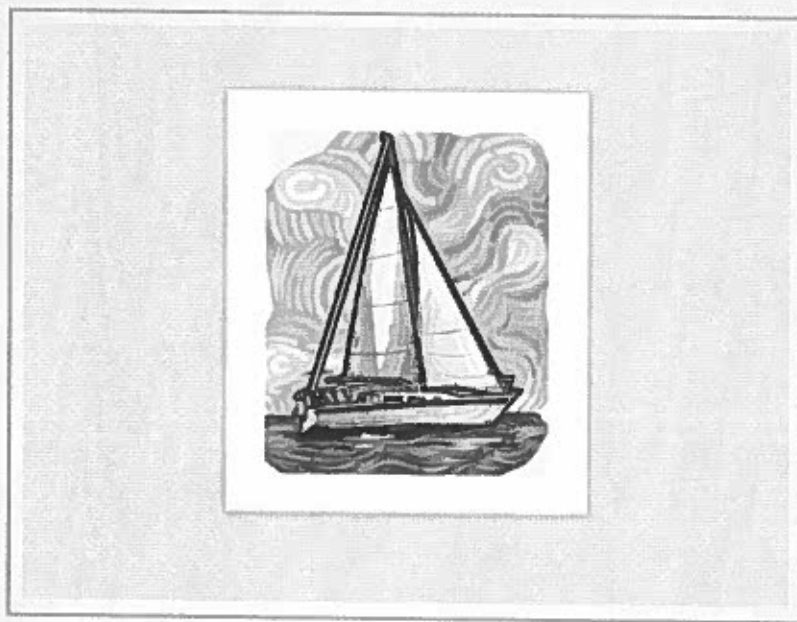


LAKEVIEW CARE FOR KIDS



SUMMER 2019



HANDBOOK

LAKEVIEW CARE FOR KIDS – SUMMER PROGRAM 2019

Dear Parents:

Welcome to BASP Summer 2019! An exciting summer is planned for your child. The BASP summer program is an extension of the school district, operating as a non-profit organization. The program is designed to serve children in preschool through middle school and is overseen by BASP Advisory Board as well as Solon Community School District.

The summer program has several branches of Preschool, grades K-3, Intermediate and Middle school. All programs will be located at Lakeview Elementary.

We hope that the activities and events planned will offer your child the opportunity to unwind from a busy school year, build new friendships and enjoy the summer to the fullest!

Sincerely,

BASP Staff &
Amber Feaker, Director

(319) 624-3401 ext. 1277
BASP Cell Phone – (319) 321-6184
Email – afeaker@solon.k12.ia.us

PROGRAM GOALS

1. The daily schedule will contain a variety of supervised age appropriate activities.
2. The program will offer a safe environment that fosters opportunities for the development of the whole child.
3. Communication with the program will occur regularly between the family and program Director and BASP staff.
4. The program will be structured to meet the necessities of families.
5. The program will employ quality staff to meet the needs of the children.

PARENTS RIGHTS AND RESPONSIBILITIES

1. To know that children are in a safe environment.
2. To share concerns with the staff.
3. To know if their child is struggling socially and to discuss with the staff a solution or support.
4. To pay fees on time as expected in the program handbook.
5. To keep the child's records up to date for program files.
6. To pick up children on time as stated in program policy.
7. To follow the program's health policy as explained in the handbook.

CHILDREN'S RIGHTS AND RESPONSIBILITIES

1. To be cared for in a safe environment.
2. To know ideas and feelings are attended to and respected.
3. To have redirection that is fair, equal and respectful.
4. To have the benefit of staff members that care and will support growth socially and emotionally.
5. To remain in the program at all times.
6. To use program property and materials with respect.

ADMISSION POLICY

Children enrolled in Solon Community School Preschool through Middle school for the 2018-2019 or 2019-2020 school year are eligible for admission. The program does not discriminate against any child based on race, sex, sexual orientation, color, creed national origin or ethnic background.

HOURS OF OPERATION

The summer program will begin June 10th, 2019 and end on August 9th, 2019. The program opens each day at 6:15 AM and closes at 6:00 PM daily.

* Please note that the summer program is CLOSED on July 4th in observance of Independence Day.

FEES AND PAYMENT POLICY

A \$50.00 per child non-refundable registration fee is required for enrollment in the 2019 summer program.

