



# The Explore After School Program

- Registration:** Please fill out the attached forms and return them to the **Middle School Office, ATTN: Susan Smoker**. Registration is on a first come first service basis.
- Program**
- Days/Times:** Monday-Thursday October 3, 2011-May 23, 2010 3:15-5:00 p.m.  
We are currently accepting applications.  
*\*There will be no program on days when there is no school. There is no program on Thursday when school is closed on Friday.*
- Cost:** A donation is requested to assist with the cost of the program. The program is free for those who cannot make a donation. The program is supported by community donations, fundraising and grants
- Academic Support:** All students begin the Explore Program with an opportunity to work on homework. Parents must select either the ACE or AIM program
- ACE (Acquiring Confidence to Excel)**  
\*Designed for students who need extra assistance to improve their grades.  
\*One-on-one and small group tutoring will be provided by college students.  
\*Students will be taught to develop organizational and study skills.  
\*Students progress is tracked and staff communicates regularly with teachers.
- AIM (Academics Independently Maintained)**  
\*Designed for students who can complete homework with minimal assistance.  
\*If students do not have homework or if they complete it early they may participate in one of the enrichment activities.
- Activities:** The following activities are available during the after school program:  
\* Open gym/Walking track \*Games/Craft room \*Specialty Enrichments
- Snack:** Snacks are provided by the After School Snack Program sponsored by the USDA.
- Transportation:** **The program closes at 5:00 p.m.** Students who remain after 5:15 must pay overtime fees. If the student is to ride Dial-a-ride, arrangements must be made in advance by the parent with Dial-a-ride. All students should be picked up at the Alma Middle School Gymnasium entrance.
- Sign Out** If you personally want to sign out your child, enter at the gymnasium entrance and go to the Multipurpose room to have your child paged and have them signed out.
- Phone** You may reach Explore Staff by calling: 463-3111 ext. 6295. If during after school hours, please call the school at 466-7614.
- Attendance** If your child's schedule changes and he/she will not be attending the program anymore or needs to attend different days of the week, please contact us at 463-3111 ext. 6295.

# Alma Public Schools Explore After School Program Parent Handbook

## Registration and Enrollment Procedures

- If parents wish to enroll their student, they may pick up an application in the school office.
- Prior to the youth's first day of attendance, parents must complete all forms and submit them to the Middle School office or the Explore Program Director.
- A complete set of forms is required for each child in the program.
- Enrollment will be filled on a first come, first serve basis. You will be notified only if your child has **not** been accepted into the program.
- If a program is full, students will be put on a waiting list as registrations are received.
- If openings occur, parents will be contacted from the waiting list.
- Parents must inform the Program Director if any information originally submitted on the forms changes, such as emergency contacts and phone numbers, employers, home address, attendance and departure information.
- Parents wishing to withdraw their student from the program must provide written notification and submit it to the school office.
- The program encourages youth of all backgrounds to attend. The program does not discriminate on the basis of sex, color, creed, national origin or ethnic background.

## Selection of Activities – Hours of Operation

- Youth may select to participate in as many or few of the activities offered by the program.
- The program operates Monday – Thursday after school until 5:00 pm.
- The program is closed whenever the school day is closed or canceled due to weather.
- The program is closed on Thursday when there is no school on Friday.
- In addition to the on-going activities, special enrichments will be offered. They will be first announced to the after school participants and then if classes are not full, announced to the school at large. Enrollment will be on a first come first serve basis.

## Program Cost

- All proceeds to run the program come from donations from community members, grants, and fund-raising activities.
- The Alma Public Schools provides facilities and administrative support.
- There is no fee for involvement in the program but donations are appreciated.

## Attendance and Absences

- If your child is not able to attend the program and he/she has a scheduled appointment with a mentor or tutor, it is expected that you will contact the program director at 463-3111 ext. 6295 prior to the absence. This will allow the appointment to be canceled.
- Attendance is taken on a daily basis. If you would like to know if your child has been attending the program, individual attendance records can be created and picked up at the school office upon request.

## Sign In and Departure Procedures

- Youth are expected to sign in when they come to the program and sign out when they depart.
- At the end of the middle school program, students will be escorted to the main lobby by the gym entrance. Staff members will monitor the area until all youth are picked up.
- ALL STUDENTS MUST BE PICKED UP OR WALK HOME BY 5:15. After that time, it will be considered a late pick up and there will be a charge for supervising your child. The fee is as follows: For the first ten minutes there is a base fee of \$5 and 50 cents for every minute after that. At twenty minutes, the charge is \$1 per minute.
- High School youth are allowed the freedom to come to the program and depart when they choose. Parents are asked on the registration form to notify the program as to the time and method of their departure.

