



**Washington Park District  
R.E.A.C.H.  
Before & After School Care Program**

**Dear Parents and Students,**

Welcome to **R.E.A.C.H.** (Recreation Enrichment for Adolescents & Children). We thank you for choosing our program for your child. We are very excited about this school year! We will be having lots of fun playing, working, and learning together!

**R.E.A.C.H.** will feature a variety of activities including arts and crafts, games, outdoor activities, and much more. Our primary goal is to provide a semi-structured program where the children are safe, can have lots of fun, and develop new friendships.

Please take a few moments to review this manual. It has been designed to help with questions you may have about our program. We have included in this manual some important forms that you will need to complete before attending our program.

These include:

- **Registration Form** - required
- **Participant Information Survey** - helpful to our staff
- **Medication Dispensing & Permission Form** - required if medication is necessary
- **Parent Agreement & Behavior Management Policy** - required \* must be signed by both student & parent \*

**Our Philosophy:**

To ensure that all children and adolescents are given the opportunity to be involved in a quality program that meets both their recreational and social needs that will ultimately lead them to a healthy lifestyle.

**Our Goals:**

- To provide a safe, positive and semi-structured environment for children and adolescents during before and after school hours.
- To provide an opportunity to participate in a before and after school program that promotes a healthy lifestyle.
- To provide parents with a program that can include a variety of quality recreation programs for their child to participate.

**Hours of Operation:**

The Washington Park District's **R.E.A.C.H.** program will be open every day that school is in session. We will open at **6:30 a.m.** Students will stay with staff and be escorted to their bus. After school children will be met by staff and led to their appropriate rooms. **R.E.A.C.H.** will be open until **6:00 p.m.** All early dismissal days are included in our **R.E.A.C.H.** program fees.

On full no-school days (holidays, school improvement days, etc.) our program will be open for an additional fee. We call these our DayQuest days. We will make every attempt to make these days extra special and full of fun things to do. This program will also be offered during the Christmas Break and Spring Break. There is a minimum/maximum number of participants needed in order to make our program available. Parents will be notified at least a week in advance of the scheduled program for that day. Pre-registration is required. Neither **R.E.A.C.H.** nor Day Quests will be available for major holidays (Labor Day, Thanksgiving Day, Christmas Eve, Christmas, etc.)



**Absences:**

If your child does not attend school, leaves early or will not be at R.E.A.CH. during their scheduled time, **you must contact the Washington Park District at 444-9413. Chronic lack of notification (3 or more times in one month) will result in suspension of enrollment in the program.**

**Staffing:**

The Washington Park District is dedicated to providing only the best employees with experience working with children and adolescents. All employees will be subject to a background check and trained in CPR/AED and first aid.

**Environment:**

A Centers/Zone environment will be utilized that will offer designated areas of the facility and main rooms for structured and semi-structured activities such as games, homework, fitness, recreation play, art, leisure time, etc. We currently have five separate home rooms. A Pre-K & Kindergarten room, a 1<sup>st</sup> grade room, a 2<sup>nd</sup> grade room, a 3<sup>rd</sup> grade room, and 4<sup>th</sup>-6<sup>th</sup> grade room. We try to spend some time each day doing physical activity in the gym, outside, or in the smaller activity room in the basement.

An added benefit to enrolling your child in REACH is the availability and proximity to the many seasonal programs offered by the Washington Park District. In the past, we have had many programs available during REACH hours. We have had participants attend tumbling, basketball, volleyball, and drawing programs that occur at our facility. A great convenience for those working parents who are unable to be in two places at once. For more information see our Fall Brochure.

We look forward to spending the school year with your child. If you have any questions you may call the park district office at 444-9413. Thank you.

Sincerely,

Megan Vanderheydt

[meganv@washingtonparkdistrict.com](mailto:meganv@washingtonparkdistrict.com)

(309) 444-9413 ext.108

R.E.A.C.H. Coordinator



## Behavior Management Policy 2019/2020

The following rules must be followed at all times, both at the Park District Recreation Facility and on Field Trips.

1. Participants must follow staff directions the first time asked.
2. Participants must respect their teachers and other participants. Talking back to the teachers will not be tolerated.
3. Participants must respect park district property. Any damage to toys, supplies, or other people's projects will be seen as a serious offense and may require you to pay for replacement equipment.
4. Participants must keep their hands to themselves. Kicking, punching, pushing, spitting, biting, or hitting will absolutely not be allowed.
5. Profanity (spoken or written) and other disruptive behaviors are not allowed.
6. Participants must participate in scheduled activities.
7. When riding the bus, participants must keep their bottoms seated, their hands to themselves and use inside voices.
8. When in the gym, participants must follow the rules to the game being played, play safely, and stop playing immediately when asked.
9. We do not allow toys to be brought from home.

