



**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 to be turned in one week before your child starts REACH.
  - **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.C.H. 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, which include a Kindergarten room, a 1<sup>st</sup> grade room, a 2<sup>nd</sup> grade room, a 3<sup>rd</sup> grade room, and a 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.

Due to the new registration software (DaySmart Recreation), we are able to provide even more flexibility to you as you sign up for this program. You will be required to sign up for each month, individually and complete the required parent's packet available at the Washington Park District office located at 105 S. Spruce St. Washington, IL 61571. The program runs August 14, 2025 – May 29, 2026. Dayquest days are not included in the REACH program, but are available on most full days off school and holiday break days. All early dismissal days are included in the REACH program fee. School sponsored snow CANCELLATION days are offered to current REACH customers free of charge.

Our Full-Time REACH plan is 5 Days for AM, PM or AM/PM but will also have Part-Time Coverage which will have the option to choose your days individually to accommodate your schedule.

Transportation is provided to the Park District REACH program from Central Grade School, John L. Hensey, Beverly Manor, and St. Pat's for a membership fee of \$95 per child. The Lincoln Grade School and Washington Middle School buses pick up and drop off in front of our building. Parents wishing to schedule children for the Park District Transportation service should register during his/her respective school registration.

Grade: Entering Grades K-6

Location: Washington Recreational Facility

Transportation Membership Fee: \$95 due at the time of registration for students attending Districts 50, 51 and St. Pat's.

Hours of operation: Before Care opens at 6:30 am and After Care closes at 6:00 pm

**Full-Time REACH Program**

5 Day AM \$9/day

5 Day PM \$13/day

5 Day AM/PM \$18/day

*10% discount for each subsequent sibling.***Part Time Coverage: Pick your Days!**

AM \$11/day

PM \$14/day

AM/PM \$21/day

Billed for per day of coverage.

No further discounts for part time coverage.

**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 Megan at [Meganv@washingtonparkdistrict.com](mailto:Meganv@washingtonparkdistrict.com).

**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 FACEBOOK (Washington Park District) with our status.**

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 - R.E.A.C.H. Coordinator

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

(309) 444-9413 ext.108

Please put an X by which days you will be attending.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_



## Behavior Management Policy 2025-2026

In an effort to ensure all campers are able to have a fun and safe summer, this code of conduct outlines behavior expectations for all campers. This code of conduct ensures that staff members are able to maintain a reasonably safe environment for all campers and staff. The following applies at all times across all camp and community settings.

A successful camper will:

- Follow staff directives the first time they are given
- Stay with their assigned group and counselors at all times unless having obtained permissions to leave their group or established boundaries
- Not engage in profanity, fighting, or disruptive behavior
- Participate in scheduled activities
- Respect camp property, park district staff, and other campers
- Remain seated and quiet while riding in park district busses or vehicles
- Refrain from bringing gum, candy, electronics, toys, or phones from home

If a camper is unable to adhere to the guidelines listed above and exhibits unsafe behavior, staff will determine appropriate interventions based on the severity and frequency of the behavior. When addressing behavior incidents, staff will consider the context, individual circumstances, and any extenuating factors involved. This approach allows us to respond thoughtfully, fairly, and with flexibility to ensure that all individuals are treated with understanding and respect. It is important to note that staff interventions are not linear and may take place in any order and/or in conjunction with other interventions.

Staff interventions include:

- Verbal and/ or non-verbal redirection
- Removal from the camp group resulting in missed activities or field trips
- Parent contact
- Early dismissal from camp day
- Suspension from programming- up to 10 days
- Re-evaluation of participant appropriateness for program
- Restitution for damage
- Referral to third party agency or authority for consultation

All code of conduct violations will be documented. Written incident reports will be presented to the guardian at time of pick-up. Each incident report must be signed by the guardian and will be placed in the child's camp file. A copy of the report can be made available to the guardian upon request.

If you have any questions, please contact the park district office at 309-444-9414.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Ages 17 & under)





# 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 and turn in all necessary paperwork for enrollment in the REACH Program **BEFORE** the first day of REACH, 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 48 hours without any fever reducing medication before being allowed to return to REACH.**
- Any medication (prescription and non-prescription) given requires written permission.
- If my child attends any dayquest days, 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.
- This program adheres with many of the DCFS guidelines, but is not licensed or regulated by DCFS with the state of Illinois.
- We are a "NO FIREARMS" facility.



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

Does your child have any allergies? (please list)

Does your child have a special diet? (please list)

Does your child have diet restrictions? (please list)

Does your child have special interests? (please list)

Does your child need special needs/services? (please list)

Does your child have a diagnosis? (please list)

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.)

**Photo & Video Policy**

Photos and video are periodically taken of participants in a class, during a special event or at Washington Park District parks and facilities. Please be aware these photos and video footage are for the Washington Park District's use only and may be used in the District's marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Washington Park District. Please contact the Washington Park District at 309.444.9413 or [info@washingtonparkdistrict.com](mailto:info@washingtonparkdistrict.com) for more information.

**Parent/Guardian Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_



## Medication Dispensing Information

**\*Please include ALL medications taken both at home and at camp.**

This form must be completed when medication changes.

### BACKGROUND INFORMATION

(All information MUST be printed)

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

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

Parent/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICATION INFORMATION

(All information MUST be printed)

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_



**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 provide emergency care by Park District staff, medical personnel and/or licensed hospital physician deemed necessary. 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.

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Childs Name

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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.

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Childs Signature

Date

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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

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 \_\_\_\_\_



## Assumption and Acknowledgement of Risk

Although Washington Park District has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme causes, permanent trauma, disability or death.

I understand that the Washington Park District does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

**Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; sunburn, heat exhaustion, dehydration, and other mild or serious conditions.**

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate and I elect to participate in spite of and with full knowledge of inherent risks.

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: \_\_\_\_\_**

**Minors Signature: \_\_\_\_\_ Date: \_\_\_\_\_**  
(Ages 17 & under)

**These records are maintained at the REACH desk (lower level across from the bathrooms) and locked each evening following the program. Records are transferred to locked storage following the end of each program season and stored on site until participants turn 18 years of age.**

**The Washington Park District engages and complies with the background check and clearance requirements to obtain criminal history checks through the Illinois State Police, FBI, and checks of the Illinois Sex Offender Registry, and Child Abuse and Neglect Tracking System for employees and volunteers who work directly with children.**

