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|---|----------------------------|--------------------------------|----------------------|
| Chinook Station Registration | | Date child entered care | Date child left care |
| Childs name: Last First Middle | | Name used | Birthdate |
| Street address, City, Zip code | | | |
| Child's parent/guardian name | 10 digit Cell Phone number | 10 digit work telephone number | |
| Relationship to Child: | | | |
| Parent email address - Required (please print clearly) | | | |
| Mailing Address, City, Zip Code | | | |
| Address where you can be reached while child is in care, City, Zip Code | | | |
| Child's parent/guardian name | 10 digit Cell Phone number | 10 digit work telephone number | |
| Relationship to Child: | | | |
| Parent email address - Required (please print clearly) | | | |
| Street address, City, Zip Code | | | |
| Address where you can be reached while child is in care, City, Zip Code | | | |
| Other people to notify in case of emergency | | | |
| Name | Address | 10 digit telephone number | |
| Relationship to Child: | | Cell: | |
| | | Work: | |
| Relationship to Child: | | Cell: | |
| | | Work: | |

Other than you, who else has permission to pick up your child?

| Name | Address | 10 digit telephone number |
|------|---------|---------------------------|
| | | Cell: Work: |
| | | Cell: Work: |

Who does not have permission to pick up your child?

| Name | Reason |
|------|--------|
| | |
| | |

Child's health information

| | | |
|-------------------------------------|-------------------------------------|---------------------------|
| Date of child's last physical exam: | Child's health care provider | 10 digit telephone number |
| Street address, City, Zip | | |
| Special health problems | Allergies, including drug reactions | |
| Regular medications | Other important information | |
| Child's dentist's name | | 10 digit telephone number |
| Street address, City, Zip Code | | |

Child's medical insurance coverage

| | |
|------------------------|----------------------|
| Insurance company name | Member/policy number |
| Policy holder name | Employer name |
| Insurance company name | Member/policy number |
| Policy holder name | Employer name |

Consent to medical care and treatment of minor children

I give permission that my child, _____, may be given emergency treatment by a qualified child care provider at

Name and/or address _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Washington that his information is true and correct.

| | | | |
|---------------------------|------|---------------------------|------|
| Parent/guardian signature | Date | Parent/guardian signature | Date |
|---------------------------|------|---------------------------|------|

CHINOOK STATION

Welcome to our program! We are looking forward to providing before and after school activities for your child and working with your family. Our goal is to provide a convenient and safe environment for your child(ren). The Chinook Station program is for K to age 13.

Hours: Our hours are 6:30 am until 6 pm on regular scheduled school days.

Important note: When school is delayed for weather or other unplanned emergency, Chinook Station is not available for before school care. When school is closed for weather/unplanned emergencies, Chinook Station is closed. When students are released early for weather/unplanned emergencies, Chinook Station will remain open for **2 hours** beyond the early closure for parents to arrange for someone to pick up their student(s). Chinook Station follows the school district calendar for Federal holidays and Thanksgiving, Christmas and spring break closures.

Fees: \$35.00 (nonrefundable) school year registration fee for each student and \$4.50/hr. (subject to change). **If you have an outstanding balance from previous years you will be required to pay in full prior to registering for the 2021-2022 school year.**

Payment: Statements will be sent electronically. Payments can be made through the App, by check, money order or cash. Balances need to be cleared monthly. An account that is 30 or more days delinquent or has a balance of more than \$100 owing will result in a suspension of child care until the account is made current.

Sign-in/out procedures Parents and/or pre authorized persons are required to sign the student in and out of Chinook Station. A parent may authorize someone not on file to pick up their child but **only if they have notified Chinook Station prior with either a note, phone call or text.** All persons will have a photo ID available to confirm their ID.

Discipline While we must set behavior limits, we intend those limits to benefit the child rather than make things convenient for the staff. We cannot allow students to injure themselves, others, staff or to destroy property. When this happens parents will be notified and a conference will be arranged. We reserve the right to refuse service to students who break established guidelines and limits and to children who disregard the safety of the staff and other children in this program.

Parent Signature _____ Date _____

Mask Policy

I understand that face masks are required by all students and staff while indoors. I understand that the mask policy is subject to change. Chinook Station will follow the guidelines set by the WA State Department of Health and the Kalama School District.

Parent Signature: _____ Date: _____

Photo Policy

I understand that Chinook Station occasionally takes photos of students and our High School Buddies also like to take occasional photos.

_____ I **give** my permission to take photos of my child.

_____ I **do not** give my permission to take photos of my child.

Parent Signature: _____ Date: _____

Chinook Station Closures

Chinook Station follows the KSD calendar for school closures and holidays.

