



Character Contract for Positive Discipline

Child's Name _____ Age _____
Last First

The goal of our camp is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying fun, healthy activities. As a family, please read, discuss, and initial this Character Contract together.

_____ **Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.

_____ **Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.

_____ **Respect** – When asked to do or not to do something, a camper needs to follow directions the first time given. This is for the safety of all campers. Please speak to staff and other campers with respect.

_____ **Play** – Campers are asked not to engage in any horseplay with each other. No one will be allowed to hit, kick, push, or display any type of aggressive behavior. We keep our hands and feet to ourselves.

_____ **Caring** – It is important to use and care for equipment, toys and games properly, so that other campers can enjoy them.

What will happen if this contract is violated:

If an incident occurs where a camper conducts himself/herself in a manner that jeopardizes their safety, the safety others, or is not in accordance with Kidz Zone guidelines, the following steps will be taken.

Please note – depending on the severity of the violation, Kidz Zone privileges may be terminated for the duration of the school week or the duration of the school year.

1. **First violation** – A staff member will address and document the issue directly with the child. The child may be removed from an activity for a portion of the day.
2. **Second violation** – A staff member will address and document the issue directly with the child. The parent or guardian will be contacted.
3. **Third violation** – A staff member will address and document the issue directly with the child. The parent or guardian will be contacted immediately to pick up their child from Kidz Zone.

The Kidz Zone Character Contract and Behavior Guidelines have been read and discussed.

Child's Signature: _____

Parent/Guardian(s)
Signatures: _____

Date: _____

2022 - 2023 SCHOOL YEAR DPRD Credit or Check Card Draft Agreement

Draft amounts will occur for all Kidz Zone Before and/or After School Program weeks throughout the school year. Fees will be drafted monthly on the 1st or 15th of the month for all the weeks of the program occurring for the following month. A draft guideline for the 2022- 2023 school year is attached to this document (please retain draft guideline for your records).

Child's Name: _____ School: _____

Draft Choice (please circle one): 1st of each month 15th of each month

If credit or check card draft, please supply the following information:	
Visa _____ MasterCard _____ American Express _____ Discover _____	
Card number: _____	Expiration date _____ V-code _____
Name as it appears on card _____	
Is card a check card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

- A. I understand my payment will continue until my scheduled payments are completed.
- B. It is my responsibility to notify the DPRD immediately of any account changes and to provide the DPRD with current information.
- C. The DPRD reserves the right to refuse entrance to the program if payments are delinquent.

Cancellation:

- A. A two-week advance written notice must be given prior to withdrawing from a program.
- B. After one incident of insufficient funds or declined credit card, the DPRD will send a letter and the statement is to be paid within 10 days. Parent/payee is responsible for payment of any additional charges for insufficient funds.
- C. Following a second incident of insufficient funds or declined credit, you will be contacted by Community Center staff so that you can make arrangements to pay your balance due including any and all additional charges for insufficient funds.
- D. If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any DPRD program in the future.

Parent/Payee Signature: _____ Date: _____

RETURN THIS DRAFT AGREEMENT FORM ALONG WITH YOUR
COMPLETED SCHOOL YEAR REGISTRATION FORM TO:

