

CONTACT INFORMATION

Kids Klub Site Address

Genoa Elementary School
602 E. Hill Street

Kid's Klub Coordinator

Kelly Heuser

Site Phone Number
815/757-0660 (Please leave a
message)

Doug Kenney
Superintendent of Recreation
dougk@genoaparks.com

[\(815\)766-2564](tel:8157662564)

Sandi Rease

Payments/Billing

400 E. Second Street
815/784-5612 office
815/784-5051 fax

Kids Klub After School Program



**GENOA TOWNSHIP
PARK DISTRICT**

400 E. Second Street, Genoa, IL 60135 815/784-5612 office 815/784-5051

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Afterschool Parent Handbook

General Policy

Enrollment is open to children grades kindergarten – 6th grade and *provided the program can meet the needs of the child*.

Information Updates

If at any time the participant or parent/guardians telephone number, address or other pertinent information changes, please notify the Kids Klub Director.

Schedule Changes

If your schedule changes and the days that are needed are different from the original request, please notify after school staff and the park district office as soon as possible. 815/784-5612.

Absences

If you know in advance that your child will not be attending the afterschool program, please notify the afterschool staff. If your child will not be attending school due to being sick or last minute changes, please call the after school phone, 815-757-0660 (voicemail only) or the park office 815/784-5612. *Please note, the afterschool phone is not monitored throughout the day. It's on from 1:00-6:00 pm. If you need immediate assistance, please call the park office. 815/784-5612*

School Calendar

We follow the Genoa Kingston School District yearly school calendar. On days that the children are not in attendance we offer no school day program at our Fitness Center (333 ½ First Street) Advanced registration is required. 815/784-3488.

Weather/Snow Day Closures

If the school district calls a “No School” day due to weather, there is NO KIDS KLUB AFTER SCHOOL PROGRAM. If school is called with an early release due to weather, your child(ren) will be transported to GES to the Kids Klub After School Program as a normal day, HOWEVER, Kids Klub staff will contact parents to come pick up your child(ren) promptly. This procedure is followed for the safety of your children and our staff.

Code of Conduct

In keeping with our program goals, we encourage fun for all of our participants. However, certain rules are necessary to ensure everyone's safety and enjoyment. Participants are expected to:

- Show respect for all participants and staff
- Treat others the way you want to be treated
- Keep your hands, feet and objects to yourself
- Be polite and courteous and listen when others are talking
- Always clean up after yourself
- Show respect for equipment, supplies and facilities

Discipline

As with any large group of children, discipline must be reinforced by staff and the parents. We ask that you, as parents/guardians, please go over this information with your child so they are aware of the consequences of poor behavior. Below is a list of some common behavior problems, but not limited to, that WILL NOT be tolerated:

- Endangering the health and safety of the children and/or staff
- Theft or damage to facilities or personal property
- Continuous disruption of the program
- Lewd or obscene behavior
- Leaving the program area without permission
- Dishonesty
- Foul language
- Misusing photographic devices

There is zero tolerance for violence.

If a child misbehaves, these are our steps:

First offense: Explain to the child the park district rules, what they did that was incorrect and why they should not repeat the action. This seems to work most of the time.

Second offense: Same as above, but with removal from the activity.

Third offense: Same as above, but with parental notification at this point. Ongoing problems after the third warning will involve a parent conference with possible removal from the program.

Depending on the infraction, any of these steps may be eliminated.

Concerns/Problems

Any troubles your child has at other activities or at home may affect behavior during the program. Please keep us informed of any circumstances so we can be sensitive to your child's needs. The staff would like to work as a team with your family. Your input is vital to accomplishing this goal.

Departure

Parents/guardians are **required to sign their children out each day. Only the people listed** on the "Personal Information Form" will be authorized to pick up your child(ren). If there is any change in a pick-up person, the change needs to be made on the form ahead of time. If it is a one-time thing, we need a note given to us ahead of time by the parent. We do check ID's. You will be charged \$10 for every 15 minutes you are late picking up your child(ren) starting at 6:01 pm. Payment is paid at the time of pickup directly to after school staff.

Emergency Medical & Health Policy

We will always try to provide a safe environment for your child. If a child is injured, the staff will administer first aid to any minor injury (bumps, bruises, cuts, scratches, etc.) If a serious injury occurs, the parent/guardian will be contacted by phone immediately and a staff person will remain with the child until the parent arrives. If you cannot be reached, we will call the emergency numbers you provided on the information form. In the unlikely event of a serious injury or illness that requires emergency medical attention, paramedics will be called, and if need be, transported via ambulance to the nearest facility. A staff member will accompany them to that nearest facility.

If your child becomes ill, we will call you to notify you of the situation. If your child has a fever or is vomiting, or experiencing diarrhea, we will request that your child be picked up as soon as possible. The site supervisor will determine if your child should be removed for that day due to the illness. If it is decided that it would be in the best interest to do so, AN AUTHORIZED PERSON MUST PICK THE CHILD UP.

Medication

A medication form must be completed before we can dispense any medication. The form can be picked up at the front desk of the Park District. Medication can be dropped off to Kelly Heuser, Director of Kids Klub After School Program or Superintendent of Recreation at the Park District Office. Medication needs to be in the original prescription bottle with the child's name on it and specific directions for dosage. The correct dosage must be on the bottle. Please do not let children carry their own medication.

