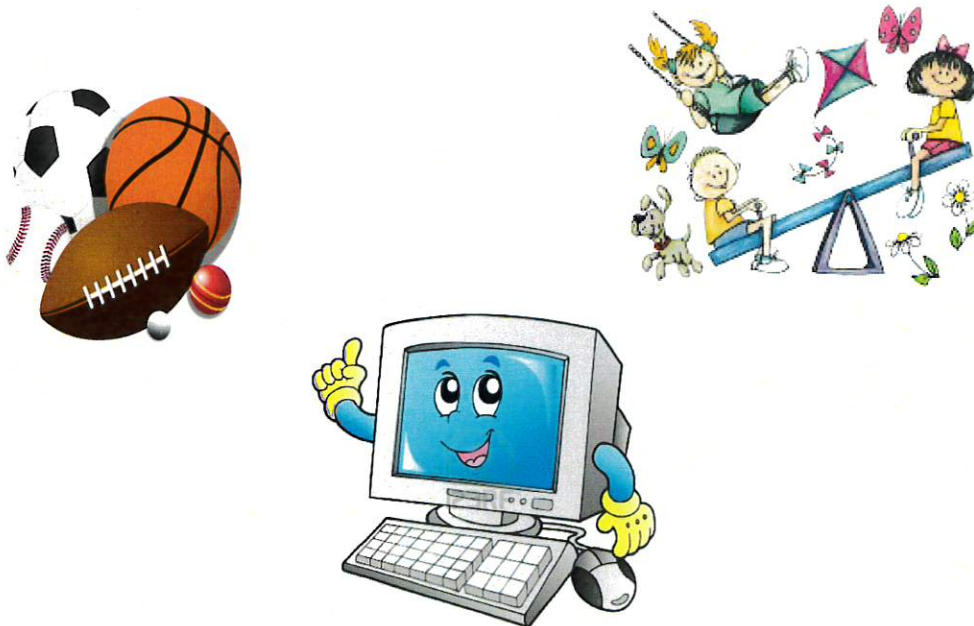


# **21<sup>st</sup> Century Community Learning** **Center AFTER SCHOOL** **PROGRAM**

## **FAMILY HANDBOOK**

### **SUMMER 2019**



The CCLC After School Summer Program will provide children entering grades 1<sup>st</sup>-6<sup>th</sup> in the fall of 2019, with expanded learning opportunities and enrichment activities in a safe and healthy environment.

**The CCLC After School Summer Program will be in operation from  
7:30 am - 5:30 pm at Bakken Elementary School (502 West Highland Dr-Door #4).**

### **ONLINE REGISTRATION:**

**You will register online at:**

**[https://www.willistonschools.org/parents/summer\\_after\\_school\\_program](https://www.willistonschools.org/parents/summer_after_school_program)**

**Please email the forms to: [gnwec1@gmail.com](mailto:gnwec1@gmail.com)**

The Summer Program will run: June 3<sup>rd</sup> – 28<sup>th</sup> & July 8<sup>th</sup> – July 26<sup>th</sup>. (We will be closed the week of July 1<sup>st</sup> – 5<sup>th</sup>). You can register to attend one or both months of sessions. The summer session will be held at the Bakken Elementary for all children. *If your child(ren) attended the 2018-2019 school year after school program, you will need to complete new forms for the summer program.*

### **MSSION STATEMENT:**

To empower all children to learn and succeed in a changing world.

### **CCLC PLEDGE:**

I am a student who is respectful, responsible, being there being ready, following directions and keeping hands and feet to myself.

### **Rules and Regulations**

The GNLCC After School Summer Program will follow the Williston Public School District #1 rules and regulations which can be found at <http://ndsba.org/policies/williston/Index/search.asp>.

### **Enrollment Limitations**

There will be student enrollment limitations based on space availability and staffing requirements.

### **Curriculum**

The site coordinators are responsible to organize and develop the program curriculum. Projects and activities are based upon the needs of the children involved in the program. Suggestions for activities are always welcome. will provide enriching experiences including: math, reading, science, social skills activities, outdoor play, cooking projects, teamwork, technology skills, creative dramatics, art/craft projects, fine motor skills, community service, environmental skills and awareness.

