

TO: All Parents/Guardians Of Children in the
After School Day Care Program

FROM: Bill Hunt, Chief Professional Officer

RE: Compass Zone Program Guidelines
School Year 2005 - 2006

Our Compass Zone after school program is an ON-GOING program. It is not a week to week program.

As you know, staff and resources are determined by the number of children registered in our program. To remain in our after school program, parents are required to pay the full after school fee each week, regardless of whether your child/children attended the program for the day or week. Your slot in the after school program is guaranteed each week and to keep that space, we need weekly payments. Failure to pay each week will result in termination from the Compass Zone program. We reserve the right to refuse future Compass Zone registration to families that continually drop out of the program and then register again when services are needed.

SICK DAYS OR VACATION WEEKS

If your child/children will not be attending the program on a certain day, please call the club (508-746-6070) BEFORE 1:00 PM to report their absence. The safety of your children is our first priority and we want to know if they should be at the club that day.

Please remember it is our policy that children who do not attend school for any reason are not able to attend any club program on the day they are out of school.

During scheduled vacations or days off the program hours are 8:00 a.m. to 4:00 p.m. Parents enrolled in the Compass Zone for at least three months (12 weeks) prior to the vacation week need only pay \$60.00 more for vacation weeks. Additional fees apply for extended morning or evening care. The club is closed when schools are closed due to bad weather.

PAYMENTS:

Participation in the Compass Zone requires a club membership which costs \$20 annually.

Compass Zone payments are due on the FRIDAY BEFORE services are provided. There is a \$35.00 service fee for checks returned for insufficient funds.

If payments fall one week behind, services will be discontinued on the following Monday. Youth memberships will be suspended and no family member will be allowed to attend /register for any club or camp program until past due amounts are paid in full.

**BOYS & GIRLS CLUB OF PLYMOUTH
COMPASS ZONE PROGRAMS 2005 – 2006**

Child's Information

Child's Name: _____ Date of Birth: _____
Home Address: _____ Date of Admission: _____
City/ State: _____ Age at Admission: _____
Home Telephone: _____
Name of school child is attending: _____ Grade: _____
Address: _____ Teacher: _____

Is there documentation of a physical exam, immunization record and lead screening on file at child's school?
YES _____ NO _____

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions: (if none, please indicate by writing "none"). Health form should indicate these conditions also.

Child's Identifying Information:

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Skin Color _____
Identifying Marks _____

PARENTS/GUARDIANS' INFORMATION: (All questions **must be answered)**

Parent/Guardian Name	_____	Parent/Guardian Name	_____
Relationship to child	_____	Relationship to child	_____
Home Address	_____	Home Address	_____
City, State, Zip	_____	City, State, Zip	_____
Home Telephone #	_____	Home Telephone #	_____
Business Name	_____	Business Name	_____
Business Address	_____	Business Address	_____
City, State, Zip	_____	City, State, Zip	_____
Business Telephone #	_____	Business Telephone #	_____
Cell Phone/ Pager	_____	Cell Phone/ Page	_____
Work Schedule	_____	Work Schedule	_____

ADDITIONAL INFORMATION:

Please list any special interests your child may have:

Is there any other information you would like us to know about your child?

Parent/Guardian Signature

Date

VOUCHER COUNSELOR (IF APPLICABLE) _____

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9 Resnik Rd. Plymouth, MA 02360

Transportation Plan 11.05(9)(b)
And
Alternative Transportation Plan
(Including Designated Adult) 11.05(9)(b)

Child's Name: _____

My child will arrive at the program by:

- _____ Program Van (Please see staff for availability)
_____ Parent Drop Off

My child will depart from the program by:

- _____ Parent Pick-up
_____ Other (Describe _____)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name _____ Relationship _____
Address _____ Phone _____
2. Name _____ Relationship _____
Address _____ Phone _____
3. Name _____ Relationship _____
Address _____ Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature _____ Date _____

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9 Resnik Rd. Plymouth, MA 02360

FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM
102 CMR 7.09(3)

Child's Name _____ Date of Birth _____

I authorize staff of the Boys & Girls Club of Plymouth After School Program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure medical treatment for my child.

