

Leipsic After School Program



Dear Parent/Guardian,

Leipsic Elementary is pleased to offer your child the opportunity to participate in the Leipsic After School Program. It is the goal of the Leipsic After School Program to provide students the opportunity to receive tutoring in reading and math, enriched academic activities, character education, family engagement and service learning projects. The Leipsic After School Program is a free program offered to students in Grades 1-5. Enrollment will be based on the number of spots available. **The program is federally-funded through the 21st Century Community Learning Center grant written and operated by the Putnam County Educational Service Center.**

Your child has been invited to attend the Leipsic After School Program. Grades 1,2,& 4 will first meet on Wednesday, October 9 and Grades 3 & 5 will first meet on October 10. The program will run throughout the school year and conclude April 24, 2020. The program will be offered Monday through Friday from 3:00-5:00 p.m. Your child is welcome to attend any or all of the days during these operating hours. An early-bird tutoring session is also being held from 7:00-8:00 a.m. daily.

Students will meet in the elementary cafeteria at the conclusion of the school day. A nutritious snack will be provided at that time. Teachers will then assist students with reading & math skill development, enrichment clubs, and other fun activities to reinforce social and emotional development.

Students will be dismissed to parents/guardians at the front of the school. Bus transportation home will be provided by Leipsic Local Schools. Students who ride the bus home from school on a regular route can ride the bus home from the after school program. There will be no bus service available on Fridays. All students who sign up to attend on Friday will need to be picked up in front of the school at the 5:00 p.m. dismissal time.

For the Early Bird program, students can enter the main entrance no earlier than 7:00 a.m. and a teacher will be there to greet the students. Students will receive tutoring and skill building activities. Breakfast is served in the cafeteria beginning at 7:50, under regular school breakfast policy. There will also be NO transportation to the Early Bird program. When we are on a delay schedule due to weather conditions, the Early Bird program is cancelled.

The Leipsic After School Program is a great opportunity for you and your child. We hope you will consider registering your child for this fun and rewarding experience! Should you have any questions, please contact Ms. Judy Dukes at 419-943-4067.

Please complete all of the attached registration forms and return them to your child's teacher by Tuesday, September 17, 2019. All parts of this form need to be completed for your child to attend the program.



Leipscic After School Registration Form 2019-2020

Please complete each item. One registration form per student.

Section 1 - Student and Family Information (please print)

School _____ Grade _____ Today's Date _____
Child's Name _____ Date of Birth _____
Parent/Guardian Name _____ Cell Phone _____
Address _____ Home Phone _____
City _____ State _____ Zip _____

Alternate Family Information (if applicable):

Parent/Guardian Name _____ Cell Phone _____
Address _____ Home Phone _____
City _____ State _____ Zip _____

Section 2 - Days of Attendance

Please mark the days your child will be attending the Viking Club. He/she may attend any or all days. We understand that your child may be involved in other activities and may not be able to attend every day and/or need to arrive or leave at times other than the program hours.

After School 3:00-5:00 pm

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Early Bird 7:00-8:00 am

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Section 3 - Transportation Home

Please indicate how your child will be going home in the afternoon.

My child has permission to walk home.
 I will pick my child up.
 My child will be riding the bus home

If your child will go home another way than designated on this form, please send a note with your child to school indicating the changes.

Section 4 - Authorization for Emergencies - Must Complete (please print)

MUST complete with three names and phone numbers

List 3 Emergency Contacts Authorized to Take your Child from the program

Name _____ Phone _____ Relationship _____	Name _____ Phone _____ Relationship _____	Name _____ Phone _____ Relationship _____
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List Medical Contacts, In Case of Emergency: All three must be completed with phone numbers

Physician _____ Dentist _____ Hospital _____
Phone _____ Phone _____ Phone _____

Sign to Grant Permission to Provide First Aid & Transportation to Emergency Care Facilities:

Date _____ Parent/Guardian Signature _____

If you do not want your child transported to an emergency care facility or provided first aid, please describe procedures to follow:

Section 5 - Child's Health Information

Write NA and your initials in each section if your child does not have special health needs, treatments or restrictions.

Child's Medical/Health Needs

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

Child's Medication Needs: Medication will NOT be administered by My Time staff. Administration of medication will occur either prior to or after the program hours by a parent/guardian or authorized regular day school personnel.

Section 6 - Field Trips

My child has permission to attend field trips where he/she may be bussed or walk off school property. Detailed information will be provided prior to any field trip.

Parent/Guardian Initials _____ Date _____

Section 7 - Photos

I give permission for my child to be photographed during the after school program. Photos may appear in the newspaper, school website, and other publications.

Yes _____ No _____ Parent/Guardian Initials _____ Date _____

All of the above information is true to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Parent Agreement (must complete for your child to attend)

By voluntarily enrolling my child in the Leipsic Elementary after school program I understand that:

1. My child will participate in a variety of planned activities including homework assistance, skill building practice, character education programs, service-learning projects, recreational activities, and enrichment activities.
2. My child will receive approximately 20 minutes of homework assistance and homework that is not completed during the program hours becomes the responsibility of the child/parent.
3. My child will be provided with a nutritious snack.
4. I may be asked to attend a conference with the staff in the event of a serious discipline problem.
5. Photographs of the children in the program may be taken periodically and may appear in the newspaper, program or school website, and other publications unless I inform the Program Coordinator of my objections in writing.
6. Data regarding my child will be used for identification and reporting purposes only.
7. My child will be expected to follow the same bus rules as outlined in district policy.
8. If school is delayed or cancelled, there will be no Early Bird or after school programming for that day.

I agree to:

1. Complete all forms necessary before my child can attend the program.
2. Inform the staff, in writing, in person, by phone, or by email of the days my child will be absent from the program. More than 3 unexcused absences will result in being dismissed from the program.
3. If picking my child up, I will pick him/her up no later than the close of the program. In the event of late pick-ups, the parent will be contacted. If more than 2 late pick ups occur my child may be dismissed from the program.
4. Drop my child off no earlier than the listed time for the Early Bird program hours.
5. Give advance notice in the event I choose to withdraw my child from the program.
6. Notify the school office of any changes in registration information, such as address, phone numbers, etc.).

By my signature below, I agree that the above information is true and complete to the best of my knowledge.

Signature of Parent/Guardian	Date
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Student Contract (must complete for your child to attend)

I, _____ (student printed name), will attend the Leipsic after school program specified by my parents/guardian. I will make sure my parents notify school/program staff on days that I will be absent. I understand that regular attendance is important.

I understand that it is my responsibility to report the to program prepared with my homework and materials needed for that day.

I understand that I must follow the same rules that I am expected to follow during the regular school day. I understand that poor choices will affect my success. I understand that there will be consequences for my actions, which will be decided by the after school staff.

I understand that I am expected to follow the same bus safety rules as the regular bus route, including Viking Club field trips.

Consequences for poor choices:

- Verbal Warning
- Time Out or Removal from activity
- Call Parent/Guardian
- Suspension from the program
- Removal from program
- Removal from bus service

Incentives for good choices:

- Verbal praise
- Notification to regular school day teacher
- Notification to parents
- Extra tech/game time
- Treats
- Special Activities

I understand that I must follow the same bus rules and consequences set by Leipsic Local Schools.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