De Pere Community Center
600 Grant St.
De Pere, WI 54115

Kidz Zone Draft Guideline

2022-2023

<u>Date</u>	<u>Before School</u>	<u>After School</u>	<u>Both Before/After School</u>
<i>*Top number is for 4/5 days/week enrollment; bottom number is for 3 days or less/week enrollment</i>			
August 1 or 15	\$185.00	\$208.00	\$365.00
<i>for month of September</i>	\$150.00	\$185.00	\$320.00
September 1 or 15	\$176.00	\$188.00	\$348.00
<i>for month of October</i>	\$120.00	\$148.00	\$256.00
October 1 or 15	\$176.00	\$198.00	\$348.00
<i>for month of November</i>	\$150.00	\$185.00	\$320.00
November 1 or 15	\$150.00	\$173.00	\$296.00
<i>for month of December</i>	\$120.00	\$148.00	\$256.00
December 1 or 15	\$185.00	\$227.00	\$365.00
<i>for month of January</i>	\$120.00	\$148.00	\$256.00
January 1 or 15	\$176.00	\$205.00	\$348.00
<i>for month of February</i>	\$120.00	\$148.00	\$256.00
February 1 or 15	\$159.00	\$184.00	\$313.00
<i>for month of March</i>	\$120.00	\$148.00	\$256.00
March 1 or 15	\$167.00	\$195.00	\$331.00
<i>for month of April</i>	\$120.00	\$148.00	\$256.00
April 1 or 15	\$212.00	\$259.00	\$418.00
<i>for month of May&June</i>	<u>\$150.00</u>	<u>\$185.00</u>	<u>\$320.00</u>
TOTAL	\$1,586.00	\$1,837.00	\$3,132.00
	\$1,170.00	\$1,443.00	\$2,496.00

**CITY OF DE PERE KIDZ ZONE
 HEALTH HISTORY AND EMERGENCY CARE PLAN**

Please complete both sides of form.

Instructions: The parent / guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents / guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

CHILD INFORMATION			
Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
PHYSICIAN / MEDICAL FACILITY INFORMATION			
Name – Physician	Address – Medical Facility		Telephone Number

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHD
- Other condition(s) requiring special care – Specify.

Food allergies – Specify food(s).

Non-food allergies – Specify.

DE PERE COMMUNITY CENTER

600 Grant St.
De Pere, WI 54115

920-339-4097

2. Triggers that may cause problems – Specify.	
3. Signs or symptoms to watch for – Specify.	
4. Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form. a. b. c.	
5. When to call parents regarding symptoms or failure to respond to treatment.	
6. When to consider that the condition requires emergency medical care or reassessment.	
7. Additional information that may be helpful to the childcare provider.	
SIGNATURE – Parent or Guardian	Date Signed

Review dates: _____

IMMUNIZATION RECORD

COMPLETE IN INK AND RETURN TO FACILITY PRIOR TO ATTENDING PROGRAM. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if properly signed health, religious, or personal conviction waiver is filed. The purpose of this form is to measure compliance with the law and will be used for that reason only.

PERSONAL DATA **PLEASE PRINT**

Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
Sign at Step 5 and return this form to facility.
_____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to facility. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM THE PROGRAM IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

2022 – '23 KIDZ ZONE PROGRAM REGISTRATION FORM

De Pere Community Center, 600 Grant Street, De Pere, WI 54115 (920) 339-4097

CHILD INFORMATION

PLEASE COMPLETE BOTH SIDES OF FORM IN INK.

Name (Last, First, MI)	Home Address (Street, City, Zip)	Telephone #	Birthdate (mm/dd/yy)	Sex	School
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PARENT/GUARDIAN – All parents/guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name (First & Last)	Home Address (Street, City, Zip)	Home Phone #	Cell Phone #	Place of Employment & Work Phone # OR Where Reachable While Child is in Program
Mother					
Father					
Guardian					
Guardian					

CHILD RESIDES WITH: Mother _____ Father _____ Both _____ Other _____

E-MAIL ADDRESS (To be used for confirmation of registration, receipts or invoices for monthly payment plan and program information) _____

PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD If no one, write "None."

Relationship to Child	Name (First & Last)	Home Address (Street, City, Zip)	Home Phone #	Cell Phone #	Place of Employment & Work Phone # OR Where Reachable While Child is in Program

EMERGENCY CONTACT – List information of person to contact when mother, father or guardian cannot be reached.

Yes No This person is authorized to pick up the child.

