

2021-2022

Town of Palm Beach Recreation Department AFTER SCHOOL PROGRAM

WHO: Children in grades K-5

WHEN: Monday - Friday

WHERE: Morton and Barbara Mandel Recreation Center, 340 Seaview Avenue, Palm Beach

FEES Schedule: Fees include activity expenses and supplies.

<p>Palm Beach Public School 2:00p.m.-5:30p.m.</p> <p>Residents: \$ 189/month Nonresidents: \$264/month</p>	<p>Palm Beach Day Academy 3:00p.m.-5:30p.m.</p> <p>Residents: \$ 143/month Nonresidents: \$196/month</p>
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Our After School Program is a fully supervised program offering a wide variety of fun-filled activities. A professionally trained staff, under the direction of Certified Park and Recreation Professionals, will be conducting exciting and educational programs as well as challenging tournaments, contests, sports activities, playground games, arts & crafts and special events. **Nature walks and other off campus activities will be included in the schedule this year.** Age groupings, program activities and the level of supervision are designed to meet the needs of the various program participants. Children will have the opportunity to work on homework assignments Monday through Thursday at the beginning of the program. Please keep in mind this is not a tutoring program.

PROCEDURES

1. Registration:

- A. Space is **limited** with residents of the Town having priority registration. **Proof of residency is required to receive resident status.**
- B. **PAYMENT IS DUE ON OR BEFORE THE 20th OF EACH MONTH FOR THE UPCOMING MONTH.** If payment is not received by the 20th of the month a \$25.00 late fee will be charged. (If the 20th falls on a day the Recreation Center is closed, payment is due no later than 5:30p.m. the next business day). If payment is not received by the 25th of the month, your child may be removed from the program.
- C. Payment must be made prior to your child participating in the After School Program. Refunds will not be issued once a month has begun. Refunds will be issued for pre-paid months only, if refund is requested by the 25th of the prior month. A \$15 processing fee will be applied to all refunds.
- D. You **must** fill out an Information & Release, Password Program and/or Medication

form (if necessary). We will not dispense any medication without this form.

- E. Please notify the office immediately if your child's information changes during the school year to assure emergency contacts and phone numbers are accurate and up to date.

2. **Signing In**

- A. Public School participants will meet in the school quad and be escorted to the Recreation Center. We will coordinate pick-up with parents of Palm Beach Day Academy participants. Upon arrival to the program, your child must **sign-in** with the After School Activity Leaders. If enrolled in additional Recreation Department programs, you must notify the Activity Leaders of the days, times and duration of the program.
- B. **The Town of Palm Beach is not responsible for a child until they sign in to the program.**
- C. If your child will not be attending for the day, please notify us in advance.

3. **Signing Out:** In order to further ensure the safety of our program participants enrolled in our Recreation Center classes and programs;

- A. We ask parents to be punctual when picking up their child from the program as our staff have outside commitments they must attend to at the conclusion of our program. **CHILDREN MUST BE PICKED UP PROMPTLY AT 5:30 OR A LATE FEE WILL BE ASSESSED**
- B. Activity Leaders will only be allowed to release a child to the parent/guardian or pre-arranged authorized person(s) (please notify the office if you are going to send someone not on your list to pick up your child). Tutors must sign your child out of the After School Program and sign them back into the program when done.
- C. Upon picking up your child, you must check in with staff and sign out your child, as staff may need to inform you about changes to the program, behavior issues, etc.
- D. Parents **must** sign their child/children out daily. The only exception to this is the child designated to walk home from the program (5th grade only). We will not send a child out to a parent.
- E. If a participant has not been picked up by 5:30pm, staff will attempt to contact the parent/guardian. If the parent/guardian cannot be reached by 5:45pm, staff will attempt to reach the emergency contacts listed on the child's release form. If staff is unable to reach parent/guardian/emergency contact by 6pm, staff will contact the Town of Palm Beach Police Department to pick up the child. The Police Department will work with Recreation Staff to facilitate pick up of the child through the Florida Department of Children and Families.

4. **Late Fees**

A late fee of \$5.00 per five (5) minutes will be assessed to anyone arriving after the designated

conclusion of the After School Program or for Fun Days. On the first incident, a warning will be given (pending time of pick-up). After the first incident, the late fee will be assessed.

Late fees are due at the time the child is picked up. If the child is continually picked-up late, the child may be removed from the program.

Late Fees:	5:31 - 5:35 p.m. - \$ 5.00
	5:36 - 5:40 p.m. - \$10.00
	5:41 - 5:45 p.m. - \$15.00
	5:46 - 5:50 p.m. - \$20.00 Etc.

Following these procedures helps ensure a safe, fun, enriching environment for your child. Thank you for your help with this matter.