The program will offer three sessions for attendance. Families may choose one session, two or all three sessions. Sessions chosen do not have to be consecutive. **Statements are presented the first week of each session and are due by the end of the corresponding session.** Families may also request a payment schedule that fits their finances. These requests must be discussed and corroborated with the BASP Director.

SUMMER TUITION / SESSIONS

Tuition options -

Full Time, 5 days per week

Part Time, 3 days per week of choice
(part time day's chosen must remain
consistent each week)

- Session A, June 10-June 28
- Session B, July - 1 - July 19
- Session C, July 22 - August 9

Parents may choose a Full or Part time rate for any session.

Full Time - \$458.00 - per session - per child

Part Time - \$370.00 - per session - per child

**PARENTS WISHING TO WITHDRAW A CHILD FROM
THE SUMMER PROGRAM MUST SUBMIT A TWO-WEEK
ADVANCE NOTICE.**

ATTENDANCE POLICY

DAILY ARRIVAL AND DEPARTURE

All children must be signed in and out of the program by a parent or other designated adult. This is conducted by signing initials and time on the daily attendance list located on the sign in/out table in the Lakeview Summer Lobby. Lakeview Care for Kids is not responsible for a child until the child is signed in and under the supervision of the program staff. Changes in arrival or departure must be made in known in advance to program staff.

AUTHORIZED PICK UP

Changes in departure must be made in advance to program staff. Children will not be released from the program with an unauthorized adult without prior written or verbal notice from parents or guardian.

ABSENCE REPORTING

If children will not be attending the program on a scheduled day, parents must notify the BASP Director or staff via written or verbal communication.

LATE PICK UP FEE

Closing time must be respected – 6:00 PM daily. Parents whose children remain past 6:00 PM will be assessed overtime fees as follows:

Past 6:05 - \$5.00 per child per every 15 minutes of tardiness.

Late pick up fees are charged to account and repeated late pick up will result in termination from the program.

TRANSPORTATION FOR SPECIAL ACTIVITIES IN SOLON

Many activities are offered each summer through enrichment classes, sports camps, tutoring, etc. Lakeview Care for Kids can

assist parents in transporting children to special activities during the BASP summer day. ****NOTE: if a child's activity is during a scheduled BASP field trip, the program is not capable of providing transportation.** A program Lead Teacher will serve as driver of a Solon Community School van to and from these activities and only to and from locations within SOLON. **Most importantly, an Activity Release Form must be completed and on file in order for transportation to be requested.**

MEDICATIONS

Procedures for bringing and dispensing prescription medications; whenever a child is to be given a medication the parent must see the Director to complete and sign a **Medical Authorization Form**. The medication must be provided in the original container from the pharmacy complete with the Doctor's directions. The pharmacy name and telephone number must also be on the container. If medication is to be kept at the program for treatment of a chronic condition no more than one-month supply can be stored at the program.

SUPERVISING AN AILING CHILD

Children feel more comfortable when they are ill if they do not have to leave home. One of the following conditions is sufficient cause for a child to remain home.

1. Contagious illness
2. Fever over 100 F
3. Diarrhea
4. Vomiting

If a child becomes ill while in the program, he or she will be sent to the BASP office until a parent or authorized adult can pick up the child. A parent or authorized adult must pick up the child within one hour of being informed.

In case of accident parents will be notified immediately. Please make sure all registration information is correct and up to date. An emergency and medical consent form must be completed prior to registration for the summer program and will serve as a guideline should emergency medical services be necessary. An incident report will be made and kept on file.

BASP FOOD SERVICES

Children enrolled in the summer program are offered breakfast, lunch, and snack options each day. Drinks that are offered are milk, juices and water. Menus are posted and available each month of June and July / August. **Please see program Director should your child have strict dietary guidelines due to health concerns.** Snacks that the program has on hand each day include and in not limited to yogurt, cheese, crackers, fresh fruit, snack mixes, fresh vegetables, popcorn and applesauce.

LIBRARY VISITS / JOURNAL TIME

A weekly story hour is planned for each Thursday at the Solon Public Library for our preschool and 1st and 2nd grade children. A quiet time known as Journal Time during which children can read, journal or draw occurs daily in the summer program. The summer program will provide all children journals.

MOVIE DAY

Thursday afternoons will be movie day for the summer program. Children may choose to watch an age appropriate movie or read during this time. All children in the program will watch G or PG rated films.