### **Sign-In and Sign-Out**

Parents are required to sign their child(ren) out every day. Always call the site supervisor if a person designated on your information form will be picking up your child. **All persons NOT recognized by staff MUST show photo identification.** Always let a staff person know when you're taking your child(ren). **Child(ren) must be picked up at/before 5:30 pm every day.**

Parents are required to sign the child(ren) out every day in compliance with the sign-in and sign-out policy.

**NO CHILD(REN) IS ALLOWED TO WALK HOME ALONE FROM THE LEARNING CENTER!**

### **Sibling Pickup**

If a parent sends a sibling to pick up a child(ren), the sibling must be at least 12 years of age. The sibling must either have proper identification or be known by a staff member.

### **Late Pickup**

Parents must call the site supervisor of notice of pick-up after 5:30 pm. The parent will be billed \$1.00 per minute after 5:30 pm. If late pickups occur often, you will need to find alternative transportation for your child(ren) to be picked up on time or they will not be allowed to continue with the program.

### **Transportation**

Transportation may be provided for any field trips not within walking distance. Students will walk to Harmon Park, splash pad, library and other areas in close proximity.

### **Insurance**

Parents **WILL BE** responsible for payment of any necessary medical care.

### **Fee and Payment Information**

You will receive an electronic invoice and you can pay online by using "Click to Pay". **Payments need to be paid on or before the 10<sup>th</sup> of the month.** Checks must be made out to CCLC with your child(ren)'s name on the memo line. Payments can be placed in the Bakken payment drop box or mailed to:

GNWEC  
PO Box 1964  
Williston, ND 58802-1964

The parent/guardian who signs the registration form is responsible for payment. Payment needs to be made in full each month. Fees are due according to the dates specified regardless if the child(ren) attend the session. Credit is not given for withdrawal or absences from the CCLC program. Months will not be pro-rated.

Fee schedule is based upon income eligibility through WPSD #1 Food Services.

#### **\*JUNE SESSION FEES (4 weeks)\***

	<b>1 Child</b>	<b>Each Add'l Child</b>
<b>Free</b>	\$120.00	\$60.00
<b>Reduced</b>	\$240.00	\$100.00
<b>Full</b>	\$500.00	\$160.00

#### **\*JULY SESSION FEES (3 weeks)\***

	<b>1 Child</b>	<b>Each Add'l Child</b>
<b>Free</b>	\$90.00	\$45.00
<b>Reduced</b>	\$180.00	\$75.00
<b>Full</b>	\$375.00	\$140.00

*NSF checks go directly to the Dakota Credit Bureau for collections.*

### **Discipline Guidelines**

Staff and students are expected to conduct themselves in a positive manner emphasizing the six pillars of Character Counts! Respect, responsibility, caring, citizenship, trustworthiness and fairness. Unacceptable behaviors include, but are not limited to:

- Physical or verbal aggression

- Drug, alcohol, tobacco or weapons used or in possession on the premises
- Destruction of property
- Unsafe activities-leaving the grounds without permission, tantrums which endanger others, etc.
- Behavior that disrupts activities and/or other children

Parents/guardians are required to review the program handbook of the CCLC and to address any questions with the site supervisor and/or director.

Student participants are required to:

- Follow instructions given by CCLC staff
- Transition easily from one activity to another
- Display appropriate behavior as determined by the site supervisor

### **Dis-Enrollment**

Staff may have to determine whether or not a student may continue to be enrolled in the CCLC program if discipline issues arise. If a child's conduct proves he/she is unable to abide by the rules set forth in the discipline policy, and intervention fails to remedy the unacceptable behavior, staff may, with approval of the CCLC director, dis-enroll the child from the CCLC program. Dis-enrollment may also occur if the child's conduct jeopardizes the safety of the children and/or CCLC staff.

If your child(ren) is no longer going to attend, please let the site supervisor know.

### **Meals/Snacks**

A nutritious breakfast, lunch, and snacks, will be provided daily. Snack menus are posted on the communication board. The USDA's Summer Food Service program will cover the cost of breakfast and lunch.

### **Children's Belongings & Clothing**

Children should be adequately dressed for both indoor and outdoor activities. In addition, it is recommended that:

- All belongings should be labeled with the child's name
- Students leave personal toys at home
- Students should have some type of bag for the belongings
- Students and parents are encouraged to check the lost and found from time to time for missing items
- Students are responsible for their own belongings and maintaining their space provided for them
- A water bottle should accompany the students daily

### **Allergies**

Parents are asked to notify the school of the child(ren)'s allergies prior to the beginning of the school year or as the child is diagnosed. Parents are required to provide written medical documentation of the allergies each school year. A meeting will be held with the school team to write a long term health plan which will outline the procedures the school will take to keep children as safe as possible in the school setting.