GENERAL INFORMATION

- A. No child may leave his/her group without permission from Recreation Staff for any reason. All children must be supervised, regardless of age.
- B. It is recommended children leave all valuable items at home. The Center is not responsible for lost or damaged items.
- C. Children riding bicycles should lock their bicycle at the bike rack located at the south side of the tennis pavilion
- D. The Town of Palm Beach does not provide participant accident insurance.
- E. Parents are expected to go over all Recreation Center Discipline Policies and Procedures with their child prior to enrolling them in the program.
- F. Fun Days may be offered for teacher workdays or certain holidays; pre-registration is required.

Should you have any questions, please contact the Recreation Department at 838-5485.

Please review all the information in this packet and fill out and return all required forms (Information & Release Form, Password Program Form & Medication Authorization (if necessary)) to the Palm Beach Recreation Department main office, 340 Seaview Avenue, prior to the start of your child attending the After School Program. If you have any questions regarding the After School Program, please call the main office at 561-838-5485.

**Town of Palm Beach Recreation Department
2021-2022 Information & Release Form**

Participant Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ D.O.B. _____ Phone/cell phone: _____

Proof of Age is required for youth programs (i.e. birth certificate, passport)

E-mail address: _____

Participant/Parent City of Employment: _____

Child's School: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Person to contact in case of emergency when parent/guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relation: _____

Name: _____ Daytime Phone: _____ Relation: _____

Please list any special medical issues, allergies or instructions you feel staff should be aware of. A medical form (available at the Recreation Department main office) must be filled out by your physician in order to dispense any medication. _____

Additional person(s) **authorized** to pick up your child (Must show valid I.D.): _____

Program Waiver and Release of All Claims: ALL PARTICIPANTS

I agree to waive all claims my minor child/ward or myself may have as a result of participating in the Town's Recreation Program(s). I further agree to fully release and discharge the Town of Palm Beach, its officers, employees, and representatives from and against any and all losses, damages, injuries of any kind as a result of either myself or my minor child/ward's participation in such Recreation Program(s). In the event of an emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician, and /or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical service rendered. I give consent to use any photograph taken of me or my minor child/ward during recreation activities, classes or programs for future recreation brochures and promotional material.

Signature of Participant/Parent/Guardian _____

Date _____

Camp/After School Program Participants Only

I have read and fully understand the Town of Palm Beach Policies & Discipline Procedures and the Program Waiver and Release of All Claims. I also understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after program conclusion. (Please initial) _____

My child has permission to sign themselves in/out of the Recreation Center Programs (Please initial) _____

Signature of Participant/Parent/Guardian _____

Date _____



Palm Beach Recreation Department Password Program

For the safety and well-being of our After School Program participants, we have implemented a Password Program. This password allows you to call in and make changes to your child's registration form, authorize pick-ups, request financial information, etc. Please choose a word or phrase easy to remember, as you will be required to provide it every time you call. Information or changes will NOT be given out or made without the password. The information provided will be kept confidential.

Child's Name: _____

Child's Name: _____

Password: _____

Please provide a question and answer below to utilize in case you forget your password.

Parent /Guardian Name (Please Print): _____

Phone Number: _____

Parent/Guardian Signature:

If you have any questions regarding the Password Program, please call the main office at 561-838-5485.



TOWN OF PALM BEACH RECREATION DEPARTMENT
PHYSICIAN'S AUTHORIZATION OF MEDICATION

Since there is no medical personnel at the Recreation Center to administer medication, careful consideration should be given by the parent or guardian to ordering or administering medication in a manner so that it is not necessary to administer to the participant while at the Recreation Center. **MEDICATION MUST BE IN ORIGINAL CONTAINER.**

NAME OF CHILD: _____ BIRTH DATE: _____
NAME OF MEDICATION: _____ Order Exp.(Date) _____
Desired action of medication (optional) _____
Form of medication: pill capsule inhalation liquid injection
Other (specify) _____
Dosage (amount to be given) _____
How often and at what time: _____
Symptoms of adverse reaction to medication: _____

NAME OF MEDICATION _____ Order Exp.(Date) _____
Desired action of medication (optional) _____
Form of medication: pill capsule inhalation liquid injection
Other (specify) _____
Dosage (amount to be given) _____
How often and at what time: _____
Symptoms of adverse reaction to medication: _____

The parent knows of this request and has agreed to supply this/these medication(s) as needed. Should the student manifest any of the above symptoms which may be caused by the medication, I understand that the parent will be contacted and the Palm Beach Recreation Department directive relating to emergency care will be followed.