FIELD TRIPS AND SWIMMING

Field trips for Kindergarten (completed school year 2018-2019) through Middle school take place on Monday, Wednesday and Friday afternoons from 12:30 PM to 3:30 PM. Field trip information is documented in the summer schedule and on the daily white board of information.

A basic plan for weekly field trips

Monday **K - Middle school groups swim at Tipton**
Wednesday **Assorted field trip that varies each week for**
 K - Middle school
Friday **K - Middle school groups swim at Mt.**
 Vernon

Each week the Kindergarten through Middle school children swim at the facilities of Mt. Vernon City Pool and the Tipton Aquatic Center. These facilities are provided the program field dates and number of children attending to ensure proper lifeguard staffing. BASP staff are also trained in CPR and First Aid. Parents with concerns about swimming are encouraged to contact the BASP Director.

Children must have the following

- 1. Swimsuit and towel labeled with name**
- 2. SUNSCREEN labeled with name**
- 3. Water bottle labeled with name**
- 4. Extra change of clothes and shoes placed in Ziploc bag labeled with name**

PRESCHOOL FIELD TRIPS

The preschool children will not travel to local pools. The program provides sprinklers, slip n slides and a small toddler pool for water activities. The preschool children will walk each week on Thursday mornings to the Solon Public Library. The preschool children will also walk on occasion to Randall Park.

CHILDREN'S PROPERTY

Personal items of the children enrolled must be labeled clearly with name. The program cannot be held responsible for lost or stolen items. Trading cards, hand held video games / electronics are not allowed in the program. Cell phones must remain in backpacks at all times.

VIDEO GAMES / SIGN UPS

Some days the children can participate in "sign up" time. This is a chance for children to play video game systems, CD players, Karaoke machine and ping-pong. All video games played at the program are rated E and any video games brought from home must be approved by the program Director. Allotted "sign up" time runs 30 minutes per turn.

VISITORS

Parents are welcome to visit the program at any time. For reasons of liability and supervision, it is not possible for children (siblings) not enrolled in the program to participate in activities. Please contact the program Director about joining for a field trip or activity!

DISCIPLINE / EXPULSION

A safe, supportive and respectful environment is a main goal of Lakeview Care for Kids. Therefore, children are expected to be respectful and courteous to all other program participants, BASP staff and building property. Peer modeling, redirection and positive reinforcement are the primary methods of behavior management. When necessary a conference between the child, parents, BASP Director and guiding Principal is held to determine a solution for ongoing behavior concern. No student is expelled unless the safety of themselves or others occurs. Lakeview Care for Kids agrees with the Department of Human Services that there shall be:

NO corporal punishment / spanking

NO cruel or severe punishment, humiliation or verbal abuse

NO denial of food as punishment

NO punishment for soiling or wetting

POLICY FOR COMMUNICATING CONCERNS

The Lakeview Care for Kids, Director is always willing to speak with parents regarding concerns. Please utilize the following procedure for any concerns.

1. Discuss the concern with program Director
2. Next, if the concern has not been resolved a parent should discuss with the guiding Principal
3. Thirdly, parents are encouraged to follow up with the BASP Advisory Board
4. Finally, parents with concerns unresolved should submit a written grievance to the Solon Community School District Board of Directors.

Emergency Medical Treatment Authorization/Consent Form
Please fill this form out completely or it will be returned to you to finish.

This form was completed on _____

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, _____ parent or guardian of the child named above give my permission to _____, child care center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____
Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____

Doctor: _____
Doctor's Address: _____
Doctor's Phone: _____
Preferred Hospital to Contact: _____
Dentist: _____
Dentist's Address: _____
Dentist's Phone: _____

Present medication(s): _____
Known allergies: _____
Insurance: _____

Physical on child completed on _____
Immunization records give to center <u>School</u> on _____
If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Address: _____

Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Relationship to child _____

Name: _____

Address: _____

Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Relationship to child _____

Name: _____

Address: _____

Home Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Relationship to child _____

Name: _____

Address: _____

Phone Numbers: _____ Home: _____

Cell: _____ Work/School _____

Relationship to child _____

Please circle your response and fill in the blank if applicable.

I do or do not give consent for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I do or do not give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I do or do not give consent for my child to attend non center activities. My child will attend the following non center activities: _____

I do or do not give consent for sun block to be applied to my child's skin. If you have a preference on sun screen you must provide it with the child's name written on the container in a permanent marker. Please list the preferred sun screen if applicable _____

I do or do not give consent for my child's picture to be taken.