Relationship to Child	Name (First & Last)	Home Address (Street, City, Zip)	Home Phone #	Cell Phone #	Place of Employment & Work Phone # OR Where Reachable While Child is in Program

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, Zip)	Telephone #
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AUTHORIZATION

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I give permission for my child to be walked by a staff member to and from Westwood School to the program.
- Yes No I have read and understand the policies of the Before & After School Program. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

2022 – '23 KIDZ ZONE PROGRAM REGISTRATION FORM

De Pere Community Center, 600 Grant Street, De Pere, WI 54115 (920) 339-4097

PLEASE COMPLETE BOTH SIDES OF FORM IN INK.

◆ KIDZ ZONE BEFORE SCHOOL ◆

Child's Name: _____ Sex: _____ Age & Grade as of Sept. 2022 _____ Date of Birth: _____

School: Our Lady of Lourdes School Westwood School

Circle Days Child will be attending Kidz Zone Before School Program M T W Th F Child's Starting Date: _____

◆ KIDZ ZONE AFTER SCHOOL ◆

Child's Name: _____ Sex: _____ Age & Grade as of Sept. 2022 _____ Date of Birth: _____

School: Our Lady of Lourdes School Westwood School

Circle Days Child will be attending Kidz Zone After School Program M T W Th F Child's Starting Date: _____

A \$37 non-refundable fee is required at the time of registration. All enrollment forms must be completed and returned with registration fee to process enrollment. Payment options include bank or credit card drafts. Monthly drafts will be taken out on the 1st or 15th of each month per your preference.

Total Fee: \$ _____ (make checks payable to De Pere Community Center)

Deposit: \$ _____

SIGNATURE – Parent(s) or Guardian(s) _____ Date Signed: _____

LIABILITY WAIVER: All registrants are required to sign the following release. Parents or guardians must sign the minors. I, the undersigned do hereby agree; the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participation in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of De Pere, its employees, officers, agents and sponsors from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental there during the duration of the scheduled program, which result from the ordinary negligence for the City of De Pere, its employees, officers, agents and sponsors. The City of De Pere DOES NOT provide accident insurance to participants in recreational activities and I assume full responsibility for any and all injuries or damages which may occur to me/or minor while participating.

I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of a medical emergency, I authorize the Parks & Recreation staff to obtain medical treatment for my son/daughter or minor for which I am guardian.

PARENT/GUARDIAN SIGNATURE(S): _____

Cash Check Credit Payment Plan
(Visa, MasterCard, American Express, Discover)

Card #: _____ Exp. date: _____

V-code: _____

Signature: _____

De Pere Park & Recreation Dept. Kidz Zone
Transportation Permission Slip –
WESTWOOD ONLY

I/we, _____, hereby give permission for
Parent/guardian
_____ to be transported from Our Lady of Lourdes School to
Name of child
Westwood Elementary School and/or from Westwood Elementary School to Our Lady of Lourdes for the Kidz Zone Before and/or After School Programs during the 2022-2023 School year.

Date	Telephone (day & evening)
Parent/Guardian Signature	Print name
Parent/Guardian Signature	Print name

WAIVER OF LIABILITY

The undersigned, in consideration of the City of De Pere allowing _____
Name of child
(hereinafter “my child”) to be transported by Lamers Bus Lines from Our Lady of Lourdes to Westwood and/or from Westwood to our Lady of Lourdes. I/we acknowledge that such transportation by bus can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure, personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack of seat belts on school buses may exacerbate these injuries and damage.

I/we hereby release the City, its employees, officials and agents against any loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on behalf of myself and my child.

