

Panther Place
Remote Learning Program
September 2020

Panther Place is now offering a Remote Learning Childcare program!

When: Tuesday, September 7 - All Remote Learning days

Time: 7:30 a.m. - 3:30 p.m. - All participants must be present by 8:00 a.m.

Where: Millstadt Primary Center

Ages: Kindergarten - 4th Grade

Meals: Breakfast, Lunch and a Snack will be offered. Menu options and pricing TBA.

What to Bring: Please Note - These items will NOT be available at Panther Place

1. Face Mask-Required for all participants
2. Electronic device used for Remote Learning
3. Headphones
4. Backpack with school supplies needed for Remote Learning
5. Water Bottle

Weekly Fees: There is a nonrefundable \$25 per family, per year registration fee

Families who qualify for free/reduced book fees and lunches, please contact Lynae Roberts for pricing information

Full Time - 4 - 5 days of attendance a week

1st Child - \$110 2nd Child - \$100 3rd Child - \$90

Part Time - 1 - 3 days of attendance a week

1st Child - \$75 2nd Child - \$70 3rd Child - \$65

We are taking a limited number of participants, to secure a spot for your child:

1. Complete the attached registration form and return it to Panther Place
2. Registration fee - \$25 nonrefundable fee per family per year
3. Panther Place account in good standing-if applicable

I will be accepting registration forms and fees, at the Primary Center this week on Wednesday & Thursday - 7:30 a.m. - 3:30 p.m. Friday from 10:00 a.m. - 6:00 p.m.

If you have any questions or want more information, please contact Lynae Roberts

Lroberts@mccsd160.com or 618-476-7100 ext. 1421

Millstadt C. C. School District No. 160
Panther Place Registration Form
Remote Learning Program 2020-2021

Student Name: Last _____ First _____ DOB _____ Grade _____

Home Address: _____ Home Phone: _____

Additional Children:

Name: Last _____ First _____ DOB _____ Grade _____

Name: Last _____ First _____ DOB _____ Grade _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian-Email Address(s): _____

Employer: _____ Work Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Please indicate the anticipated schedule you are enrolling for: **First day of Attendance:** _____

Full-time (4-5 days per week)

M T W TH F

Part-time (1-3 days per week)

M T W TH F

Emergency Contacts/Authorized Adults Permitted to pick up your child

For the safety and well being of your child, it is required that an adult **who is at least 16 years of age** sign in and out your child. Complete names and phone numbers are required.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If you or the emergency contacts cannot be reached, and if in the judgment of the program authorities immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital and accept the fees involved? Yes _____ No _____

Please list special health conditions or care instructions to staff:

Parent/Guardian Signature

Date

COVID-19 Daily Self-Certification

Instructions:

- In accordance with the Illinois Department of Public Health and Illinois State Board of Education requirements, students must be screened **each day** for COVID-19 symptoms and other criteria prior to entering a school building.
- Parents must screen their child each day prior to sending their child to school.
- If your child does not meet all the following criteria, you must keep your child at home and notify the school of your child's absence.

By sending your child to school, you are certifying you have screened your child and he/she meets all the following criteria to attend school.

Criteria to Attend School – Checked Daily
My child does not have a temperature over 100.4F.
My child is not taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce his/her fever.
My child has not had close contact or cared for someone with COVID-19 within the past 14 days.
My child has not returned from travel outside the United States or on a cruise ship or river boat within the past 14 days.
My child has not been directed to self-quarantine by a health care provider.
My child has not been directed to self-quarantine by the County or State Department of Public Health.
My child does not have any of the following symptoms:
• Chills
• Cough
• Shortness of breath or difficulty breathing
• Fatigue
• Muscle or body aches
• Headache
• New loss of taste or smell
• Sore Throat
• Congestion or runny nose
• Nausea or vomiting
• Diarrhea