



 **ELEVATE**  
*out of school program*



# 2018-2019 Parent Handbook & Application

1300 Thomas Street, Hampton, Virginia 23669

Educated Leaders Excellent Visionary Altruistic Transformative Effective



Welcome!

Dear Families:

Welcome to the Elevate Out of School Program. It is our goal to offer an affordable, fun and safe environment for your children when out of school each day. Please read and review our Parent Handbook. A signed acknowledgement of receipt of this handbook is a required part of our enrollment package. Through the team effort of parent, student and staff, we strive to make out of school time a positive experience. We are glad you're here!

Tina Banks-Gray

Executive Director

1300 Thomas Street, Hampton, Virginia 23669

(757)-727-1200

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## Philosophy

The Elevate Out of School Program is designed to ease the transition between school and home on a daily basis, and to provide quality recreational experiences to all the participants.

## Goals

- To promote physical, social, emotional, and cognitive development of the children who are involved in the program.
- To provide experiences that contributes to the growth and development of a healthy, intelligent, and productive member of society.
- To enhance the child's experience and to keep the parents informed through open communication between children, staff, and parents.
- To provide an atmosphere where children can develop a sense of independence, learn about responsible self-care, and develop appropriate decision-making and listening skills.
- Encourage the development of self-esteem by providing a place where children can learn about themselves, build self-worth and experience success.
- Promote relationships between participants that help form healthy friendships.
- Invite cooperation and sense of team between staff, children, and families.
- Foster a healthy respect for diversity.

We strive for our students to be:

**E**ducated **L**eaders **E**xcellent **V**isionary **A**ltruistic **T**ransformative **E**ffective

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## Policy and Procedures

### Cost

\$20 one-time registration fee, and then:

- \$20 per month. Student may not attend if monthly payment is not made.

### *Discount Program*

- \$15 per month for reduced lunch students (must provide documentation)
- \$10 per month for free lunch students (must provide documentation)

Dinner will be provided during the program (except for the first 2 weeks of the program)

### Late Pickup Charge Fee

- The program closes **promptly at 6:00pm**. If your child(ren) is/are not picked up after the 5 minute grace period, you will be charged **\$5.00 at 6:06pm**. You will then be charged **\$5.00 every 5 minutes thereafter**.
- If parents and/or guardians cannot be reached and if the center has not heard from the parent and/or guardian by 6:30pm, **Child Protective Services will be called**.  
Late fees are payable in **cash or money order only**. If late fee is not paid, child(ren) may not return to the program until the late fee is paid.
- **IF YOU ARE CONTINUOUSLY LATE TO PICK UP, CHILD(REN) WILL BE SUSPENDED FROM PROGRAM.**
- **No Refunds** will be given due to suspensions, misbehavior, or absences.

### Emergency Procedures

1. We will contact Parent/Guardian
2. We will Call 911
3. We will contact the Emergency Contact (if parent/guardian is not available)
4. If child(ren) needs emergency medical transportation, a staff member will make parent/guardian aware and accompany the child to the medical facility if necessary.

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### Food Policy

An afternoon snack and dinner will be provided daily. A child may bring his/her snack from home as long as the food is unopened (not eaten prior to program). Perishables are discouraged because they spoil easily. Lunch articles/water bottles/coolers should be **marked** with the participant's name.

Participant is responsible for these items. **Candy is not allowed** unless dispensed by staff for special occasions.

### Transportation

Children who attend school in the same zone as the community center can be dropped off. Parents must contact Hampton City Schools Transportation and/or participants' school directly to coordinate transportation. **Program does not provide transportation.**

- All field trips require permission slips signed by the parent/guardian.
- All field trip information will be provided to the parent/guardian ahead of time.

### Inclement Weather Procedure

Each family is encouraged to have an alternate plan of action in case of early dismissal due to bad weather or in the event of an emergency. Staff will make every effort to contact parent/guardian to pick up child(ren).