DATE _____

Parent/Guardian signature	Parent/Guardian signature
Print name: _____	Print name: _____



Kidz Zone
Before & After School Program
Parent Handbook
2022 - 2023
School Year



De Pere Parks, Recreation & Forestry Department

De Pere Community Center
600 Grant Street
De Pere, WI 54115
(920) 339-4097
(920) 339-6348 (fax)

www.de-pere.org

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Appendix

- Enrollment Form
- Health History & Emergency Care Plan Form
- Immunization Form
- Authorization to Administer Medication Form/Medication Policy
- Draft Agreement Form
- Character Contract for Positive Discipline
- Transportation Permission Slip Form
- Photography Release Form

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: The City of De Pere does not discriminate on the basis of age, race, creed, color,
: disability, marital status, sex, national origin, ancestry or any other basis found in SS
: 111.321 Wisconsin Stats except as may be allowed by law. The City also complies with
: the Americans with Disabilities Act of 1990; qualified individuals with a disability should
: call 339-4097 if seeking an accommodation in policy, practice or procedure.
:.....

Welcome!

Welcome to the De Pere Park and Recreation Department's Kidz Zone Before and After School Recreation Program. This program is designed to provide recreation and social opportunities to students during before and after school hours. This program is provided by the De Pere Parks and Recreation Department in cooperation with Our Lady of Lourdes School and Westwood Elementary School. Kidz Zone Program will be located in the cafeteria of Our Lady of Lourdes School.

Our goal is to provide a safe, fun, educational and affordable recreation program. Activities are designed to meet the interests and needs of school-age children and their families. We will be offering a variety of activities including games, arts, crafts, homework time and free play. We strive to create opportunities for developing character, independence, socialization and personal growth.

Enrollment:

This program is available to students in K-4 who attend Our Lady of Lourdes and Westwood Elementary Schools. Your child will be enrolled when Community Center receives completed enrollment forms with \$37 non-refundable registration fee. Packets are available in the Community Center Office and at the City's website, www.deperewi.gov.

Forms to be completed:

1. Enrollment Form for each child
2. Health History & Emergency Care Plan Form
3. Immunization Form
4. Draft Agreement Form
5. Code of Conduct for Positive Discipline
6. Medication Forms, if needed
7. Transportation permission slip, if applicable
8. Photography Release Form

Capacity:

There will be a maximum of 36 children enrolled per program. A minimum of 13 children is required to operate the Kidz Zone Before or After School Programs. A waiting list will be maintained during the school year. In the event of an opening, the first person on the waiting list will be called and then subsequent people notified in order on the list.

Staff:

Our qualified staff will strive to provide strong leadership and create an enriching environment to foster growth and success. Criminal & caregiver background checks are completed on all employees. DPRD staff will work closely with the site staff to ensure an enriching program.

Program Options:

Our program is designed to give children recreational opportunities for activity for before and after school hours. This is not a licensed child-care program. Participants may participate in the Kidz Zone Before School Program, After School Program or both.

- Before School Program: 6:45 a.m. – 8:30 a.m.
- After School Program: 3:15 p.m. – 5:45 p.m.

Typical Kidz Zone Daily Schedule:

The typical Kidz Zone Program daily schedule includes:

Attendance, kid's choice, homework/quiet activity, outside activities and/or gym activities, small and large group activities, snack (*provided by the child*) and clean up time.

Description of Activities:

Kids' Choice: Children will have the opportunity to choose from a variety of board games, drawing and writing materials and other craft supplies.

Outside/Gross Motor Activity: Cooperative team sports, group games, and free play ideas that will encourage children to use teamwork, challenge themselves and have fun.

Snack: Children are welcome to bring a healthy snack with them to the programs. Snack will not be provided by DPRD.

Group Activity: Includes games, projects, experiments, arts and crafts that encourage fun and learning.

Homework/Quiet Activity: This time will give the children the opportunity to work on homework assigned by their classroom teachers, reading time, complete fun worksheets or any other type of quiet activity that is approved by the staff.

If your child belongs to a student club or other after school activity that meets on school grounds during the Kidz Zone After School Program time, parents must notify the site leader with a signed note that states date, time, and location and whom your child is meeting with. Children must have prior written parental approval to attend other school functions.