Child's Physician's Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Parent(s) Name: _____ Phone (w) _____
Cell/Pager _____ Phone (h) _____

Parent(s) Name: _____ Phone (w) _____
Cell/Pager _____ Phone (h) _____

Emergency Contacts (In order to be contacted):

Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____
Relationship to Child: _____ Phone #: _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage: _____
Policy #: _____

Parent/Guardian Signature

Date

BOYS & GRILS CLUB OF PLYMOUTH
9 Resnik Road, Plymouth, MA 02360
CONSENT FORM TO ADMINISTER MEDICATION
COMPASS ZONE 2005 – 2006

Name of Child: _____

Name of Medications: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reason for medication: _____

Note: If child has asthma, please complete the Special Care Plan form

Possible side effects: _____

Name and phone number of prescribing physician: _____

Directions for storage: _____

I, _____, (parent or guardian) give permission to authorize staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

In case of emergency, or if I can not be immediately located, I authorize a representative of the Boys & Girls Club of Plymouth to secure medical care for my son or daughter. I hereby fully understand and agree to the above and give permission for my child to register in the Boys & Girls Club of Plymouth After School Program.

Parent/Guardian Signature

Date

**BOYS & GIRLS CLUB OF PLYMOUTH
9 Resnik Rd., Plymouth MA 02360**

SPECIAL CARE PLAN FOR A CHILD WITH ASTHMA

Medications for routine and emergency treatment of asthma for			
Child's name			Date of birth
Name of medication			
When to use (e.g., symptoms, Time of day, frequency, etc.)	Routine or emergency	Routine or emergency	Routine or emergency
How to use (e.g., by mouth, by Inhaler, with or without spacer Device, in nebulizer, with or without dilution, diluting fluid, etc.)			
Amount (dose) of medication			
How soon treatment should start to work			
Expected benefit for the child			
Possible side effects (if any)			
Date instructions were last Updated by child's doctor	Date: _____ Name of doctor: _____ Doctor's signature: _____		
Parent's permission to follow this medication plan	Date: _____ Parent signature: _____		

SPECIAL CARE PLAN FOR A CHILD WITH ASTHMA

Child's Name: _____ Date of Birth: _____

Parent(s) or Guardian(s) Name: _____

Emergency phone numbers: Mother _____ Father _____

(see emergency contact information for alternate contacts if parents are unavailable)

Primary health provider's name: _____ Emergency Phone: _____

Asthma specialist's name (if any) _____ Emergency Phone: _____

Known triggers for this child's asthma (circle all that apply):

colds	mold	exercise	tree pollens
house	dust	strong odors	grass flowers
excitement	weather changes	animals	smoke
foods (specify): _____			room deodorizers
other (specify): _____			

Activities for which this child has needed special attention in the past (circle all that apply)

Outdoors	Indoors
Field trip to see animals	kerosene/wood stove heated rooms
Running hard	art projects with chalk, glues, fumes
Gardening	sitting on carpets
Jumping in leaves	pet care
Outdoors on cold or windy days	recent pesticides application in facility
Playing in freshly cut grass	painting or renovation in facility
Other (specify): _____	

Can this child use a flowmeter to monitor need for medication in child care? NO YES

Personal best reading: _____ reading to give extra dose of medicine: _____

reading to get medical help: _____

How often has this child needed urgent care from a doctor for an attack of asthma:

In the past 12 months _____ in the past 3 months? _____

Typical signs and symptoms of the child's asthma episodes (circle all that apply):

Fatigue	face red, pale or swollen	grunting
Breathing faster	wheezing	sucking in chest/neck
Restlessness, agitation	dark circles under eyes	persistent coughing
Complaints of chest pain/tightness		gray or blue lips or fingernails
Flaring nostrils, mouth open (panting)		difficulty playing, eating, drinking, talking

Reminders:

1. Notify parents immediately if emergency medication is required.

2. Get emergency medical help if,

- The child does not improve 15 minutes after treatment and family cannot be reached
- After receiving a treatment for wheezing, the child:

Is working hard to breathe or grunting

won't play

Is breathing fast at rest (>50/min)

has gray or blue lips or fingernails

Has trouble walking or talking

cries more softly and briefly

Has nostrils open wider than usual

is hunched over to breathe

Has sucking in of skin (chest or neck) with breathing

is extremely agitated or sleepy

3. Child's doctor & child care facility should keep a current copy of this form in child's record.

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9 Resnik Rd. Plymouth, MA 02360

The Boys & Girls Club of Plymouth offers homework/tutoring help in our after school program from 3:00 to 5:00 p.m.