Each participant will begin each day with three colored cards. If a participant violates any of the rules, or misbehaves in any way, a teacher will pull a colored card (color dependent upon the severity of the situation). Each card has a consequence of different severity. The teacher will document the behavior, date, and time on the pulled card form for parents to sign at pick up. For participants coming in the morning and the afternoon the cards will not start over after school. All pulled cards will carry over into the afternoon. If a child does not follow the REACH rules, discipline will be as follows:

- 1<sup>st</sup> Card (Yellow) - The child will receive an age appropriate time out (one minute for each year of age).
- 2<sup>nd</sup> Card (Orange) - The child will be removed from the activity for the remainder of the day and will sit out with the REACH coordinator for 15-30 minutes depending on age and severity of the offense. If needed the parents will be called and informed of the inappropriate behavior.
- 3<sup>rd</sup> Card (Red) - The child will sit out for the remainder of the day and the parents will be called. The parents may have to pick up the child depending on the severity of the behavior \*\*

If anyone is caught fighting, using profanity, destroying park district property, or being disrespectful, they will be asked to sit out the rest of the day along with a staff member calling the parent of the participant or sent home immediately.





Any child receiving an orange or red card will not be allowed to participate in the special activity that day; gym, outside, craft, etc. If we are having a field trip they will not be able to go on the field trip. If the card is pulled during the field trip they will be unable to attend the next scheduled field trip.

**\*This is also given if a child was involved in an incident where there was no physical harm and they did not break any rules. Our top priority after safety is communication. We feel it is important to keep parents up to date on what is happening involving their child.**

**\*\* Fighting and dangerous activity that threatens the safety of the participant and others may result in immediate suspension or expulsion from REACH to be determined by the staff and the Recreation Manager. The Washington Park District reserves the right to make this decision as necessary.**

If three red cards are accumulated by one child they will be put on probation and a meeting will be scheduled with the parents and staff to try to remedy the situation. If things do not improve at that time and/or the student receives another red card the child will be removed from the REACH program to ensure the safety and wellbeing of the other participants.

## REWARDS

-If the child makes it to the top of the clip chart for the week they get to pick out a reward from the prize box. Rewards include things such as candy and small toys.

BEHAVIOR CHART- The chart is based upon a theme for each room. However, they all operate the same way. There are 5 areas on the chart. The goal is to make it to the top by Friday of each week in order to receive a prize. Kids all start out in a neutral zone, the middle. They can either move up or down the chart dependent on behavior. In order to move up, kids have to do more than is expected of them. Examples would be helping clean beyond cleaning their own mess, being a friend to someone having a bad day, and helping with special projects. Poor choices result in a clip down on the chart such as not listening to directions result in a clip down on the chart. The bottom of the chart means pulled card. The charts get reset every Friday after children who made it to the top are highlighted on the sign out sheet for a prize.



# Parent Agreement Form

Please read the following agreement. The conditions of this agreement provide protection for you as well as the Washington Park District. As the parent/legal guardian, I agree to the following conditions:

- To complete all necessary paperwork for enrollment in the REACH Program, including the Student Information Form, the Approved Pick-up list, the Behavior Management policy, the Medication forms if necessary and the participant information survey.
- To read the Parent's Packet so I am familiar with the policies and procedures of REACH and the Washington Park District.
- That should my child's program staff and the REACH Coordinator determine that my child cannot adjust to the program, my child may be denied care, and this agreement may be terminated with notification.
- That when my child is picked up or dropped off, by an authorized person, this person will make sure that a staff person is aware of my child's arrival or departure, and will sign my child in and out. I will abide by the pick-up policy as stated in the parent information. I understand that I will be charged a fee of \$1 per minute past 6:00 PM. This is a per child fee. I understand that, in the event my child is not picked by one hour after the program closes, and all emergency contact attempts have been exhausted, the local police will be notified and my child may be immediately terminated from the program.
- To not send a sick child to the program. Your child **MUST** be fever free for 24 hours before being allowed to return to REACH. Any medication (prescription and non-prescription) given at the program requires written permission.
- That should my child attend any Full Day off school or Holiday Camp or Spring Break Camp, the daily rate will be due prior to attendance. My child will not be admitted to the program unless this fee is paid in the office.
- To pay the non-refundable registration fee for each child registered and my monthly fee by the date and time designated by Washington Park District. I agree to pay promptly the \$10 late fee for any payments made after this time.
- That for any returned check or nonsufficient fund, I will promptly pay a \$25 fee to the Washington Park District and after the first offense, I may be required to pay all future fees in cash or money order



**One form per participant**

Participant's Name: \_\_\_\_\_

Will be utilizing the following codes for registering: See table below for payment schedule.