Fees & Payment Policies:

A \$37 registration fee per child is required to secure a spot in the Kidz Zone Before and/or After School Program for the entire 2022-2023 school year. This is a one-time, non-refundable, annual fee that must be paid at the time of registration. Your registration will be accepted only if:

- All enrollment forms are filled out completely.
- The \$37 non-refundable registration fee per child is included.
- A completed "Draft Agreement" for school year is included.

Fees are charged monthly. Payments will be accepted through credit card drafts or check card drafts and will be drafted on the 1st or 15th of each month per your preference. Program fees must be paid on time; if you fall behind on payments, your child's enrollment will be terminated and children on waiting lists will be called. You will be notified by phone prior to any action being taken.

Children enrolled after the first draft date or during the school year will need to have the payment for that month paid by check or charge card upon enrollment or drafted from their account immediately.

If a child does not participate in a program for more than 2 consecutive weeks, their place in the program will be forfeited to the next person on the waiting list, unless previously arranged with the De Pere Community Center.

Withdrawal from Program:

As a general courtesy, if you decide to withdraw your child from the Kidz Zone Before and/or After School Program, please provide the DPRD Community Center office with a minimum of two weeks, written notice. Parents are responsible for payment of fees through the end of the two-week period, regardless of whether or not their child participates in the program.

Registration:

Registration will be accepted beginning **Wednesday, April 13th, 2022**. All registrations will be taken on a first come, first serve, and walk-in or mail-in basis. Phone or online registration will not be accepted at this time.

Waiting lists will exist for the current school year only. Families will be notified throughout the school year as spaces become available.

Donations:

DPRD strives to keep program fees low for participants. If your family would like to donate art supplies, craft supplies, board games, books, puzzles, learning toys or other supplies, please contact Cindy Lee at the De Pere Community Center office, 339-4097.

School Closings:

The Kidz Zone Before & After School Program will only run on those days when school begins and dismisses at the normal time. There will be no program on days when school start time is delayed, if school dismisses early due to weather or on days that there is no school. A separate program for Early Release days is available for an additional fee and requires a separate registration. During the school year there may be unforeseen circumstances, which may cause the Kidz Zone Before and/or After School Programs to be cancelled; no refunds or credits will be issued. Circumstances could include inclement weather, conferences or other school functions; advance notice will be given when possible.

Inclement Weather:

Outdoor activities will be limited when the heat index is above 90° Fahrenheit or below 0° with wind chill, when it is raining or during severe weather. Indoor activities will be substituted.

Absence Policy:

If your child is absent from the Kidz Zone Before School Program, your child will be marked absent and no further action will take place. If your child is absent from school and will not be attending the after school program or is in school that day but will not be attending the After School Program it is the responsibility of the parent to contact the De Pere Community Center office, 339-4097 or the Recreation Supervisor (call or text) 544-1756 prior to 2:00 p.m. so the site staff is made aware of the absence. You can also call/text the Kidz Zone site directly, 613-6420; if it is outside of Kidz Zone times please leave a message. There are no credits, prorated days, or refunds for absences, vacations, illnesses or for natural circumstances beyond our control.

Sign In/Sign Out Procedures:

Parents are required to sign in their child when arriving for the Kidz Zone Before School Program. An adult must accompany the child to our class area to be signed in. Students will sign themselves in with staff supervision when arriving for the Kidz Zone After School Program. Should a child not arrive for the after school program and no notification has been received, staff will call parents. Parents and authorized pick-up parties are required to sign out their child daily. Photo identification will be checked during the first weeks of our program until staff is familiar with all families. If a designated party is picking up during the school year, their identification will be checked as well. Parties authorized to pick up participants must be at least 18 years old. Children will not be permitted to leave the building to walk or ride bikes home.

Children will be required to sign in for the after school program upon entering the classroom area. We ask that you notify staff when someone other than a parent is picking up your child.