We prefer not to dispense over-the-counter medication, but if need be, it is imperative that the medication form must still be filled out and the medication must be clearly marked with the child's name, the name and dosage of the medication and explicit directions of administration.

Cell Phone Policy

If parents require that child possess a cell phone with them for emergencies, they **MUST** remain in their back pack.

Fire Arms Policy

Firearms are prohibited on school property. No Firearms Signs are posted clearly on all school district doors.

Background Check Policy

All camp/club staff comply with the background check and clearance procedure through Illinois Department of Human Services CCAP. The park district also provides a background check through a third party for all park district staff. This is required on a yearly basis. Staff who do not pass the background check will not be hired.

The Genoa Township Park District After School Program is not licensed or regulated by DCFS. Information filled out and returned to the Genoa Township Park District is kept for 10 years. Then it is shredded.

After School Fees & Payment Procedures

Fees are based on your daily needs. Please fill out the information on the next page regarding days you will be attending. Before the program/participant begins all fees must be paid in advance, which includes a \$35.00 non-refundable registration fee. I will be billing the 1st of each month. Please be sure to keep your schedule as current as possible. I will send out reminders prior to the start of the new month for your child's schedule.

Ways to Pay:

- ❖ Attached you will find an automatic credit card authorization form. Please fill out and return to the administration office. You MUST have current credit card on file.

No refunds will be given for missed days

Genoa Park District

Kids Club Participant Information

The parent/guardian must fill out the following information. The intent of this information is to provide camp staff with the appropriate care. **MUST BE COMPLETED AND RETURNED PRIOR TO THE FIRST DAY OF AFTER SCHOOL.**

Participant Information

Participant's Name: _____ Nick Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Grade: _____ Male: _____ Female: _____

Parent/Guardian Information

First Parent/Guardian: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Contact #: _____ Cell#: _____

Primary Email: _____

Second Parent/Guardian: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Contact #: _____ Cell#: _____

Primary Email: _____

Days Attending:

We understand that this will be changing weekly. Reminders will be sent out prior to the start of a new month asking for your child's schedule. (Please put an X on the days your child will be attending)

August 2023

Monday	Tuesday	Wednesday	Thursday	Friday
Monday	Tuesday	Wednesday	Thursday	Friday
Monday	Tuesday	Wednesday 16	Thursday 17	Friday 18
Monday 21	Tuesday 22	Wednesday 23	Thursday 24	Friday 25
Monday 28	Tuesday 29	Wednesday 30	Thursday 31	Friday

Please list days you will be attending: EX: M, T, W, TH _____

Emergency Contact/Alternate Pickup

Other than the persons listed above, please list those who are able to pick up your child within 20 minutes of a call. Only persons listed above and below will be allowed to pick up your camper. **A photo ID will be required for anyone that is not a daily pickup person.**

Name

Relation

Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody/Guardianship

WHO has legal custody of this child? _____

Address _____ Phone _____

If guardianship is involved, who is the legal guardian of the child? _____

Address _____ Phone _____

If there is a custody issue with any child you must provide a copy of a court order that provides us with who has legal custody. If in the process of a separation or legal proceedings involving custody, we will require a letter signed by both biological parents that states who is authorized to pick up your child, and that the park district may contact either person regarding issues involving the child.

Additional comments: _____



GENOA TOWNSHIP PARK DISTRICT

Mandatory Automatic Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled or till the end of the program.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Contact Phone Number: _____
Card Number: _____
Expiration Date (mm/yy): _____
Email (Where the receipt should go): _____
(All receipts will be emailed. Please keep a copy for your records. No yearend tax information will be sent out.)
Program: _____
Childs Name: _____

****Please note you must have a current card on file at all times****

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Office Manager in writing/phone call, of any changes in my account information or termination of this authorization *at least 1 day prior to the next billing date*. Transactions will occur: **every Friday**. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I hereby authorize Genoa Township Park District to process credit card transactions in the agreed amount as set forth in the payment fee schedule provided to me in the parent handbook based on the amount of days attending.

Customer Signature

Date

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Transportation Waiver and Release

Please read this form carefully and be aware that in signing up and participating in Genoa Township Park District Day Camp that there will be field trip/outings, which may require transportation services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that the Genoa Township Park District is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the Genoa Township Park District, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with and field trip/outing and/or transportation services.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

Initials_____

Emergency Treatment Authorization

Emergency Treatment: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician/emergency personnel, a life is in the balance. Written consent is required for all treatment given in any emergency situation. Consent of a parent or legal guardian is necessary for minors except in extreme cases.

To Whom it May Concern: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of medical emergency which, in the opinion of the physician/emergency personnel, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Initials_____

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Genoa Township Park District including its officials, agents, volunteers and employees.

In the event of an emergency, I authorize the Genoa Township Park District to secure and/All necessary medical attention from an accredited hospital and further agree that I will be responsible for any and all medical services rendered. I have read and fully understand the Important Information, Waiver of All Claims Assumption of Risk. I further understand that my signature is required below in order to participate in Genoa Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the parent handbook.

I do hereby fully release and forever discharge the Genoa Township Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with Genoa Township Park District programs.

If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I have read and fully understand the procedures, policies, rules and regulations outlined in the parent's handbook.

I agree to review the handbook with my child(ren) to help him/her understand what is expected of him/her when involved with the Park District Program. I am also aware that there are certain consequences that may affect me or my child(ren's) participation or attendance of field trips for not following policies and procedures.

Parent/Guardian Signature_____

Date_____