



# MONROE PARKS & RECREATION

## AFTER SCHOOL PROGRAM RECREATION CLUB

### GENERAL INFORMATION

#### OBJECTIVE

The After School Program offers children K - 6th graders an opportunity to have fun and learn new skills. Each day, we will provide a variety of recreational activities, sports, games, crafts, homework and much more. Our staff is selected for their special skills, experience and love of children.

#### OPERATION HOURS

School Days: After School until 6:30 pm

Full Days: 7:00 am - 6:30 pm (Teacher Work Days, School Breaks, Summer)

We will be closed: New Years Day, Good Friday, Memorial Day, July 4th, Labor Day, 2 days at Thanksgiving, and 2 days at Christmas.

#### FEES

After School Weeks:	\$45.00 per week
After School Weeks with Bank Days:	\$50.00 per week
After School Weeks with Teacher Workdays:	\$60.00 per week
Holidays (Program Closed):	\$6.00 per day extra

A **late charge** of **\$5.00** per week will be added to your account for payments after Monday.

Checks may be made out to: City of Monroe

\* We will be unable to pro rate or refund fees for absences.

#### FULL DAYS

Children may be dropped off at the Dickerson Center as early as 7:00 am. Please bring a bag lunch and drink (drink machines are available in gym).

## **SNOW & INCLEMENT WEATHER**

**Early Dismissal From School:** If school is dismissed early, we will pick up at the schools for your convenience. Our staff will then notify parents as to what time our program will be closing, if an early closing is deemed necessary for the safety of our staff.

**School Closings:** If school is closed for the entire day, our program will open at the same time City of Monroe offices open. Please watch **WSOC-TV** for the City of Monroe announcement.

## **SCHOOL PICK UP**

We will be picking up your child at his/her school in the City vehicles. Please inform you child's teacher that he/she is enrolled in our program. If your child is sick or will not be picked up at school by our bus or van, **please** call as early as possible that morning. We are not able to go into the school looking for them.

## **SNACKS**

We will supply a snack and drink to each child daily.

## **DEPARTURE**

To insure that all children depart safely, parents will be required to come in to the facility and sign their child out. This also allows for daily contact between parents and staff. We will close at 6:30 pm.

**Late Fee:** A fee of \$5.00 per 15 minutes will be charged to your account for late pickups. If you have an emergency or traffic problems, call us.

## **PICK UP AUTHORIZATION**

On your application, you have provided us with names of people who may pick up your child. For your child's protection **WE WILL NOT RELEASE YOUR CHILD TO ANYONE** not on this list. ID's may be requested.

If you have a special situation or circumstance, please be sure to let us know in writing prior to the pick up day.

## **PHONE NUMBERS**

Dickerson Recreation Center	704-282-4649 or 704-283-8037
Debbie Reynolds, Director	980-722-7450 (Cell)
Tonya Edwards, Recreation Superintendent	704-989-7363 (Cell)

## **MEDICATIONS**

No oral medications (aspirin, etc.) will be given to the After School Program participants *unless* it is listed on their medical history form. If a child is taking a prescription or over the counter drug that needs to be administered during our program hours, the following information must be submitted in writing to the Director:

- The time the medication is to be dispensed.
- The name of the attending physician.
- A note with the parent's signature stating permission to give the child the medication.

## **INSURANCE**

Parents are responsible to carry family medical insurance. We do not carry medical insurance.

## **DISCIPLINE**

A variety of activities will be offered in an effort to interest each child and deter from behavioral problems. If discipline problems do occur, the staff will talk to the child to try to clarify and correct the problem. If the problems continue, we will send a notice home to the parent. If after 2 written notices to the parent, the child continues to be disrespectful and cannot function with the group, suspension from the program may result. If a child is removed for disciplinary reasons, they will not be readmitted to the program in the future. Safety, enjoyment and respect (to each child and our staff) are **VERY IMPORTANT** to our program.

## **PERSONAL BELONGINGS**

We ask that parents refrain from sending personal items of value with their children to the center. Our staff cannot be responsible for making sure these items are not misplaced or lost. If your child chooses to bring these items, such as cell phones, I Pods, etc. they will be asked to leave them turned off in their book bags and placed in their cubbies.

## CALENDAR OF EVENTS

A schedule of events will be distributed to the parents once a week to inform them of special events, crafts or trips that are included in your regular weekly fee.

Monroe Parks & Recreation offers special on-going programs to the public at the Dickerson Center such as: tennis lessons, gymnastic lessons, karate and craft programs. These programs are optional and have separate fees. Because your child is enrolled in our program, they will have the opportunity to register early and receive a discount. We will notify you of these options as they become available.

We appreciate your participation in this program. If we can be of any assistance to you, please let us know. If you have any questions or concerns, please call us at 704-282-4649.

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I have read and understand all policies and procedures of the Monroe Parks & Recreation After School Program.

\_\_\_\_\_  
Parent Signature

**MONROE PARKS & RECREATION  
AFTER SCHOOL /SUMMER DAY CAMP PROGRAM  
REGISTRATION / MEDICAL FORM**

**PARTICIPANT INFORMATION**

Child Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Grade (Fall) \_\_\_\_\_ School \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

**PICK UP INFORMATION**

Please list any person that might pick your child up from the After School / Summer Day Camp Program. These are the only people, other than parents, we will release your child to. It is not necessary to list parents.

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I give permission for my child to participate in all After School / Summer Day Camp activities including field trips. I understand pictures will be taken of program activities for publicity purposes and give my permission for my child's picture to be used in future publications.

I also authorize the Recreation staff to secure emergency medical treatment for my child in the event of an emergency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

# MEDICAL HISTORY FORM

1. Previous hospitalization: No \_\_\_\_\_ Yes \_\_\_\_\_ For What? \_\_\_\_\_  
\_\_\_\_\_

2. Date of last health examination: \_\_\_\_\_

3. Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list. \_\_\_\_\_  
\_\_\_\_\_

4. Any previous diseases or illness? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_

5. Is child on any medication? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list. \_\_\_\_\_  
\_\_\_\_\_

6. List any over the counter medication the child may take if needed: \_\_\_\_\_  
\_\_\_\_\_

7. Any physical handicaps/limitations? No \_\_\_\_\_ Yes \_\_\_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Is child under care of a doctor? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, for what reason: \_\_\_\_\_  
\_\_\_\_\_

9. Has your child had any contagious illness in the last 30 days? No \_\_\_\_\_ Yes \_\_\_\_\_  
Please describe: \_\_\_\_\_

10. Any history of convulsions? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Any history of diabetes in family? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Any history of heart trouble? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Please list any other conditions or circumstances we should know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_