

After School Program Public Policies and Procedures



General

After School Program Daily Schedule:	2:45 – 3:45PM	- Check-In/Homework/Quiet Activities
	3:45 – 4:15PM	- Snack
	4:15 – 6:00PM	- Gym/Playground

Prices are as follows and are per week per child:

One Day	- \$15.00
Two Days	- \$30.00
Three to Five Days	- \$40.00

A 1:15 staff to child ratio will be maintained at all times.

The After School Program is held at each of the three elementary schools in Lumpkin County. Middle school students are also welcome to the After School Program, but they must walk to Lumpkin County Elementary School to attend.

General Rules

A counselor will review the expected behavior and rules with the participants each week.

- 1) Children are expected to follow directions by staff.
- 2) Children are expected to treat peers, counselors, facilities and equipment with respect.
- 3) Children must stay within the designated area and should never leave the group or area without an After School Program Counselor.
- 4) Any behavior that jeopardizes the safety of other children or staff will not be tolerated (i.e. spitting, throwing objects, pushing, hitting, biting, threatening violence, bullying, etc.).
- 5) No foul language, drugs, or inappropriate clothing is allowed at After School Program.

Discipline

In the event that general rules are not followed, a counselor will:

1. **Counseling:** When a discipline incident occurs, the student will be counseled and given a description of the behavior change required.
2. **Time-Out:** If another incidents occur the student may be asked to take a "Time Out". A "Time Out" is a 5 to 10 minute period that the student spends quietly reflecting on the incident. The child then rejoins the group. Child may be written up depending on the frequency or severity of incident.
3. **Parent Contact:** If a series of discipline situations occur, the child's parent or guardian will be contacted. Parents will receive a written Disciplinary Report Form explaining the unacceptable behavior.
4. **Suspension:** A student who continually disregards instructions will be suspended for 1 day. The parent / guardian will be advised.
5. **Termination:** If the child's behavior remains unacceptable then the parent or guardian will be informed and the child will be dropped from the program.

Parents may be notified of disciplinary issues with a report form, by phone, or by a parent conference. Children who receive 3 disciplinary reports are subject to dismissal from camp depending on the severity of behaviors. Lumpkin County Parks and Recreation Department reserves the right for immediate dismissal of any child. If child is dismissed from program on two different occasions, Lumpkin County Parks and Recreation Department has the right to refuse admittance to other Breaks Camps and the After School Program.

Participant Drop-Off and Pick-Up

- A photo ID is required every time a child is picked up from After School Program.

- Only persons specified on a participant's registration form will be allowed to pick a participant up.
- To add a person to the pick-up list, you must come into Lumpkin County Park and Rec. No phone calls will be accepted.
- If a child has not be picked up by 6:00PM, counselors will wait with that child until 6:15PM at the school. At 6:15PM, if the child has not been picked up, counselors will inform the Program Coordinator, who will pick the child up and take him/her to Lumpkin County Parks and Recreation Department's Community Center where the child can be picked up.
- Late fees will be issued per child should they be picked up after 6:00pm. If parents/guardians are more than five minutes late, the charge will be \$5.00 for every ten minutes past 6:00PM. After thirty minutes, the charge will be a dollar a minute.

Payment

- For children in attendance of Lumpkin County Parks and Recreation's After School Program, a payment should be made by a parent or guardian during that week for the set price of the service. Payments can be made at Lumpkin County Parks and Recreation Department Community Center, over-the-phone, to an After School Program Counselor, or online using Rec1 at <https://secure.rec1.com/GA/Lumpkin-County/>.
- It is recommended that you get a paper receipt anytime you give a payment to an After School Program Counselor. Checks are the preferred method when giving a payment to an After School Program Counselor.
- The previous week's balance will be updated by 5:00PM on Wednesday of the following week. Likewise, invoices for unpaid balances will be e-mailed out each Wednesday at 5:00PM. For those without e-mail, a paper invoice will be sent to the school with the Counselors the week after service.
- Balances must be paid each week. If an account reaches a \$200.00, any child on the account with the balance will not be admitted to the After School Program until the balance is paid.
- Any account with any unpaid balance on it will not be allowed to register any children for a new semester of After School Program until the balance is paid in full or a payment plan is filled out.
- Any breach in a payment plan will result in any children on the account being dismissed from After School Program until the balance is paid in full.

Children's Belongings

- Participants should have all of their belongings labeled. Participants should keep their belongings in a backpack/bag and placed in a designated area. Staff is not responsible for lost or stolen items.
- Because of their high value, we ask that your child does not have any electronic device. This includes: tablets, Gameboys, iPhones, iPods, etc.