Transportation:

Students enrolled at Westwood School will be transported by bus prior to their school day beginning and checked in with the school site supervisor. Students will be bussed to Our Lady of Lourdes at the end of the school day. (*Information regarding pick up and drop off times will be provided closer to the start of school*). Staff members are not allowed to transport participants in their own personal vehicle under any circumstances. A permission slip must be filled out and signed by parent(s) or guardian(s) prior to the child's first day attending the Kidz Zone Program for transportation to and from Westwood School. There is no additional fee for bussing.

Pick-Up Time/Late Fee Charges:

Children may be picked up at any time prior to 5:45 p.m. Late pick up fees will be charged for children not picked up by 5:45 p.m. as follows:

- 1-10 minutes late - \$10 charge per child
- 11-20 minutes late, \$20 charge per child
- 21-30 minutes late or longer, \$30 charge per child

If your child has not been picked up by 6:15 p.m. and the staff has been unable to contact parents/guardians, the proper authorities will be notified.

A late pick up form will be completed including the fees. Late pick-up fees are to be paid in cash to the DPRD Community Center by the next day or on Monday if the occurrence happens on a Friday. Continued late pick-ups (more than 3 occurrences) and/or failure to pay late fees will forfeit your child's place in the Kidz Zone After School Program.

Building Access/Parking:

The south parking lot of Our Lady of Lourdes School should be used for parking. Parents are asked to park in the general lot during morning drop off. Parents can park near the door for afternoon pick up – please exercise caution as students may be outside on the playground and other school activities are often going on during this time frame. Students and parents/guardians should enter through the south doors of the cafeteria (door #2), which will be the home base of the program. Security protocol for the building will be implemented under the direction of the school principal.

Sick Child Policy:

Any child with any of the following conditions will not be permitted to attend Kidz Zone while conditions are present: vomiting, diarrhea, unidentified rash, temperature over 100 degrees. If a child becomes ill during program time they will be taken to a separate area and made comfortable while waiting for the parent or other designated person to arrive to pick up the child.

Open Visitation Policy:

Parents are encouraged to visit the Kidz Zone Before & After School Programs at any time. You are also encouraged to volunteer any time or talents that you may have to the program.

Updating Information:

It is the responsibility of the parents to inform the Kidz Zone Site Leader of any changes to your child's information in writing. This would include phone numbers, addresses, emergency contact information and persons authorized to pick up your child.

Parent/Staff Communication:

The site staff will interact with your child regularly and changes in your child's life may affect their participation in activities. Please advise the Kidz Zone Site Leader if there are any significant changes in your child's life; these may include moving, illness within the family, death, etc. School issues can also affect a child's behavior. We encourage you to share this information with the site staff as you see necessary.

Photographing of Program Participants:

At various times during the school year, photos may be taken of your child by authorized individuals for public relations or educational purposes. A Photo Release Form is included in the packet and must be signed by the parent/guardian for permission. If you do not want your child's photo taken please let the site staff know during their first week of the program as well as decline the photo release form.

Personal Belongings:

Jackets, backpacks, lunch boxes and other items left at the end of either program will be placed in Our Lady of Lourdes lost and found. Parents are encouraged to label all personal items and to check the lost and found frequently.

What NOT to Bring:

- Game Boys, CD/MP3 players, iPods, iPads, eReaders and other electronic devices, trading cards and other personal items.
- Toy guns or any type of weapons
- Money

The DPRD and Kidz Zone Program staff will not be responsible for lost, damaged or stolen items.

Discipline Policy:

Program rules are established to maintain the health and safety of all participants. Discipline techniques and rule enforcement will be carried out in a manner that is consistent by all staff and beneficial to the child in developing self-control, self-esteem, respect for the rights of others and an understanding of set limits. There will be no physical punishment or other punishment, which is harmful to the child. Staff will use mediation techniques, redirection techniques or removing the participant from the group to expedite resolution of conflict. Please see Character Contract for Positive Discipline which participant and parent are to sign and return prior to first day of participation.