The ability to assist your child may be increased with input from the school your child attends. In order to assist your child/children as much as possible, we need your permission to exchange information between the child's school and our after school program staff.

Please check one:

- YES, I want my child to participate in this program and YES to contact with my child's teacher/school.
- YES, I want my child to participate in this program but NO to any contact with my child's teacher/school.
- NO, I do not want my child to participate in this program.

Name of Child/Children

School/Grade and/or Teacher

Parent/Guardian

Date

Telephone Numbers (Home, Office or Cell)

BOYS & GRILS CLUB OF PLYMOUTH
9 Resnik Road, Plymouth, MA 02360
COMPASS ZONE 2005 – 2006
Club and Off-Site Activities Permission Form
102 CMR 7.34(5)(c)

CHILD'S NAME: _____

I, _____
Parent/Guardian's Name

Give permission for my child to participate in all of the regularly scheduled on-going activities located in the following Boys & Girls Club areas:

Locker Room

Gymnasium

Games Room

Computer Lab

(Includes Internet Access

With parental blocks in Effect)

Arts & Crafts Area

Library

Athletic Field and Play Area

Field Trips

(Signed permission slips will be required for
each field trip)

Parent/Guardian Signature

Date

BOYS & GIRLS CLUB OF PLYMOUTH
9 Resnik Rd. Plymouth, MA 02360

BEHAVIOR MANAGEMENT PROGRAM AND/OR
DISCIPLINE PROCEDURES

The behavior management program of the Boys & Girls Club of Plymouth is directed to the goal of maximizing the growth and development of children and protecting the group and individuals within it. Behavior management will be used in a consistent, reasonable and appropriate way based on an understanding of the individual needs and development of the child.

Our program implements methods of positive reinforcement in order to encourage children to get involved in activities and obey the rules. Incentives for homework completion or club activity involvement are examples of that reinforcement. The Boys & Girls Club will set reasonable and positive expectations, offering choices and providing children an opportunity to verbalize their feelings, which encourage children to develop self-control through understanding.

The staff will provide opportunities for children to be involved in establishing rules and policies of the program and will discuss all established rules and policies of the program at that time.

Any child who disobeys the rules of the School Age Program is given a verbal warning. If inappropriate behavior continues, said child would be seated at a designated table or chair for a period of ten (10) minutes. A member of the staff will discuss the problem with the child before he/she is allowed to re-enter the play area.

If a child does not respond to time-out, he/she is brought to the Site Coordinator who will try to talk with the child. The child will wait with the Site Coordinator for his/her parent. The parent is then told of the situation and the disciplinary action that was taken. The Site Coordinator will document all conversations with the child, parent and any disciplinary action taken.

The suspension of a child/children from a club program is a severe disciplinary measure. It is reserved for instances of repeated offences or obvious disregard for program rules and policies. Therefore, when reasonable efforts to provide positive remedies are ineffective, suspension remains the right of the Boys & Girls Club and will be instituted in accord with appropriate due process. If a child is suspended 3 times, he/she can be terminated from the program.

NOTE:

No children shall be subject to abuse or neglect, cruel, unusual, severe, or corporal punishment including any type of physical hitting inflicted in any manner upon the body, punishments which subject a child to verbal abuse, ridicule, or humiliation; denial of food, force feeding a child, or punishment related to eating or not eating food.

rest or bathroom facilities, punishment for soiling, wetting or not using the toilet. No child will be forced to remain in soiled clothing or forced to remain on a toilet or using any other unusual or excessive practices for toileting.