Sick/ill Children

Campers who are ill and may be contagious or who require a level of care that compromises the care and supervision of other children will be excluded from activities and cared for individually until the parents arrive. Please do not send your child to After School Program if they have a contagious sickness or are running a fever of 100° or more. It is required that parents retrieve their child as quickly as possible upon notification of illness.

Injury

Any major injury or accident that occurs during scheduled After School Program hours will be handled in the following manner:

1. 911 will be called immediately.
2. Parent/Guardian will be called next.
3. Based upon the professional decision of the EMT unit, the child may be transported to the closest medical facility for immediate care.
4. EMT may advise the parent/guardian or counselor how to care for the child - and what additional follow-up care is required.

Minor injuries will be treated by CPR and First Aid Certified Lumpkin County Counselor.

Zero Tolerance Policy

We want to ensure the overall protection and safety of every child and staff member in our program. A Zero Tolerance Policy is in place for inappropriate behaviors such as intimidation, physical aggression, vandalism and continual disciplinary issues. Every parent can help by reminding their child the seriousness of these types of behaviors. Any persons found engaged in any of these behaviors may be dismissed from After School Counselor and any other appropriate actions will take place.

Parent Concerns

Any Parent/Guardian concerns should be shared with the Program Coordinator as soon as possible. The Program Coordinator and the parent/guardian will discuss the concerns and work together to find a resolution to the issues.

**Lumpkin County
Parks and Recreation Department**



After School Registration Form

School: _____

Participant's Name: _____

Date of Birth: _____ Grade: _____ Gender: (Circle One) Female **Male**

Primary E-mail Address: _____

Cell Phone: _____ Home Phone: _____

Other Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Allergies/Medications: _____

Other special needs that we may need to be made aware of: _____

-ANYONE LISTED BELOW OR ON NEXT PAGE WILL BE ABLE TO PICK-UP CHILD FROM AFTER SCHOOL-

1. Father/ Guardian Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

2. Mother/ Guardian Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

Additional Pick-up List

3. Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

4. Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

5. Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

**LUMPKIN COUNTY PARKS AND RECREATION DEPARTMENT'S AFTER SCHOOL PROGRAM
ASSUMPTION OF RISK, WAIVER OF LIABILITY and PARENT/GUARDIAN PERMISSION FORM**

NAME OF CHILD: _____

In order to participate in a Lumpkin County Parks and Recreation Department's After School Program, each participant must submit completed versions of this Assumption of Risk and Waiver of Liability and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received.

AGREEMENT TO PARTICIPATE

To ensure that you and your child understand and accept the risks of participation in the Lumpkin County Parks and Recreation's After School Program (After School Program), you both must indicate your understanding and agreement by signing on the appropriate lines below.

PARENT AGREEMENT

I affirm that my child's participation in the After School Program is entirely voluntary, and understand that participation in the After School Program involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the

After School Program staff prior to signing this form. I also understand that, despite safety precautions, neither the After School Program nor Lumpkin County Parks and Recreation Department can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. I understand that the best way to make sure that my child remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the After School Program. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the After School Program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE

In consideration for permitting me/my child/ward to participate in the After School Program, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, participating in, or traveling to or from the After School Program.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the After School Program, Lumpkin County Parks and Recreation Department, Lumpkin County Government or its trustees, officers, employees, agents, and staff from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my relatives, or to any property belonging to me, traveling to or from, or participating in the After School Program.

MEDICAL EVALUATION

I understand that I must submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the After School Program. I further understand that I will be responsible for my medical expenses.

TRAVEL WAIVER

I agree that Lumpkin County Parks and Recreation Department (LCPR), Lumpkin County Government, Lumpkin County Board of Commissioners, Lumpkin County Board of Education, or any person employed by these entities will not be held liable for any legal claims arising out of unforeseeable conditions, motor vehicle accidents, and negligence. I do hereby release, absolve, and hold harmless Lumpkin County Parks and Recreation Department, Lumpkin County Government, Lumpkin County Board of Commissioners, Lumpkin County Board of Education, or any person employed by these entities, the organizers, sponsors, and anyone connected with the field trip. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the field trip. I hereby give permission for the person named above to participate in Lumpkin County Parks and Recreation Department's After School Program activities including field trips in approved vehicles (LCPR vehicles, Board of Education school buses, or Commercial Motor Coaches).

PHOTO RELEASE

I give permission for photographs taken of me/my child/ward while participating in the After School Program to be used in marketing/public relations material in the promotion of After School Program and/or Lumpkin County Parks and Recreation Department.

OTHER

I understand that in order to receive all updated information in regards to the program I must provide a current phone number and e-mail address and/or check Parks and Recreation website (<http://www.lumpkincounty.gov/park-programs/>) for updates. I understand LCPR and all affiliated programs are not licensed child care facilities and programs.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Signature: _____ Date: _____