Refer to the Policy and Procedures Manual for addition information on discipline.

Termination of Kidz Zone Privileges Policy:

Our purpose is to provide a creative environment in which a child can develop socially, emotionally, physically and intellectually. In order to do this for all children it may become necessary to discharge a child due to one of the following reasons:

1. The child has behavioral problems that prevent the staff from meeting his/her needs.
 - a. The staff will document incidences including time and behavior.
 - b. Conference will be scheduled with staff, Activity Coordinator and parents.
 - c. Time frame set for progress.
 - d. If no progress is demonstrated in this time frame, written termination notification will be sent to parents with balance of fee refunded.

2. Parents do not cooperate by returning forms – written notification given.
3. Parents do not observe rules of program relating to arrival/departure of students or student does not observe rules of program relating to arrival/departure. Written notification.
4. Late payment of fees/insufficient funds from bank or credit card draft. Following one month of insufficient funds or declined credit card, the DPRD will send a notification to be paid within 7 days. If no effort is made to make payment within 7 days, child will be terminated from program.

Confidentiality:

Staff will strive to keep information about a child or about an incident involving one of our participants as confidential as possible, however the city is a municipality, which is covered by the public records law and documents may be required to be released upon request or upon order of the court. We will not discuss incidents involving your child with other program participants or their families unless it is required by law or the other child was involved in an incident with your child. If that is the case, information on your child will be shared only to the extent necessary to provide necessary information to the other parent.

Child Abuse/Neglect:

All cases of suspected abuse or neglect shall be dealt with according to the law.

Medication Policy:

Our policy on medication is located at the end of this handbook on the back of the Authorization to Administer Medication form.

Injuries & Accident Report:

Any injuries during the course of the day will be documented by camp staff and reported to Recreation Specialist within 24 hours. The City of De Pere Accident Report Form will be utilized for documentation.

Minor Injuries:

1. Wounds will be cleaned only with soap and water and a bandage applied.
2. Disposable gloves are in the first aid box and will be worn.
3. Hands will be washed immediately and surfaces cleaned with cleaning solution (1:10 bleach solution).
4. All accidents or injuries will be recorded on City of De Pere Accident Report form, in ink, stating the date, time, injury, action taken and signed.

In the Event of a Serious Injury or Illness:

1. Injury will be assessed and appropriate action will be taken. Staff member will stay with child at all times.
2. Emergency personnel will be called first if injury or illness appears serious, then parents/guardians.
3. Child's enrollment form will be referred to for a list of persons having authority to pick up child. Staff will attempt to contact the parents/guardians first.
4. If child must be transported by ambulance, a staff member will ride with child taking enrollment forms along. Transport is to St. Vincent Hospital unless otherwise indicated on forms by parents.

5. Recreation Specialist will be notified within 24 hours who will notify Recreation Superintendent.
6. An accident or serious injury is traumatic to staff as well as children. As a general rule of thumb, if a child is not calmed down within 15 minutes, a parent will be called.
7. City of De Pere Accident Report Form will be completed.
8. If your child is injured at all at Kidz Zone, has engaged in conduct which resulted in a staff member having to discipline your child, or if any "unusual" occurrence involved your child, you will be notified at pick up with a written report detailing the event.

Program Contact:

Parents will receive contact information at the start of each semester.

Questions and feedback are always welcome regarding the programs. All correspondence should be directed to:

De Pere Community Center
Cindy Lee, Recreation Supervisor

Phone: (920) 339-4097
Cell phone: (920) 544-1756
Email: clee@deperewi.gov

Website: www.deperewi.gov

2022-2023 Calendar

Westwood Elementary and Our Lady of Lourdes

Please note: Calendar subject to change based on changes with Grace and district calendar

August

24 First Day of School – Our Lady of Lourdes

September

1 First day of school - WW
5 No School – WW/OLOL
23 Early Dismissal - WW (Early Release Day offered*)
23 No School - OLOL