## **Behavior Management - Discharge from the Program**

- Youth are entitled to a safe and secure environment at the Explore Program. The Explore Program cannot serve youth who display chronically disruptive and unsafe behavior.
- Chronically disruptive behavior is defined as verbal or physical activity which may include but is not limited to the following: abuse of staff or students, persuasive disrespect shown toward staff and participants, consistent refusal to follow established rules, destruction of property, Infliction of physical or emotional harm on other youth.
- Disruptive behavior will be dealt with in a similar fashion that is used during the school day.
- If giving time to calm down does not work, the youth will be sent to the Site Coordinator to process what occurred and determine what needs to happen to go back to the activity.
- If the incident is severe (physical harm, inability of youth to gain control) the Site Coordinator will contact the parents and the youth will be sent home.
- If the youth is able to get under control, they will be allowed to continue with the activities.
- If the disruptive behavior begins to occur on a regular basis, the Program Director may call the parents and ask for a conference to develop a more specific behavior plan.
- If this is not successful, the Program Director will ask the Building Principal to become involved in deciding what is in the best interest of the youth and the program.
- If a youth cannot adjust to the program setting and conform to the behavior guidelines, the youth will be discharged. If the severity of the problem is great enough that it could endanger the safety of the youth in the program, discharge will be effective immediately. A conference will be held with parents.

## **Health and Accident Policy**

- If a youth has a known medical condition, the parents must make sure the after school staff is notified. They must make arrangements to allow staff to be prepared to address the problem during after school hours.
- The parents must make sure any necessary medications are available on site and that appropriate forms for its use have been completed.
- The Program Director will develop a list of all participants who have allergies and other medical conditions that could be life threatening. The list will be shared with program staff.
- If the youth has any of the following conditions during the after school hours, the parent will be notified to pick up the youth immediately: Contagious Disease, Fever over 100 degrees F, Vomiting or Diarrhea, Accident requiring medical attention.
- In the case of an accident, the parents will be contacted immediately. In serious cases, the youth will be taken to the local hospital by ambulance or emergency vehicle for treatment and the parents will be called as soon as possible.
- After 4:00, school day staff is not available to administer medications. Explore program staff will not be able to administer medication unless for emergency reasons.
- If a youth is injured at the program, staff members will immediately attend to the youth and notify the Site Coordinator. Appropriate first aid will be given to the youth.
- The Site Coordinator will evaluate the extent of the injury and the need for further medical attention. The Site Coordinator will notify the parents of the incident.

## **Safety Policies and Procedures**

- Students are expected to sign in within 5-10 minutes after school has been dismissed. If a student does not sign in, they are not the responsibility of the program. If parents have safety concerns, they may contact the Program Director to make additional arrangements.
- If the building needs to be evacuated for any reason during the after school hours, the program will be canceled. If this occurs, staff will follow the school district's evacuation procedures and contact appropriate district safety officials. Parents will be notified and offered options to pick up their children.

# Explore After School Program Registration Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Rm. Teacher \_\_\_\_\_

**Days of the Week Attending:**

**Yes** - My son/daughter will be attending the program unless ill or for scheduled apts. or family issues.

**No** - My son/daughter will never be attending the program on this day.

**Drop In** - My son/daughter will be attending for the Enrichment and Recreation options or on the days they choose to attend.

	Will she/he Attend? Yes, No, Drop In	Time Departing? Program ends at 5:00 pm	How Depart? Walk, Pick Up, Dial-a-Ride
Monday			
Tuesday			
Wednesday			
Thursday			

**Donations for the After School Program:** Please check which best fits the needs of your family:

\$250    \$200    \$150    \$100    \$75    \$50    Other \_\_\_\_\_

Free, my family is unable to make a donation.

(You may make installment donations through out the year. Please make checks payable to Alma Public Schools and write Explore Program on the memo line)

**Homework LAB:** Everyone **must check only ONE** of the following four options in this section.

**AIM (Academics Independently Maintained)**

*Students in this program are able to come to the Homework Lab and work independently. Tutors will be available with homework questions, but the student and parent are responsible for tracking grades.*

\_\_\_\_\_ I wish to place my son/daughter in the AIM program. She/he may choose to only do activities and not work on homework at the program.

