

## Redding Park and Recreation Extended Day Program

Dear Extended Day Parents,

Welcome (or welcome back!) to our Extended Day family for the 2017-18 school year. Attached please find your complete registration packet.

Registration for 2017-18 will begin on July 5. Registration is ongoing throughout the school year as long as openings exist. If you need a guaranteed schedule for the coming school year, here is what you need to do:

Bring your completed registration paperwork and payment to the Park and Recreation office any **business day in July**. All the paperwork you need is attached.

1. Extended Day Registration form
2. Important Information form
3. Behavior Agreement (review and sign with your child)
4. A payment of the \$30 registration fee.
5. P&R medical administration form (**if needed**) along with medication in its original container labeled with your child's name.
6. \*The appropriate calendar sign-up form with payment. For returning families, September 2017 calendar was attached to this packet when mailed to your home. Other months' forms are available online or in the Park and Recreation office. June 2018 will be available after April break.

***\*If you know your September schedule when you register, please complete the calendar and payment at that time. If you do not know your September schedule, we can still guarantee the days you want if you submit the September calendar and payment **by August 15<sup>th</sup>**. After that, some September days may be filled.***

**Special notes:**

-2017-18 attendance fees have been increased by \$1.00 per day and the registration fee has been increased to \$30.

-Only for the month of Sept. there may be separate calendar form for Kindergarteners. Kindergarten short days are TBD as of this printing

-For a guaranteed schedule, your child's calendar form and payment is due by the 15<sup>th</sup> of the current month for the coming month.

*( Sept. payment due by Aug. 15; Oct. payment due by Sept. 15 and so on)*

-We can fill in your child's teacher and bus closer to school starting.

-We will need all the registration forms and payment to be together and submitted in the Park and Recreation office at the same time. These initial forms cannot be faxed. *(See below)*

-Park and Rec is located in the Redding Community Center ("RCC").

-The office hours are:

Mon. – Wed. 8:30-5:30    Thurs. 8:30 –6:00    Friday - closed

Please **do not FAX or email** this initial group of forms and payment. Bring them to the Park and Rec office. Future calendars may be faxed, scanned/emailed or dropped in the drop box outside the RCC if you cannot make it in to the office during regular business hours. We thank you in advance for your anticipated cooperation with these procedures! Please call if you have any questions.

If you haven't done so already, please put these numbers in your phone:

**Park and Recreation office 203-938-2551** – use for all questions, cancellations, registration issues, etc.

**Extended Day line- 203-938-3944** – to speak to an Extended Day Supervisor **during program hours** only (school days 2:30 – 6:00)

Mary Jo Dix, Director of Extended Day Programs

Sarah Ewud-Kilburn ("Mrs. E"), Program Coordinator

# EXTENDED DAY REGISTRATION *(required!)*

School Year: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Bus: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

Mailing Address: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Home#: \_\_\_\_\_

Work phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Cell \_\_\_\_\_ Workplace: \_\_\_\_\_

*E-mail address* \_\_\_\_\_

Parent #2: \_\_\_\_\_ Home#: \_\_\_\_\_

Work phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Cell \_\_\_\_\_ Workplace: \_\_\_\_\_

*E-mail address* \_\_\_\_\_

Marital status: \_\_\_\_\_ Custody status: \_\_\_\_\_

Siblings/ages \_\_\_\_\_

## IF PARENTS CANNOT BE REACHED, CONTACT:

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Allergies: Yes\_\_ No\_\_ *If "yes", to what?* \_\_\_\_\_

*Please list all details on next page, "Important Information"*

**AUTHORIZED PICK UP LIST:** \_\_\_\_\_

The above child has my permission to participate in the Extended Day Program. I have carefully read the Extended Day 2014-15 Owner's Manual and Behavior Agreement and agree to follow the program's policies and procedures. I understand that the Town of Redding has no accident insurance and that costs incurred due to injury to the child listed above while participating in the Extended Day program are my responsibility. I release and hold the Town harmless from any injuries incurred in Town recreational activities. I understand photos of my child may be used by the Park and Recreation Department for promotional materials or advertising unless I notify Park and Recreation in writing.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Parent's signature)* (Printed name) (Date)

# EXTENDED DAY IMPORTANT INFORMATION *(required!)*

This information is confidential to Extended Day staff unless it is needed for medical reasons.

