for a specific child; and the written permission from the parents on a form approved by the Department of Public Health.
- c) Medications shall be stored in a locked box.
- d) All unused medication(s) shall be returned to the parent or destroyed if it is not picked up within one week following the termination of the order (or if it's effective date has expired), by flushing into sewerage or a septic system in the presence of at least one witness.
- e) Medication administration errors shall be reported to the parent(s).

10) Toys from Home

- a) Our program provides a wide variety of toys, games, and activities for your child to choose from. No electronic toys are permitted at EXTRAS at any time.
- b) We ask that children keep all toys home unless permitted ahead of time by the Director.
- c) EXTRAS is not responsible for damage or loss of toys or materials from home.

11) Show and Tell

- a) The Director and staff will establish a designated show and tell day. Parents, guardians and children will be notified in advance.
- b) During this time the children are welcome to bring in interesting items from home to share. These items will be shared with the class and then put away.
- c) EXTRAS is not responsible for damage or loss of toys or materials from home.

12) Emergency Plan

- a) Medical Emergency
 - i) Help the injured child.
 - ii) Survey the injury swiftly.
 - iii) If the injury looks severe, have another staff member call 911.
 - iv) One staff member will remain with the injured child at all times.
 - v) Parents will be notified by phone of the situation.
 - vi) If a parent is not available, an emergency contact will be notified.
- b) Fire/Building Emergency
 - i) Each instructor will take the attendance chart and emergency contact cards and lead the children immediately out of the building or away from the emergency to the designated meeting area.
 - ii) Attendance will be taken by staff, and confirmed by the Director. If a child is missing the proper officials on site will be notified.
 - iii) During evacuation children will not be permitted to put on their coats or shoes, or take anything from their locker.
 - iv) Parents will be notified of the situation as quickly as possible. If a parent cannot be reached an emergency contact will be notified.
- c) Weather Emergency
 - i) If there is a severe weather emergency the children will be kept near the inside wall and away from all windows until the warning clears.
 - ii) If evacuation becomes necessary we would call 911 to request appropriate assistance.
 - iii) Parents will be notified of the situation as quickly as possible. If a parent cannot be reached an emergency contact will be notified.
- d) Lock Down Policy
 - i) In the event of a state of emergency EXTRAS will go into lockdown.
 - ii) All parents or guardians will be notified of the circumstances.
 - iii) At this time under NO circumstance will an unauthorized person be allowed in the building.

13) Drop-off/Pick-up

- a) Parents or guardians must escort their child/ren to and from their classroom everyday making the instructor aware of the arrival or dismissal of the child.
- b) Parents or guardians must sign their child in and out on the sign in sheet.
- c) No child will be dismissed to anyone under the age of 16 years of age.
- d) Each child will only be dismissed to an adult who is either the child's parent, guardian, or someone who has been designated in writing by the parent or guardian.
- e) If a biological parent is not allowed to pick-up due to court ordered custody agreements, court ordered documents are required to be given to the Director to be kept in the child/rens file.
- f) If someone is picking up your child/ren who does not normally please advise them to bring a photo ID. Your child/ren will not be released without proper ID.

14) Late Policy

- a) If a child is not picked up by closing time, the parent or guardian will be charged a late fee of \$15.00 per incident for the first three incidents of tardiness.
- i) Two staff members will remain with the child/ren and follow this procedure:
 - (1) Call the parents guardian phone numbers listed on registration
 - (2) If they cannot be reached, call the person listed on emergency list
 - (3) If no person is available the staff waits for fifteen minutes
 - (4) After fifteen minutes staff calls the town social worker Patrice McGrath at 435-5187
 - (5) After thirty minutes the staff calls the police at 911
- b) On any subsequent incidents, there will be the \$15.00 charge for the first five minutes and \$1.00 per minute for each minute thereafter.
- c) If the problem persists, the Board of Directors reserves the right to take subsequent action by asking the parents to find alternative care.

15) Mandated Reporter

- a) Under the Child Protective Services Act, mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. The employees of EXTRAS are considered mandated reporters under this law. The employees of this center are not required to discuss suspicions with parents prior to reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior or condition prior to making the report. Under the Act, mandated reporters can be held criminally responsible if they fail to report suspected abuse or neglect. We at EXTRAS take this responsibility very seriously and will make all warranted reports to the appropriate authority.

16) Discrimination Policy

- a) EXTRAS has in place a policy of non-discrimination that specifically identifies race, creed, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity and expression, marital status, pregnancy, disability, and veteran status as protected classes.

Parent Handbook

I have received and read the EXTRAS Parent Handbook. I understand all policies and procedures and understand that if I do not follow them I may be asked to remove my child from the EXTRAS program.

Parent's Signature _____

Date _____

Director's Signature _____

Date _____

If any changes are made to the handbook all parents will be notified immediately in writing by the Director.