



It's a world of fun!

**Redding Park and Recreation's
Extended Day Program
2023-2024 School Year**

June 2023

Dear Parents,

Welcome (*or welcome back!*) to our Extended Day family for the 2023-2024 school year. Attached please find 2023-2024 registration forms.

Registration begins in July and is ongoing throughout the school year as long as openings exist. We highly recommend that you complete the registration process at your earliest convenience to have the best chance of a spot when school begins.

All registrations will be on a **first come, first served basis**. Program space is again a challenging issue but we will get as creative as possible to accommodate as many families as need our services. Our main "headquarters" will be in the Redding Elementary School cafeteria. We will continue to utilize the RES playground, fields and gym on occasion. We will also need to utilize space in the Redding Community Center on a number of days yet to be determined.

When you are ready, please complete and return all the applicable paperwork which includes:

1. **Registration form.***(required)*
2. **Important Information form.***(required)*
3. **Behavior Agreement*** that you need to review with your child.

Both child and parent need to sign this form.(required)*

4. **September sign-up calendar** form where you choose the days you wish to reserve. *(Highly recommended...remember attendance is first come, first served.)*
5. **Payment** of annual, one time per child **registration fee (\$30) plus total due for days you are reserving.**
6. * If your child needs medication administered while at Extended Day, we must have an updated **Administration of Medication form** and detailed **“Action Plan”** from the doctor along with current medications in their original containers. Please have all the meds and forms in the P&R office at least a full week before your child’s first day with us.
7. **Please keep in mind that **any special accommodations or extra support** your child might need will take extra time to put into place so please contact us as early as possible, preferably 3- 4 weeks in advance of desired attendance. This should also be noted clearly on “Important Information” form of your registration packet.
8. Review the **Extended Day 2023-24 Owner’s Manual** and give us a call with any questions you may have. Very soon all of the Extended Day calendar forms for 2023-24 will be on the website. Many adjustments to the calendars are yet to be determined. (Townofreddingct.org)

Thank you for your anticipated understanding, patience and adherence to our policies for 2023-24.

Mary Jo Dix
Extended Day Director

Michelle Waring
Extended Day Assistant

EXTENDED DAY REGISTRATION 2023-2024 *(required!)*

Child's name: _____ Birth date: _____
Bus: _____ Teacher: _____ Grade: _____ Sex: M F
Family's 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", please list all details on next page!

AUTHORIZED PICK-UP LIST: _____

The above child has my permission to participate in the Extended Day Program. I have read the 2023-24 Extended Day Owner's Manual, including the 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 **one full week before attending Extended Day**. Forms available at P&R office or the town's website, www.townofreddingct.org.

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

	Name	Relationship to child	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*

*If 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! Extended Day

I, (child's name) _____, 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, their belongings and their health.

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 the Extended Day supervisor and staff 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 wash my hands for at least 20 seconds of suds when near a sink or with hand sanitizer. I will try to do this as often as needed and always before I eat snack and after using the bathroom or sneezing or coughing.

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

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 _____