Child's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Phone # \_\_\_\_\_

\*Any Extended Day participant who needs medication administered during program hours must have Redding Park and Recreation's "Authorization for the Administration of Medicines Form" filled out by the child's doctor and turned in to the P&R office with the medicine in its original container **before attending Extended Day**. Forms are available at P&R office and on the town's website, [www.townofreddingct.org](http://www.townofreddingct.org).

List the order in which you want calls made in case of an emergency:

	Name	Relationship	phone number(s)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please help us serve your child better by updating this information in writing if it changes. Again, thanks!

1. Is there any special information that you would like to share that would enable us to serve your child better?  
No  Yes\*

\*The appropriate person from the department will call you **or** you may simply tell us in writing below:

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child **allergic** to ANYTHING? If yes, **list allergens, symptoms and treatment:**

\_\_\_\_\_  
\_\_\_\_\_

3. Is your child **under medical care** for any illness or condition?

\_\_\_\_\_

4. What **medications** is he/she taking NOW? (Please include any medications he/she has taken regularly or recently discontinued.)

\_\_\_\_\_  
\_\_\_\_\_

5. Does your child wear **eyeglasses**? \_\_\_\_\_ At all times? \_\_\_\_\_ For close work only? \_\_\_\_\_

6. **Other information:** \_\_\_\_\_

**I give my permission for the Extended Day Supervisors or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency.**

*Parent's signature* \_\_\_\_\_ **Date** \_\_\_\_\_

Parent's printed name \_\_\_\_\_

## EXTENDED DAY BEHAVIOR AGREEMENT *(required!)*

*Parents: Please complete this form with your child, making sure that your child understands the contents before you both sign it. Thank you! Mary Jo and "Mrs. E"*

I, \_\_\_\_\_, understand that Extended Day is a place where children can be safe, have fun, learn and make friends. I promise to behave in a way that helps this happen for me and everyone else in Extended Day.

I promise to learn and follow the rules of Extended Day.

I promise to be respectful of others, both children and grown-ups. This means having respect for other's feelings, their bodies and their belongings.

This also means using my very best manners every day. I will say "Hello", "Goodbye", "Please", "Thank You" and "Excuse me" a lot! I promise to say "Goodbye" to Mrs. E or Mary Jo every day before I leave.

I will make eye contact with the grown-ups and my friends when I am talking to them.

I promise not to bring any toys, games or extra personal belongings from home to Extended Day. They have lots for me to play with at Extended Day.

I promise to never bring nuts of any kind to Extended Day because some of my friends there have very bad allergies. Extended Day is a "NO- NUT ZONE."

I promise to follow the directions of the grown-ups.

I understand that the grown-ups and my parents will do what they can to help me understand and keep this promise.

I also understand that there will be consequences for me if I do not keep this promise. The consequences could be: writing letters about my behavior; having meetings with my parents and Extended Day Directors, and if all else fails, even being asked to leave Extended Day.

Child's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES**  
**BY REDDING PARK AND RECREATION PERSONNEL**

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a Park and Recreation Department employee, or nurse employed by the Park and Recreation Department to administer medications.

Medications must be in the original, pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name, and date of original prescription

**PHYSICIAN'S OR DENTIST'S ORDER**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

Conditions for which drug is being administered during hours of Park and Rec. activity \_\_\_\_\_

\_\_\_\_\_

DRUG: (Name, dose and method of administration) \_\_\_\_\_

\_\_\_\_\_

Time of Administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
date date

Relevant side effects to be observed, if any \_\_\_\_\_

\_\_\_\_\_

If there are any side effects, plan for management \_\_\_\_\_

\_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ if yes, DEA number \_\_\_\_\_

Physician's/Dentist's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Physician's or Dentist's Signature \_\_\_\_\_

Park & Rec. Employee \_\_\_\_\_

**To Redding Park & Rec. Personnel:**

I hereby request that the above medication, ordered by the physician/dentist for my child,

\_\_\_\_\_, be administered by Park & Rec. personnel. I understand that I must supply Park & Rec. with the prescribed medication in the original container dispensed and supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school for the summer.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_