



## 2018/2019 Afterschool Program Parent Letter

Dear After School Participant Parent/ Guardian,

Thank you for choosing The Works for your after school program needs. Our primary program goals are to be safe, fun and active. Here is an outline of what to expect, a few policies and what to bring.

### **Scheduling policy**

Please complete the registration schedule. It is the design of the program to offer flexible scheduling options therefore we request that:

1. All weekly schedules are **submitted no later than 4pm on Thursday** for the following week
2. **Please call 742-2163 ext 823 and leave a message with any schedule changes. If immediate assistance is needed please dial ext. 741**
3. Same day changes may not be accommodated (we understand that there may be a few times when unexpected changes take place; i.e. Your child leaves school early due to appointment or illness) Please note that if your child is ill at school they may not attend our program
4. 24 hour notice is needed to add a day, with the exception of Monday schedules
5. Changes for Mondays must be made by 4pm on the previous Thursday.
6. **All participants must be picked up no later than 6:00pm.**

### **Payment Policy**

1. **Daily attendance fees must be paid in advance in order to attend the after school program.**
2. **Payments can be purchased as a single day series or a 10 day series.**
3. **For payment planning purposes, your child's name will be highlighted in yellow on the sign out sheet when you are down to 3 days left on your payment series.**
4. **There will be a \$5.00 per day late fee added to any outstanding attendance days.**
5. **Due to staffing purposes, if your child is absent on a scheduled date you will still be charged for that day.**

### **Homework policy**

We have daily scheduled homework time. With staff help available. All students having homework will participate unless staff is notified otherwise by the student's parent.

- Health forms must be received at least 5 days before your child's first day in the program in order for your child to attend.
- Parents must sign out participants daily. If someone other than a parent will be picking up your child they must be listed on the release authorization form. Changes to this form can only be made in writing by the listed parent.
- Please park vehicles in non-reserved spaces and walk in to pick up your child.

### **What to Bring**

Participants who attend the program more than one day a week are welcome to leave a small bag with a few belongings in it here. All belongings should be taken home on Fridays to be washed and returned on Monday. Please label all belongings. Lost and found will be kept in Function Room 2 for two weeks and then turned into The Works Health Club lost and found. *It is the policy of The Works Health Club that all unclaimed items will be donated to Goodwill after two weeks.*

### **Please be sure to bring each day:**

1. Closed-toe shoes (*appropriate for running and active play, no "Crocs" please*)
2. A swimsuit and towel (if your child will be in attendance Mon, Wed, Fri)
3. A healthy snack (Snacks may be purchased from our Service Desk with a note from parents)
4. Weather appropriate outerwear.

Please leave any toys, games, electronics and other play items at home. In the event that any of these items are brought, they will be retained by the staff and will only be released to the parents and/or guardians at pick up time. The Works After School cannot be responsible for lost or stolen items. Foul language, disrespectful actions or remarks



are not acceptable. Fighting (verbal or physical) is not tolerated and may result in suspension from the program or early dismissal. Any intentional destruction of club or program property or equipment will also result in early dismissal from the program and the parent and/or guardian may be held responsible to pay for any damages.

**Resource Information**

The licensing authority for this program is the Bureau of Child Care Licensing. Our license number is CCCB-06133. Information regarding recent licensing and monitoring visits for this program is available by calling the Bureau at 271-4624 or 1-800-852-3345. A copy of the statement of findings and corrective action plan for the most recent visit is posted in Function Room 2 by the door to the gymnasium. Copies of all past reports and statements are available for review upon request. (2) During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children’s response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designees, and update annually, a signed dated statement indicating you preference.

**Waiver of claims:**

I expressly agree that my use of and/or attendance at the club are undertaken at my sole risk and that the club’s owners, managers, employees and (management) shall not be held liable for any damages or injuries to me or my property or be subject to any claim, demand, or cause of action, including for any injury or damage resulting from the negligence of the club, its management or other club guests.

**Release of club:**

I, on behalf of myself, my executors, administrators, heirs, assigns and successors do hereby fully and forever release and discharge the club and its management from all such claims, demands ,injuries, actions or causes of action.

I consent to the Works After School staff transporting my child to a Wentworth-Douglass hospital safe zone in the event of an EMERGENCY EVACUATION. Initial \_\_\_\_\_

**Please check one of the items below:**

**Photo Consent:**

I consent to pictures and or video being taken of my child by the club and understand that such pictures will become the property of the club. They may be used for promotional purposes without the payment or other compensation to me.

**Photo opt-out:**

**I do not** wish to have my child photographed or videotaped

Outdoor Activities:

- My child has permission to participate in outdoor activities on our softball field, basketball and volleyball courts
- My child does not** have permission to participate in outdoor activities
- My child has permission to participate in swimming activities which are held in the pools on site
- My child **IS** fearful of the water                       My child **is NOT** fearful of the water

**I have read and understand the information presented above.  
All questions regarding these policies and guidelines have been answered to my satisfaction.**

Print Childs’ Name \_\_\_\_\_  
Print Parents’ Name \_\_\_\_\_ Email Address: \_\_\_\_\_  
Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please feel free to contact me with any questions or concerns.  
Healthfully yours,  
Danielle Krenzer- Programs Director | (603) 742-2163 x 716 | Danielle.Krenzer@wdhospital.com**