No peanuts or foods containing peanuts will be served in K-8 buildings. Students will not be allowed to bring peanut products into the school building. The school website will have all allergy forms including the school menus to assist parents in order to select safe food choices.

### **Medication**

CCLC **WILL NOT** administer medication. Please don't send medication with your child(ren). Parents are responsible for the administering of medication. Epi-pens are the only exception.

### **Illness or Emergency**

A child should not attend the CCLC After School Summer Program with any of the following symptoms: fever, vomiting, or diarrhea. Children should not attend the CCLC After School Summer Program with any undiagnosed rashes, inflamed or mattered eyes, severe cold or sore throat. Any communicable disease should be reported and will, in turn, be reported to all parents enrolled in the program. In the event of an emergency, parents will be notified. When necessary, the injured child will be transported to the hospital at the parents' expense. **\*If your child is ill, please call your site supervisor and notify them of their absence.\***

### **Parent Involvement & Communication**

The CCLC After School Summer Program encourages strong and active parent involvement. Parents are welcome to visit their child(ren)'s CCLC After School Summer Program site at any time. If you have any special talents that you would like to share, please let us know.

Take a few minutes each day to talk to the staff about your child(ren)'s day. The better we know you, the better we are able to meet the needs of your child(ren).

Confidentiality will always be maintained. Information regarding any enrolled child(ren) or incident should not be shared outside of the program. Please feel free to share the positive happenings from the program regarding participation numbers, special activities and academic success.

### **Alert Notifications**

A school notification system called Alert Solutions will be used for any emergency messages that may need to be sent. Alert Solutions is integrated with the existing PowerSchool Parent Portal. By default, phone calls and email are chosen.

### **Dispute Resolution**

Parents are encouraged to give their input regarding the operation of the CCLC After School Summer Program. If a parent has a concern about the program, the following process has been established to ensure that the concern is addressed. Concerns should be presented in the following manner:

1. The staff person involved
2. The site supervisor
3. The CCLC director
4. The superintendent of schools

### **Drills: Fire, Tornado and Emergency Codes**

Drills will be conducted for the safety of all the students and staff. Students will be directed on the proper behavior during the drills. During safety drills the after school employees will direct students.

### **Questions**

If you have any questions, you may call 701-609-5681 ext 5 or email: [gnwec1@gmail.com](mailto:gnwec1@gmail.com)

There will be a cell phone at the Bakken location for the After School Summer program. The number will be posted. Cell phones will always be with each lead teacher during the day.

## Partnership Agreement

### The 21<sup>st</sup> CCLC After School Summer Program is a combined effort.

As partners:

#### CCLC Staff Members Agree to:

- Regularly inform families about the CCLC activities.
- Provide enrichment activities that appeal to a variety of interests and needs.
- Assure that all students have equal access to equipment, materials and facilities.
- Treat everyone with respect.
- Assure the safety and wellbeing of all students.
- Inform parents/guardians of any issues associated with their child(ren) and give parents/guardians opportunity to visit with staff.
- Work closely with school staff to maintain communication and provide a positive learning environment.

#### Families Agree to:

- Visit with the site supervisor or director regarding concerns related to their child(ren) or the program.
- Inform CCLC staff if their child(ren) will not be attending the program as scheduled.
- Follow up on any communication from the CCLC staff.
- Volunteer and participate in activities.
- Make timely monthly payments.

#### Students Agree to:

- Conduct themselves in a positive manner, emphasizing the six pillars of character counts: respect, responsibility, caring, citizenship, trustworthiness and fairness.
- Provide feedback on CCLC After School Program activities in order to better meet the needs and interests of all students.
- Follow the CCLC After School Program pledge.