**Payment due by 15<sup>th</sup> of month before**

- |                           |             |
|---------------------------|-------------|
| ___ AM/PM 5 Days a Week   | 9-4300-19-A |
| ___ AM/PM 4 Days a Week   | 9-4300-19-B |
| ___ AM/PM 3 Days a Week   | 9-4300-19-C |
| ___ AM/PM 2 Days a Week   | 9-4300-19-D |
| ___ AM Only 5 Days a Week | 9-4300-19-E |
| ___ PM Only 5 Days a Week | 9-4300-19-F |
| ___ AM Only 4 Days a Week | 9-4300-19-G |
| ___ PM Only 4 Days a Week | 9-4300-19-H |
| ___ AM Only 3 Days a Week | 9-4300-19-I |
| ___ PM Only 3 Days a Week | 9-4300-19-J |
| ___ AM Only 2 Days a Week | 9-4300-19-K |
| ___ PM Only 2 Days a Week | 9-4300-19-L |

**Before School (Opens at 6:30 AM)**

Approximate Arrival Time:

- Mondays: \_\_\_\_\_  
 Tuesdays: \_\_\_\_\_  
 Wednesdays: \_\_\_\_\_  
 Thursdays: \_\_\_\_\_  
 Fridays: \_\_\_\_\_

**After School (Closes at 6:00 PM)**

Pick-up Times:

- Mondays: \_\_\_\_\_  
 Tuesdays: \_\_\_\_\_  
 Wednesdays: \_\_\_\_\_  
 Thursdays: \_\_\_\_\_  
 Fridays: \_\_\_\_\_

You will receive a monthly invoice around the 1<sup>st</sup> of the month that is due on the 15<sup>th</sup> of the month. You will be paying for the following month (in advance of services). We do not credit or refund for unused days. **It is your responsibility to notify us if your before or after care needs drastically change.**

**Refunds:**

Please note: Refunds are not possible due to circumstances out of our control (child sickness, changes in your schedule, etc.) We plan staff and activities based on the number of children signed up. If your before or after care needs changed, please contact us. If you no longer need our services at all, it is your responsibility to contact us to have the monthly billing stopped.

**Scheduling/Inclement Weather:** We follow Central District 51 for our school schedule. If school is cancelled we will make all attempts to be open during the snow day for an all day program. Please remember to send a sack lunch with your child on these days.

We update WHOI, WEEK, WMBD and FACEBOOK (Washington Park District) with our status.





## Registration Fees:

\_\_\_\_\_ August/September due at registration = \_\_\_\_\_

\_\_\_\_\_ @ \$85 (Non-Refundable Transportation Fee) = \_\_\_\_\_  
 (District's 50 & 51 & St. Pat's only) \* This is a one-time fee

**Total Due:** \_\_\_\_\_

Program	Code	Aug/Sept	October	November	December	January	February	March	April	May
AM/PM 5 Days	9-4300-19-A	\$420	\$252	\$216	\$180	\$228	\$228	\$204	\$228	\$228
AM/PM 4 Days	9-4300-19-B	\$336	\$240	\$168	\$144	\$192	\$192	\$168	\$204	\$180
AM/PM 3 Days	9-4300-19-C	\$252	\$180	\$132	\$108	\$144	\$144	\$108	\$180	\$144
AM/PM 2 Days	9-4300-19-D	\$168	\$120	\$96	\$72	\$96	\$96	\$96	\$96	\$96
AM 5 Days	9-4300-19-E	\$170	\$105	\$90	\$75	\$95	\$95	\$85	\$95	\$95
PM 5 Days	9-4300-19-F	\$315	\$189	\$162	\$135	\$171	\$171	\$153	\$171	\$171
AM 4 Days	9-4300-19-G	\$140	\$100	\$70	\$60	\$80	\$80	\$70	\$85	\$75
PM 4 Days	9-4300-19-H	\$252	\$180	\$126	\$108	\$144	\$144	\$126	\$153	\$135
AM 3 Days	9-4300-19-I	105	\$75	\$55	\$45	\$60	\$60	\$50	\$75	\$60
PM 3 Days	9-4300-19-J	\$189	\$135	\$99	\$81	\$108	\$108	\$81	\$135	108
AM 2 Days	9-4300-19-K	\$70	\$50	\$40	\$30	\$40	\$40	\$30	\$50	\$40
PM 2 Days	9-4300-19-L	\$126	\$90	\$72	\$54	\$72	\$72	\$54	\$90	\$72