October

7 Early Dismissal –WW (Early Release Day offered*)
14 Early Dismissal – OLOL (Early Release Day offered*)
20 Early Dismissal –WW (Early Release Day offered*)
21 No School – Westwood
27 Early Dismissal – OLOL (Early Release Day offered*)
28 No School - OLOL

November

18 Early Dismissal –OLOL (Early Release Day offered*)
23 Early Dismissal – Westwood (Early Release Day offered*)
23 No School - OLOL
24-25 Thanksgiving - No School – WW/OLOL

December

9 Early Dismissal – WW (Early Release Day offered*)
23 No School - OLOL
26-30 No School – WW/OLOL

January

2 Classes Resume - WW
3 Classes Resume - OLOL
16 No School – OLOL/WW

February

10 No School – OLOL
24 Early Dismissal – OLOL/WW (Early Release Day offered*)

March

3 Early Dismissal – OLOL (Early Release Day offered*)
6-10 Spring Break – OLOL
24 Early Dismissal – WW (Early Release Day offered*)
27-31 Spring Break – WW

April

7 No School - WW
7 and 10 No School – OLOL
21 Early Dismissal - WW – School Resumes (Early Release Day offered*)

May

5 Early Dismissal – WW (Early Release Day offered *)
12 No School - OLOL
29 No School – WW/OLOL

June

2 Last Day of School –OLOL (OLOL Early Dismissal)
2 Last Day of School - WW

* Early Release Days are held at OLOL (*pre-registration required*)

* Early Release Days will only be held if there is enough interest/enrollment – minimum of 8 participants required for it to run

Kidz Zone Monthly Fees 2022-2023

<u>Month</u>	<u>Before School</u>	<u>After School</u>	<u>Both Before/After School</u>	
September	\$185.00	\$208.00	\$365.00	5 day rate
	150.00	185.00	320.00	3 day rate
October	\$176.00	\$188.00	\$348.00	5 day rate
	120.00	148.00	256.00	3 day rate
November	\$176.00	\$198.00	\$348.00	5 day rate
	150.00	185.00	320.00	3 day rate
December	\$150.00	\$173.00	\$296.00	5 day rate
	120.00	148.00	256.00	3 day rate
January	\$185.00	\$227.00	\$365.00	5 day rate
	120.00	148.00	256.00	3 day rate
February	\$176.00	\$205.00	\$348.00	5 day rate
	120.00	148.00	256.00	3 day rate
March	\$159.00	\$184.00	\$313.00	5 day rate
	120.00	148.00	256.00	3 day rate
April	\$167.00	\$195.00	\$331.00	5 day rate
	120.00	148.00	256.00	3 day rate
May	\$194.00	\$238.00	\$383.00	5 day rate
	112.00	148.00	256.00	3 day rate
June	\$ 18.00	\$ 21.00	\$ 35.00	5 day rate
	<u>30.00</u>	<u>37.00</u>	<u>64.00</u>	3 day rate
	\$1586.00	\$1685.00	\$3132.00	5 day rate
	1170.00	1330.00	2496.00	3 day rate

Note: The May and June draft payments will be combined and drafted on April 1st or 15th per your draft agreement

RELEASE FORM

[Photos/Images of Self/Minor child(ren)]

I hereby grant the City of De Pere the right and permission to use and publish photographs/film/videotapes/ electronic representations made of me/my minor child(ren) by the City of De Pere, its employees or agents, while participating in any City of De Pere sponsored or directed activity, or as submitted by me, and I hereby release the City of De Pere, its officers, officials and employees from any and all liability from such use and/or publication. I understand that I will not be entitled to any form of compensation for their use and I waive any claim I may have under the Right of Privacy Statute (Wis. Stats. §995.50). I understand that once published, I may not revoke this authorization.

PLEASE PRINT CLEARLY

Name: _____

Name of minor child (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Signed: _____ **Date:** _____