### Accidents/Incidents

All serious accidents or incidents involving participants must be reported immediately. The parent of the child(ren) and the Executive Director of the center will be contacted immediately. If a child is injured seriously and 911 must be called, the program leader or aide will accompany the child(ren) in the ambulance. All accidents will be documented. Routine and minor injuries will be handled in-house (minor scrapes, cuts, or bruises). The rescue squad will be called if a serious injury is suspected. Y.H. Thomas Community Center Inc. or the City of Hampton will not accept responsibility for any medical services needed.

### Line of Authority

1. Executive Director, 2. Program Lead (FT), 3. Program Lead (PT), 4. Program Aid

### Policy for Suspected Child Abuse or Neglect

If abuse or neglect is suspected, center staff will follow mandated reporting guidelines.



### Out of Program Employment

Y.H. Thomas Community Center and the City of Hampton is not responsible for staff child-sitting for parent and/or guardians before or after program hours. Any such arrangement is totally separate from our programs and should not be conducted in our facilities.

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**Discipline/Guidance Policy** *(Please return this page)*

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation In response to misbehavior

I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other arrangements for your child(ren). As a parent, you may have some concerns or wish to offer suggestions. Please speak to the Program Leader to offer your suggestions.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Registration Form** *(Please return this page)*

Today's Date \_\_\_\_\_

**Participant Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Parent Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check here if address is the same as above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Guardian Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Check here if address is the same as above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Emergency Contact Information**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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**Medical Information** *(Please return this page)*

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Health Problems or Allergies \_\_\_\_\_

Does child take medication daily?  Yes  No

If yes, please list medications \_\_\_\_\_

Is child allergic to any medications?  Yes  No

If yes, please list medications \_\_\_\_\_

Does your child take any medications that alter his/her behavior?  Yes  No

Does your child have the ability to independently toilet him/herself?  Yes  No

Does your child have any physical limitations?  Yes  No

Does your child receive an IEP?  Yes  No

Is your child able to communicate his/her needs effectively?  Yes  No

If no, please explain \_\_\_\_\_

Has your child had behavior problems in school?  Yes  No

If yes, please explain \_\_\_\_\_

Additional medical information we should know:

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**Release Form (Please return this page)**

I am aware of the general nature of the participant programs sponsored by Y.H. Thomas Community Center Inc. and the City of Hampton and I hereby assume responsibility for myself and or my child(ren) to participate. Participants agree to abide by all facility and equipment rules and regulations and understand that Y.H. Thomas Community Center Inc. reserves the right to dismiss patrons who abuse rules, regulations, equipment, or facilities. I agree to the conditions stated above and declare all information to be true to the best of my knowledge.

\_\_\_\_\_ I will not hold Y.H. Thomas Community Center Inc. and the City of Hampton and/or its employees/volunteers/agents responsible in the event of accident or injury resulting from participation. I agree to indemnify and hold harmless Y.H. Thomas Community Center Inc. and the City of Hampton, its employees/volunteers/agents from any loss, damage, claim, demand liability, or expense incurred because of any damage to property or person sustained while participating in the program named.

\_\_\_\_\_ I agree to the best of my knowledge and belief that I/my child(ren) are in sufficiently good health and physical condition to participate in the program.

\_\_\_\_\_ I agree that I/my child(ren) will, to the best of our knowledge, abide by any physical limitations which limit our activities or ability to participate in this program/activity.

\_\_\_\_\_ I give my permission for Y.H. Thomas Community Center Inc. or the City of Hampton to seek medical attention if I am unable to make that decision.

\_\_\_\_\_ I give permission for activity videos and photographs to be taken of the program participants and I understand they will only be used in Y.H. Thomas Community Center or City of Hampton marketing and publicity, such as promotional material, flyers, websites, publications, displays, and presentations. [ ] Yes [ ] No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Y.H. Thomas Community Center Inc. and the City of Hampton does not discriminate against anyone on the basis of race, color, national origin, ancestry, age, marital status, religion, sex, or disability.

For Office Use Only:		
Registration _____	Receipt # _____	Start Date _____
Reduction _____	Waiver _____	Amount Received _____