\_\_\_\_\_ I wish to place my student in the AIM program. He/she must go to the Homework Lab to complete homework before joining in any activities.

**ACE (Acquiring the Confidence to Excel)**

*Students in this program will be placed in small groups with a College Student Tutor. When possible, one-on-one Tutors will also be assigned. Staff members will communicate with School Day Staff to track progress and work to improve grades.*

\_\_\_\_\_ I wish to place my student in the ACE program. He/she should stay in the Homework Lab until all of the homework is completed. Once it is done, she/he may join an activity.

\_\_\_\_\_ I wish to place my student in the ACE program and have him/her work on academics for a minimum of 45 minutes at the program. They can select when they attend the homework lab.

**RECREATION - ENRICHMENT ACTIVITIES** (Please check to give permission)

\_\_\_\_\_ I give permission for my student to participate in the following activities:

\* Open Gym/Walking Track   \*Craft Room \*Board Game Room   \*Specialty Enrichments

# PARENT PERMISSION IS REQUIRED FOR ALL PROGRAMS

Yes  No I do hereby grant permission for photos and video of my child to be used by the Explore Program for promotional and educational purposes.

Yes  No We have reviewed and discussed the program guidelines and behavior contract. My child agrees to follow the guidelines and classroom rules explained to him/her.

*To meet the assessment and evaluation requirements of the granting organizations, it is necessary that we track the progress of all participants and conduct surveys. All information will be kept confidential and will be used for data reporting and assisting students with making academic/behavioral progress.*

I, the undersigned, do hereby permit the Alma Public Schools to release school records regarding my child to the Explore Program Director.

I the undersigned parent/guardian having legal custody/legal guardianship of said minor, give permission for them to attend the Explore After School Program. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby knowingly assume all risks and dangers inherent and incidental to the activities for which I have given permission and thereby, will not hold the Alma Public Schools, Explore Program, and staff liable for any injuries incurred during these activities.

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Parent/Guardian Signature

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Date

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Students Name

Dear Parents,

During the school year, we will be taking various field trips during the after school hours. Our program requires your written permission for your child to go on field trips. Unless otherwise notified, your child will be transported by Dial-A-Ride, guided on a supervised walk/bike, or by bus to and from our destination.

Rather than sending home a permission slip for each separate trip, we are sending this one permission slip to cover all such field trips throughout the year. Prior to each trip, we will be sending a note home with your child explaining when, where, and how (by bus, dial-a-ride, or walking/biking) we will be going.

If you prefer that your child not attend a particular field trip, please let us know prior to the day of the trip.

Please sign and return this slip so your child will be able to attend field trips.

Explore / Mentor PLUS Staff

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\_\_\_\_\_ has my permission to go on all field trips for the 2011/2012 school year. I understand that I will be notified prior to each individual field trip. I will notify the Explore / Mentor PLUS Staff if my child will not be going on a particular field trip.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature



## Explore Program Emergency Form

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

Grade \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

This student will live with (**circle one**): Mother Father Both Guardian Other

Father \_\_\_\_\_ Employed at \_\_\_\_\_ Work # \_\_\_\_\_

Mother \_\_\_\_\_ Employed at \_\_\_\_\_ Work # \_\_\_\_\_

Guardian \_\_\_\_\_ Employed at \_\_\_\_\_ Work # \_\_\_\_\_

Do you have any safety concerns for your student regarding custody or other issues that we should be aware of?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Health Problems:**  None  Asthma  Diabetes  Epilepsy  Other \_\_\_\_\_

**Allergies:**  None  Bee stings  Foods (list) \_\_\_\_\_  Other \_\_\_\_\_

Doctor's restrictions on activities: \_\_\_\_\_  None

Daily medications taken: \_\_\_\_\_  None

**Emergency Contacts.** Please list three neighbors or nearby relatives that we may contact and release your student to if necessary. In case your student is ill, we will call parents first.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

**In case of an accident or serious illness, I request the program contact me. *If the program is unable to reach me*, I authorize the program to contact the people listed above or my physician:**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**If it is impossible to contact these sources, the school may make whatever arrangements seem necessary.**

Signature \_\_\_\_\_ Date \_\_\_\_\_