Please check the days for which you would like to pre-register for. For your convenience, we will bill you with your monthly invoice.



**PLEASE TAKE THE TIME TO FILL OUT THESE FEW QUESTIONS AS THEY CAN BE BENEFICIAL TO OUR STAFF**

1. PLAY HABITS: (Describe indoor and outdoor interests and experiences, favorite play materials, etc.)

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2. LANGUAGE ABILITY: (Such as general speech development, language other than English used in the home.)

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3. EATING HABITS: (List special problems, allergies, etc.)

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4. PERSONALITY: (Temperament, behavior, and special problems with adults or other children.)

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5. Are there any known allergies or physical problems that we should know about?

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6. What type of discipline is most preferred for your child, or what type of discipline do you employ when necessary in your home?

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7. List distinguishing characteristics of your child such as:

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Distinguishing birth marks: \_\_\_\_\_

Glasses: \_\_\_\_\_

8. Any other pertinent information?

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**PERMISSION TO DISPENSE MEDICATION  
WAIVER & RELEASE OF ALL CLAIMS**

The Washington Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The Washington Park District's internal procedures on dispensing medication are available for review.

**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
 (Print your name) (Print Child's Name)

give permission to the staff of the Washington Park District to administer to my child:

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

I understand it is my **daily** responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

1. PARTICIPANTS NAME
2. NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Washington Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Washington Park District administering medication to my minor child, I do hereby fully release or discharge the Washington Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Washington Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with administering of medication.

\_\_\_\_\_  
 (Signature of Parent/Guardian) (Date)





# PARENT AGREEMENT FORM

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of the Recreation Enrichment for Adolescents and Children Program.

\_\_\_\_\_ Childs Name

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

# BEHAVIOR MANAGEMENT POLICY

Please sign and date the following statement.  
I have read and understood the REACH discipline policy.  
I will abide by this policy.

\_\_\_\_\_ Childs Signature \_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date





Child's Name	Child's Age	Birthdate
School Attending	Grade Entering in Fall	Nickname
Mothers Name	Child Lives With	
Home Address		
Place of Employment & Contact Number	Mother's Birthdate	
Fathers Name	Mother's Phone Number	
Home Address	Father's Birthdate	
Place of Employment & Contact Number	Father's Phone Number	

**Additional persons that your child may be released to and that we can call in case of emergency. We must have at least two names and numbers.**

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

**Custody Information:** Please list any conditions for custody, if applicable:

Copy of legal papers on file	Yes	No
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Physician's Name		Phone
Preferred Hospital		Other Info
List any medications that your child takes: even if we will not be administering the medication to your child in case of emergency.	List any medications/times in which your child will be taking at Camp Adventurers. Doctor's note required as well as original prescription bottle.	I give permission to the Washington Park District staff to administer the listed medications to my child.
		Parent Signature
		Date
List any other allergies/medical conditions/pertinent medical info:		

**Photo Agreement:** I hereby consent to the use of my minor/ward photograph in the Washington Park District brochures, publications, Washington Park District Facebook.

- Yes, I agree that my child's photos may be used.
- No, I do not want my child in any photos to be used for WPD

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





**Participant Information**

Does your child have any allergies? (Please list) Any special diet?

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Please let us help your child by listing what your child likes to do, special needs, services, etc. (Hearing impaired, pertinent medical info, post traumatic disorder, etc.)

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**PLEASE READ CAREFULLY BEFORE SIGNING LIABILITY WAIVER FOR PARTICIPATION**

Medical or accident insurance does not cover participation in Washington Park District activities. Each participant must furnish his/her own personal coverage. Many sport activities and programs have inherent elements of danger. Parent permission is needed to call an ambulance in any emergency. As a parent/guardian of a participant under 18 years of age, I hereby agree to hold harmless and indemnify the Washington Park District, its' trustees, employees and Board of Commissioners from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of an accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

