Dear Parents,

Welcome (or welcome back!) to our Extended Day family for the 2019-2020 school year. Attached please find your complete registration packet. Registration begins on July 1 and is ongoing throughout the school year as long as openings exist. Please see our **Extended Day 2019-2020 Owner’s Manual** for lots of helpful and important information about our very unique program. You can find it at the Park and Rec office or on our website: townofreddingct.org

Many days will fill up early. Therefore, our process for guaranteed schedules and credit for cancelled days are highlighted in the **Owner’s Manual**. Please take time to read our procedures and policies carefully. Thank you!

Besides reading the **Owner’s Manual**, you will need to complete and return all the applicable paperwork (at least the 3 forms labeled “required”) with payment to the Park and Rec office well in advance of your child’s first day of attendance. We prefer to have everything in order at least a week before start date, especially if medication is involved. Please keep in mind that any special accommodations may take longer to put into place.
On your first sign-up calendar each school year, you will be adding the annual one-time-per-school-year registration fee of $30 to the daily attendance fees. All calendar sign-up forms are online or in the P&R office. *(Except June, which will be available after April break.)*

If your child does need medication administered while at Extended Day, we must have updated, valid Administration of Medication form and detailed “Action Plan” from the doctor along with current medications in your child’s name with valid expiration dates. These should all come with all the initial registration forms and payments if possible. If you need to retrieve them at the end of your child’s summer program, then please deliver them to us the week before your child starts.

Please do not FAX or email this initial group of forms and payment. Bring them to the Park and Rec office. All initial forms, medications and payment must be turned in to the Park and Recreation office at the same time. *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.

Although you really do need to read our Owner’s Manual, please note: *For a guaranteed schedule, you will need to sign-up by the 1st of each month for the coming month.* For example, for a guaranteed schedule in September, you must sign up by August 1; for October, sign up by September 1, and so on. *After the 1st, enrollment will be on a first come, first serve basis.* Cancellations made by calling the Park and Recreation office at least 5 days in advance will be given 50% credit. You will also need to make sure to update School Dismissal Manager.

There is SO much more you will need to know in our Extended Day Owner’s Manual. Happy reading and thank you!

Mary Jo Dix, Director of Extended Day Programs
EXTENDED DAY REGISTRATION *(required!)*
2019-20 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 current school year’s Extended Day 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.*

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>phone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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? Describe.

   _____________________________________________________________

4. What **medications** is he/she taking NOW and for what condition? (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 will try to behave in a way that helps this happen for me and everyone else in Extended Day.

I will try to learn and follow the rules of Extended Day.

I will try 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 try to say “Hello”, “Goodbye”, “Please”, “Thank You” and “Excuse me” a lot! I will try to say “Goodbye” to Mrs. E or Mary Jo every day before I leave.

I will try to make eye contact with grown-ups and my friends when I talk to them.

I will try **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 will try **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 will try 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 agreement.

I also understand that there will be consequences for me if I do not keep this agreement. 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**

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Date of birth</td>
</tr>
</tbody>
</table>

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

**DRUG:** (Name, dose and method of administration)

<table>
<thead>
<tr>
<th>Time of Administration</th>
</tr>
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<tbody>
<tr>
<td>Medication shall be administered from ___________ to ___________</td>
</tr>
</tbody>
</table>

Relevant side effects to be observed, if any

If there are any side effects, plan for management

Is this a controlled drug? 

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 ____________________________