I do or do not give consent for my child to be videotaped.

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Updated...

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

IOWA SCHOOL-AGE CARE - HEALTH STATUS - PARENT STATEMENT

Parent/Guardian complete this page

Please use a X in the box to statements that apply to your child.

Date of child's last physical exam: _____
 Date of last dental appointment: _____

Growth

I am concerned about child's growth.

Appetite

I am concerned about child's eating habits.

Rest - My child

needs to rest after school.

Illness/Surgery/Injury - My child

Had a serious illness, surgery, or injury.

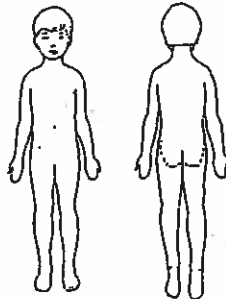
Please describe:

Child name: _____

Body Health - My child has problems with

Skin, hair, fingernails or toenails.

Describe skin marks, birthmarks, or scars. Show us where these skin marks are located using the drawing below.



Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

Play with friends - My child

- Plays well in groups with other children.
- Will play only with one or two other children.
- Prefers to play alone.
- Fights with other children.
- I am concerned about my child's play activity with other children.

School and Learning - My child

- Is doing well at school.
- Is having difficulty in some classes.
- Does not want to go to school.
- Frequently misses or is late for school.
- I am concerned about how my child is doing in school. Please describe:

- Eyes/vision, glasses or contact lenses
 - Ears/hearing, hearing assistive aides or device, earache, tubes in ears
 - Nose problems, nosebleeds
 - Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
 - Frequent sore throats or tonsillitis
 - Breathing problems, asthma, cough
 - Heart problems or heart murmur
 - Stomach aches or upset stomach
 - Trouble using toilet or wetting accidents
 - Hard stools, constipation, diarrhea, watery stools
 - Bones, muscles, movement, pain when moving
 - Mobility, child uses assistive equipment
- Please describe

- Nervous system, headaches, seizures, or nervous habits (like twitches or tics)
- Females - difficult monthly periods
- Other special needs. Please describe:

Medication¹ - My child takes medication.

Medication Name	Time Given	Reason for giving medication

Allergy - My child has allergies (list all allergies: food, medicine, fabric, inhalants, insects, animals, etc.):

Child has Epipen, inhaler, or other emergency medication.
 Yes No

Note to parents: **Certificate of Immunization**
 School-owned and operated child care programs located on school property may file/store your child's Certificate of Immunization in the school office or in the school nurse's office. All other school-age child care programs must keep the Certificate of Immunization on-site at the child care facility.

Date: _____

Parent Signature:
 (required)

¹ Parents: Please review the child care program's policies about the use of medication at child care.

BASP SUMMER 2019 REGISTRATION FORM

CHILD NAME _____ GRADE IN FALL '19 _____

PARENT NAME _____ ADDRESS _____

HOME PHONE _____

WORK PHONE / PLACE OF EMPLOYMENT:

MOTHER _____ / _____ FATHER _____ / _____

CELL PHONE:

MOTHER _____ FATHER _____

EMAIL:

MOTHER _____ FATHER _____

PLEASE READ:

FAMILIES HAVE THREE TUITION OPTIONS FOR ENROLMENT. THE SUMMER WILL CONSIST OF 9 WEEKS THAT ARE DIVIDED INTO THREE SESSIONS.

SESSION A - JUNE 10 - JUNE 28

SESSION B - JULY 1 - JULY 19 (PROGRAM CLOSED ON JULY 4)

SESSION C - JULY 22 - AUGUST 9

CHOOSE ONE, TWO OR THREE SESSIONS

PLEASE CIRCLE THE TUITION CHOICE AND CORRESPONDING SESSION

<u>TUITION CHOICE</u>	<u>SESSION A</u>	<u>SESSION B</u>	<u>SESSION C</u>	<u>COMPLETE 3 SESSIONS</u>
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FULL TIME 5 DAYS PER WEEK	\$458	\$458	\$458	\$1,374
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PART TIME 3 DAYS PER WEEK	\$370	\$370	\$370	\$1,110
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* PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND PART TIME - M T W T H F

I understand and will abide by the policies and procedures outlined in the BASP Summer 2019 registration materials. I have received and read the Summer 2019 handbook. I agree to pay the non-refundable \$50.00 registration fee and tuition rates as explained in the Summer 2019 handbook.

Parent Signature _____ Date _____