**The 21<sup>st</sup> CCLC After School Summer Program will follow all Williston Public School District #1 rules and regulations which can be found at <http://ndsba.org/policies/williston/Index/search.asp>.**

*Does the CCLC After School Summer Program have permission to use photos of your child(ren) in educational or promotional materials? \_\_\_ Yes \_\_\_ No*

#### Parent/Guardian & Student Contract

*I understand the information I have read in the CCLC Handbook. I agree to follow my part of the Partnership Agreement.*

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

# 2019 21<sup>st</sup> CCLC Summer After School Application

**Date Enrolled:** \_\_\_\_\_ **Date Withdrew:** \_\_\_\_\_

**Child's First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **School:** \_\_\_\_\_ **Grade (2019-2020):** \_\_\_\_\_

**Parent's or Guardian's Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Mother's Work Phone #:** \_\_\_\_\_ **Father's Work Phone #:** \_\_\_\_\_

**Mother's Cell Phone #:** \_\_\_\_\_ **Father's Cell Phone #:** \_\_\_\_\_

**Mother's Email:** \_\_\_\_\_ **Father's Email:** \_\_\_\_\_

*(\*\*emails are needed to pay your bill online and for communication notices\*\*)*

**Child lives with:**  Mother  Father  Both  Foster  Legal Guardian  Other (please specify) \_\_\_\_\_

**Primary Language:**  English  Spanish  Other \_\_\_\_\_

**Sessions Attending:**  June  July (closed July 1<sup>st</sup>-5<sup>th</sup>)

**Does your child have an IEP or 504 Plan?**  Yes  No

**If yes, please sign for your consent for school to release plan (confidentiality of information is strictly enforced)**

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

**Is your child under medical care or taking any medication(s)?**  Yes  No

**If yes, please check all of the following conditions that pertain to your child. Please be advised per the handbook that medication will NOT be dispensed at the After-School Program.**

Allergy Epi-pen  Yes  No  Other Allergies: \_\_\_\_\_

Asthma Inhaler  Yes  No  Special Needs: \_\_\_\_\_

Diabetes Insulin  Yes  No  Other: \_\_\_\_\_

Vision / Hearing Glasses  Yes  No

Special Dietary Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Family Health Care:**

**Physician's Name:** \_\_\_\_\_ **Clinic/Hospital:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Does the 21st CCLC After School Program have permission to use photos of your child in educational or promotional materials?**  Yes  No

**Permission for my child to ride a bus or walk for 21<sup>st</sup> CCLC Summer After School Program fieldtrips.**  Yes  No

**Please read and sign below:**

I give permission for 21st CCLC After School Program Serving Williston Public School District 1 staff to review my child's academic files for the purpose of analyzing program effectiveness.

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

**Siblings Attending After School Program:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Person(s) NOT authorized to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Other information that we should know about your child:**

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**CHI St. Alexius Hospital of Williston  
1301 15th Ave. W.  
Williston, ND 58801**

**CONTINUING CONSENT TO TREATMENT**

We, the undersigned, parents or legal guardian of \_\_\_\_\_, minor (s), do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor (s) under the general or special instructions of \_\_\_\_\_ M.D., or his/her alternate, whether such diagnosis or treatment is rendered at the office of said physician, or his/her alternate, or at CHI St. Alexius Hospital, Williston, North Dakota. We further authorize said physician, or his/her alternate, to exercise his discretion in authoring the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage

**21<sup>st</sup> Century Community Learning Centers After School Personnel**

(Name of person (s) into whose custody minor (s) entrusted)

and said physician, or his/her alternate, to exercise his best judgment as to the requirement of such diagnosis or treatment.

The consent shall be effective **for the Summer 2019 School Year**, unless sooner revoked in writing delivered to said physician, or his/her alternate or said person(s) entrusted with the custody of said minor (s).

Name of child:

Age:

Allergies:

Current Medications:

Date of last Tetanus:


Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date: \_\_\_\_\_

Father: \_\_\_\_\_ # \_\_\_\_\_

Mother: \_\_\_\_\_ # \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ # \_\_\_\_\_

**21<sup>st</sup> Century Community Learning Centers  
After School Summer Program 2019  
Walking/Bus Field Trip Permission Slip**

Dear CCLC Families:

The students enrolled in the CCLC After School Summer Program will participate in Walking/Bus Field Trips throughout the summer. (Walking field trips are defined as places of educational relevance within walking distance from Bakken Elementary.) By signing and returning this permission slip, you are giving your permission for your child(ren) to participate during the summer session.

The site supervisors are required to give prior notice of any upcoming walking/bus field trips. Parents/Guardians always retain the right to opt out of any walking/bus field trips by writing a note to your child's after school program supervisor.

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Student's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

I give my child permission to participate in Walking/Bus Field Trips with the CCLC After School Summer program.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_