Physician's Name (print) _____ Physician's Signature _____ Date _____
License # _____ Telephone # _____

I hereby give my permission for my child (named above) to receive medication while enrolled in a recreation department program. I understand the Town of Palm Beach undertakes no responsibility for either the administration of the medication or for the failure to administer or to dispense the medication. This medication has been prescribed by a licensed physician. I hereby release the Town of Palm Beach, its officers, agents and employees from any and all liability that may result from my child taking the medication or for the failure to take said medication.

Parent/Guardian Signature _____ Telephone _____ Date _____

(For Administrative Use Only) Names and Titles of persons to administer medication(s)

1. _____ 2. _____ 3. _____

Approved by: _____ (Director's Signature)

Town of Palm Beach Recreation Department

After School Youth Program

Discipline Policy & Procedures

Though the vast majority of after school program participants display proper behavior and extreme discipline problems are an exception to the rule, the department has a discipline procedure in place. The after school program stresses proper behavior and a code of conduct including but not limited to the following areas:

PARTICIPANTS SHALL:

1. Show respect for all program staff. Follow directions the first time given.
2. Show respect for all program participants. Keep hands, feet, arms etc. off of other participants. Fighting will not be tolerated.
3. Not verbally threaten staff or participants.
4. Report any incidents, perceived or otherwise, of bullying or threatening behavior to staff immediately!
5. Use conduct that demonstrates appropriate and acceptable behavior. Dangerous behavior, including horseplay, which could cause harm to others, is unacceptable.
6. Show respect for other people's property. Shall not handle, touch or use another person's property, or Recreation Department property designated for the program, without prior permission.

Restitution: Any property belonging to other participants or the Town that is maliciously damaged, broken or stolen will have to be replaced; therefore, restitution is required from participant(s) involved in the infraction.

7. Stay with your Activity Leader and/or assigned activity. Participants shall not hang out or play in the rest rooms or any room in the Recreation Center that is not specifically designated for an After School Program activity without permission from a staff member.
8. Not possess, display or use any object that could harm another person.
9. Not use profanity or obscene and abusive language or gestures.
10. Not gamble on any type of game or activity while on Recreation Center property.
11. Not participate in or encourage any activity that is disruptive to the general peace and welfare of the Recreation Center or related functions.
12. Observe and obey all facility rules and procedures.

DISCIPLINARY ACTIONS:

Positive reinforcement is utilized whenever possible; however, the staff has been instructed to give children timeouts or take-away privileges for repetitive behavior problems. Our program utilizes progressive discipline; however, the more serious the behavior problem, the harsher the punishment. Expulsion from the program will be necessary if a behavior problem continues and/or the participant is not willing to change his or her conduct.

Severity Claus: Certain behaviors of a serious nature which pose a threat to the physical well-being of program participants or staff or involve major property damage will result in immediate suspension or expulsion.

Disciplinary Action

- 1st infraction - Counselors discuss behavior with child, Warning/Time out of activity may be given
- 2nd infraction - Warning/Time out of activity, Child may be sent to the office, parent contacted
- 3rd infraction - Child sent to the office, parent contacted, possible suspension from the program

Any further or persistent disruptive behavior may result in expulsion from the program.

Please read the preceding rules and procedures with your child and make sure they understand them. Your support of this disciplinary procedure is important and will help to ensure the safety of all the children while participating in the Recreation Department's After School Program.

Please sign, along with your child, the Discipline Policies and Procedures form and return to the Recreation Department Administrative Office.

If you have any questions or concerns regarding these rules or procedures, please contact the main office at 838-5485.

2021-2022 After School Youth Program and Discipline Policies & Procedures Form

I have received and read a copy of the Recreation Department's After School Youth Program and Discipline Policies and Procedures. I understand it is my responsibility to go over this information with my child/children and to instruct my children to follow these rules. I am also aware of the consequences that may be implemented in the event my child does not follow these rules.

Signature of Parent

Date

Signature of Participant

Date

2021-2022 After School Youth Program Registration Form

PARTICIPANT INFORMATION

Parent/Guardian Name: _____

Phone/cell phone: _____ Alternate #: _____

Email: _____

Child's School: _____

Childs' Name: _____ Grade: _____

Childs' Name: _____ Grade: _____

Childs' Name: _____ Grade: _____

PAYMENT AUTHORIZATION

I _____ hereby authorize the Town of Palm Beach to charge the credit card account number listed below for the total cost of the August 21-22 payment (or include additional months as noted below) for the After School Program for each child listed above. I certify I am an authorized signer on this card and the credit card number and signature below are the same as those on file with the credit card issuer.

Credit Card #

Expiration Date

CVV#

Name as it appears on Card (Please Print)

Signature of Card Holder

Check here to pay for additional months in advance:

Aug__ Sept__ Oct__ Nov__ Dec__ Jan__ Feb__ Mar__
April__ May__

Signature _____