



After School Program

Program Hours

The Maides Park after-school program operates from school dismissal until 5:30PM Monday through Friday.

Homework Time/Assistance

Because of the number of students who require assistance during homework time, staff is unable to provide extended one on one homework help. Children who do not wish to use homework time to complete their homework may use the time to read a book or participate in other enrichment activities. Please make sure to send your child(ren) with all materials they will need to complete their work including paper, pencils, markers, etc.

Checkout Procedures

Children will not be released to anyone other than parent, guardian, or person listed on the child's registration form unless the child's parent notifies staff **PRIOR** to pick up time. The child(ren) may walk from the site with written parental permission; however, after-school staff must be notified *at least one day* in advance.

Special Needs

The City of Wilmington strives to provide the best after-school program experience for participants. By enrolling your child(ren) in the program, you agree they have the necessary fitness and skill level required to participate. Please consult with the facility supervisor regarding any special needs your child(ren) has **PRIOR** to registration. We will work to provide reasonable accommodations.

Absences

If your child(ren) is/are unable to attend the afterschool program for any reason, notify staff as soon as possible. **Disclaimer:** If child(ren) is a recipient of the fee assistant program, he or she must attend at least three days a week. Failure to adhere to this policy will result in dismissal from program.

Inclement Weather and Early Release

In the event of early school dismissal due to inclement weather, the City of Wilmington Parks and Recreation after-school program will be canceled. It is the parents' responsibility to pick up their child(ren) from school in cases of inclement weather or early release. If New Hanover County Schools dismiss at regular time, after-school programs will operate as scheduled. If inclement weather occurs during after-school program hours, it will be at the City's discretion to decide whether or not the program will be canceled. If the decision is to close early during program hours, parents will be contacted and asked to pick up their child.

Illness Policy

Children must be healthy enough to participate in the program's daily routine. We do not have the facilities to care for sick children and therefore do not allow them to attend the afterschool program. For the safety and comfort of your child, please keep them home until they no longer present the danger of passing on their illness.

Medications

A medication authorization form must be completed if your child must self-administer medication during program hours. Please include ALL necessary information regarding medical needs. All medication should be administered at home whenever possible. We **DO NOT** administer or dispense any type of medication to participants. If it is necessary for your child(ren) to take prescribed medication during program hours, they will be required to dispense it themselves. Keep all medication in the original container with the prescription label/direction label attached. Medication must be labeled with the child's name, the name of the medication, the dosage amount, and the time(s) to be given. Medication should be given to the Recreation Supervisor. Participants are not allowed to keep medications with themselves, in their backpacks, or in their lunch bags. If your child(ren) has special medical needs, please consult the facility supervisor to provide them with the necessary details.

Food Allergies

If your child(ren) has food allergies, please add that information to the registration form.

Emergencies

Staff members are trained to handle crisis situations.

- 911 will be called immediately.
- You will be notified.
- If necessary, based on the professional decision of the EMT unit, your child(ren) may be transported to the closest medical facility for immediate care. The EMT may advise the staff how to treat or care for your child(ren) until the EMT unit arrives.

In the event of a site emergency evacuation, participants will be taken to a designated location. The location will be posted on the site door. Efforts will be made to contact you, should evacuation be necessary.

Transportation

Transportation will only be provided from designated schools.

Facility

Maides Park

Pick up from

Rachel Freeman Elementary / College Park

Late Policy

Child(ren) must be picked up by 5:30PM. More than three offences will result in dismissal.

Behavior Policy

The following disciplinary actions will be taken when a child's behavior disrupts programming and jeopardizes the safety of other children or staff.

- Verbal counseling with a written report provided to the guardian/designated checkout signee.
- First incident following written report will result in a one-day suspension.
- Second incident following a one-day suspension will result in a two-day suspension.
- Third incident following a two-day suspension will result in a three-day suspension.
- Any incidents after a three-day suspension will result in dismissal.

For severe offenses, such as: **fighting; theft; profanity; vandalism; possession of weapons or drugs; severe verbal threats and/or sexual misconduct** will automatically result in the participant being dismissed from the program immediately - bypassing the first four steps of this procedure.



What Students May NOT Bring



- Weapons (of any kind)
- Medication not prescribed to them
- Sugary drinks/Unhealthy foods
- Candy/Baked Goods
- Outside Food
- Toys from home
- Cell phone (unless a valid reason is provided from the parent.)
- Apparel with profanity/inappropriate messages

NO WEAPONS

Items that are prohibited in the after-school program will be confiscated from the student. These items will be returned at the end of the program – when the child is picked up.

WELCOME TO OUR AFTER-SCHOOL PROGRAM!

Afterschool Application

\$30 per month for Traditional/Year-Round School Participants

Child #1

Name _____ Boy Girl Grade ____ Age ____ Date of Birth _____

School: _____

Address _____ City _____ Zip Code _____

Child #2

Name _____ Boy Girl Grade ____ Age ____ Date of Birth _____

Child #3

Name _____ Boy Girl Grade ____ Age ____ Date of Birth _____

Child #4

Name _____ Boy Girl Grade ____ Age ____ Date of Birth _____

Parent/Guardian

Name _____

Home/Cell phone _____ Work phone _____

E-mail Address _____

Medical

Does your child have any physical limitations or special needs? Yes No If yes, please explain:

Does your child have any health-related issues? (Food allergies, medication)? Yes No If yes, please explain: _____

Will your child be taking medication during the program (medications include prescription, over the counter, inhalers, etc.)? Yes No *If yes, a medication authorization form will need to be completed prior to medicine being self-administered.*

Emergency Contact/Authorized Persons for Pick-up

Name	Phone #	Relationship to Child

PLEASE READ CAREFULLY BEFORE SIGNING

I declare that the child(ren) is/are physically fit and have the skill level required for participating in the program activities. I further authorize medical treatment for myself/the child(ren), at my cost, if the need arises. In consideration of my child(ren)'s participation, I hereby release and hold harmless the City, its agents, officers, employees, and volunteers from and against any and all claims, demands, causes of action or other liability on account of damages to persons or property arising out of my/the child(ren)'s participation in the above programs, including but not limited to, riding in the City's vehicle. I have read and understand the above.

I further authorize the City of Wilmington and/or representatives of the news media or others authorized by the city to make photographs, films, videotapes, and sound recordings of me/the child(ren) or conduct an interview with the same, and use the photographs, films, videotapes, sound recordings and interviews in any form for their purposes. I consent that said photographs, film, videotapes, sound recordings and interviews may be copied, published, telecast, or broadcast for such purposes as the City or such media and others see fit together with descriptions, copy and editorial statements.

All photographs, films, videotapes, sound recordings, interviews, including descriptions, copy and editorial comments, if any, shall be and remain the property of the City of Wilmington and/or the media company or others employed or authorized by the City. I waive all consideration, compensation, or remuneration for the use of said photographs, films, videotapes, sound recordings and interviews, and I transfer and convey to the City, or its authorized media company or others authorized by the City any rights I may have in and to same.

I have carefully read all the information, policies, and procedures above and in the program booklet and I agree to all the terms and conditions.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Concerns and Questions

We are looking forward to an exciting program filled with opportunities for fun, learning, and exploration. If you have concerns or questions about the after-school program, we encourage you to speak with the Recreation Supervisor of the program your child(ren) attends.

Contact Information

Maides Park: 910-341-7867

Late Pick Up Record (Staff Use Only)		
Date _____	Time _____	Comments _____
Date _____	Time _____	Comments _____
Date _____	Time _____	Comments _____