Parent Signature: _____ Date: _____

Please Note: When school is closed due to weather, Chinook Station is closed. In the event of a late start due to inclement weather Chinook Station will be closed for AM care. In the event of unscheduled early release or closure, Chinook Station will remain open for two hours only after closure. At that time emergency contacts will be notified to pick up the child. Please make sure that all emergency contact information is updated and current in our files.

Homework Policy

Homework is encouraged every day. Paper and pencils are available if needed. There is table space away from projects in the cafeteria, kids can also sit by staff or on the playground when outside. Staff can be available for basic questions.

Progressive Behavior Expectations

I have read/and or received a copy of the Progressive Behavior Expectations Policy in the ELEMENTARY SCHOOL STUDENT HANDBOOK. I understand that a copy is available at the front desk at any time. I understand the policies and procedures covered in the Progressive Behavior Expectations Policy.

Parent Signature: _____ Date: _____

Meal & Snack Policy

Breakfast is available through the school or breakfast can be sent by the parents to be eaten at Chinook Station during the school year. Chinook Station will provide an afternoon snack during the school year. If we feel lunch that was sent from home (ex. Sometimes kids will make their own lunch) is not up to nutritional standards according to state guidelines, we will supplement the lunch at an additional \$2.00 charge to the parent.

Parent Signature: _____ Date: _____

Lice Policy for Chinook Station

Chinook Station will perform head checks when probable cause is evident, like excessive head scratching is witnessed. No child will be singled out; all children will be discreetly checked. If a live bug is found, the parent will be called to pick up their child immediately. Return into Chinook Station will be after a follow-up CLEAN head check.

Parent Signature: _____ Date: _____

Emergency Contact Information

Person's authorized to pick-up your child. Only person's listed on registration form by parents of enrolled children will be allowed to pick- up a child. For safety reasons, all person's will be checked by current photo ID until names and faces become familiar to staff. If a parent requires a special pick-up arrangement for that day a phone call, written note with a signature, or an email to cathy.brownbergmann@kalama.k12.wa.us will be required. This arrangement is a one-time event unless this person is added to the pick-up list by a parent.

Special Circumstances

If the person picking up a child appears to be under the influence of alcohol or drugs, Chinook Station will not allow the child to leave with this person. For your clarification, if the staff member can smell alcohol the child will not be released from Chinook Station until arrangements have been made for another authorized person to come pick-up the child. The safety and well-being of the children in our care is of primary importance.

Parent Signature: _____ Date: _____

CHINOOK STATION STUDENT CONDUCT EXPECTATIONS

Our goal is to provide a safe and nurturing environment for all students. Our expectations are that our students will be respectful, be responsible and be good decision makers.

Inappropriate Behaviors

- Destruction of school or another student's property
- Disrespect for authority
- Discourteous and/or rude
- Hitting, fighting, bullying or threatening another student
- Not following instructions
- Using inappropriate language, including "potty talk"
- Teasing or deliberately annoying another student
- Leaving the program without permission
- Spitting
- Bringing potential weapons or dangerous items to the program

Consequences

- Verbal warning-talk with student(s) to hear all sides of situation, listen to feelings of all parties, redirect student(s) if situation is not fully resolved
- Removal from situation either to another activity or time away from group depending on seriousness of situation; this will be left to discretion of staff in charge.
- Incident report and conference with parent
- Two-day suspension
- Removal from program*

*Our desire at Chinook Station is to work through every situation with student and parent with a positive outcome but if Chinook Station can no longer provide a safe environment or if staff/student(s) are unsafe due to choices made by a student; Chinook Station can no longer provide care for this student.

Parent Signature: _____ Date: _____

CHINOOK STATION MOVIE POLICY

Chinook Station watches movies in the afternoons.

The movies are selected from the the family/children section of our Netflix or Disney+ accounts. Our goal is to select movies appropriate for Chinook Station's 5-13 year old age group.

The chosen movie ratings vary from NR (not rated) which are family movies that don't necessarily make it to theatres and aren't made by a mainstream studio, G (general) and PG (parental guidance). The Chinook Station staff either have watched these movies themselves or trust our parents' review. As an added measure, our staff will check IMDB (internet Movie Database) parents' guide.

We have an area on the opposite side of the portable for students to play or read quietly that don't want to watch or aren't allowed to watch the movies. Popcorn and pop/juice will still be served to all students.

____ I choose to have my student(s) opt out of movie time.

Parent Signature:

_____ Date: _____

____ I choose to allow my student(s) to watch movie.

Parent Signature:

_____ Date: _____

