



**After School Program
Enrollment Packet
2020-2021**

August, 2020

Dear families,

Welcome! My name is Elizabeth Harshman and I am the After School Program Coordinator for the Sterling Community Center. We are thrilled to have the opportunity to be working with your children this school year, and have been busy creating exciting plans for activities to help your children stay active and engaged each day.

Our program will run daily Monday through Friday from 3:30 pm to 5:30 pm. We expect transportation to arrive promptly in order to pick children up on time. It is important to note that no children will be released to individuals that are not on your child's approved pickup list. As a matter of safety, we ask for your cooperation with this matter. In addition, it is very important that the contact information we have on file for you and your emergency contacts stays current. Please supply us with new phone numbers and addresses when necessary. We want to make sure we can reach someone if needed.

As a reminder, in order to have a successful program, we must be able to plan ahead for the children who will be here each day. Attendance planning is essential for our program to run smoothly and for your children to receive all of the wonderful things we have in store for them. Naturally, things come up. If your child will be absent, please call to let us know.

We encourage you to call anytime throughout the year with any questions or concerns that you may have. Please don't hesitate to contact us!

It is a pleasure to be working with your children, and we are excited that we can provide a safe and fun atmosphere for them each day!

PLEASE READ THROUGH THE NEW PAYMENT POLICIES AND COVID-19 MITIGATION POLICIES THAT ARE INCLUDED IN THIS PACKET.

Looking forward to a fantastic school year!

Sincerely,

Elizabeth
Sterling Community Center, After School Program Coordinator
907-262-7224

Sterling Community Center After School Program COVID-19 Response, Policies, and Procedures

Welcome to the Sterling Community Center 2020/2021 After School Program!

The Sterling Community Center wants you to know that safety and wellbeing are our top concerns and we are working hard to ensure that our facilities are safe and fun for the families that we serve.

We have made several changes to our After School Program (ASP) policies and procedures in order to slow the spread of COVID-19. All staff members will have increased responsibility and will do their best to follow the advice of the CDC and other public health officials. As the pandemic situation changes, families can expect that our program and policies will too. We will be evaluating risk and updating policies and procedures regularly and making changes as necessary.

Please be patient with us and do not hesitate to contact us when you have questions and concerns. Input from our ASP families will be vital in helping us build the best program we can during this time.

Please read through the new policies below and initial each one to signify your understanding and agreement.

_____ I understand the new pricing options as follows: \$80 full-time monthly enrollment (\$50 for each additional sibling), \$5 daily (\$3 for each additional sibling.)

_____ I understand that I am required to keep a credit card on file that will be charged the balance owed on my account for After School Program services incurred the previous week. If I select full-time enrollment my card will be charged at the beginning of each month.

_____ I understand that if my child(ren) is/are exhibiting any symptoms associated with the COVID-19 virus they will not be picked up from the school. If I am dropping them off directly at the Center, they will be denied entrance. If symptoms are identified during ASP activities I will be notified and will have to pick my child(ren) up immediately.

_____ I understand that a preliminary health screen will be conducted each day and my child's temperature will be logged on the sign-in sheet for record keeping purposes.

_____ I understand that if my child has a temperature of 100.4 or higher, they will not be picked up from the school. If I am dropping them off directly at the center and their pre-screen temperature is 100.4 or higher, they will be denied entrance.

_____ I understand that if my child has had a positive test or exposure to COVID-19 they will not be able to participate in the ASP program until they have a test with negative results or until a healthcare provider confirms that home isolation precautions have been lifted.

_____ I understand the ASP staff will clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks, but that these measures are not a guarantee that I or my child(ren) will not contract COVID-19.

_____ I understand that staff will do their best to encourage children to maintain good social distancing practices, but that it cannot be guaranteed.

_____ I understand that should a child participating the ASP test positive, the ASP will cease for a minimum of 2-5 days. This short-term closure allows time for local health officials to gain a better understanding of the situation, allow local health officials and the SCC time to determine appropriate next steps, including whether an extended closure is needed, and will allow time for facility sanitization.

_____ I understand that I should monitor my child(ren) for symptoms and communicate to SCC if any symptoms appear.

_____ I understand that the ASP coordinator will report any confirmed cases to the Alaska Department of Health & Safety and Kenai Peninsula Borough School District.

_____ I understand that if an SCC staff member reports an exposure to someone who has COVID-19 in their household, that staff member will not be allowed to return to the program until a healthcare provider confirms that home isolation precautions have been lifted. I also understand that this could cause staffing problems within the program and possible closure.

_____ I understand that my child(ren) will be asked the following questions daily to assess their health: Do you have a cough? Do you have shortness of breath or difficulty breathing? Do you have any of the following symptoms? Fever, chills, repeated shaking with chills, muscle pains, headache, sore throat, new loss of taste or smell.

_____ I understand that SCC will be monitoring COVID-19 closely and will be following all State mandates which could cause further changes to the policies and procedures of the ASP or closure.

Parent Name (Please Print): _____

Signature: _____ Date: _____

38377 Swanson River Road
PO Box 15
Sterling, AK 99672

Sterling Community Center



(907) 262-7224 Phone
(907) 262-9225 FAX
www.sterlingcommunitycenter.com

Credit Card on File Billing Authorization Form

In an effort to streamline accounting practices and reduce staff risk during this pandemic, the Sterling Community Center is requiring that After School families keep a credit card on file with our business office. This is a secure and convenient method of payment for services for which you are liable. Your credit card information is kept confidential and secure and will be shredded when services are terminated. Payments to your card will be processed each Monday for the FULL balance due for After School Program services that you received the previous week.

I, _____, authorize the Sterling Community Center to capture my credit card information and securely store my credit card on file. Additionally, I authorize the Sterling Community Center to charge my credit card on file for any balance owing on my After School Program account each week. I agree that the Sterling Community Center may charge my credit card on file for the balance due.

This authorization relates to all balances for services provided by the Sterling Community Center After School Program. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to the Sterling Community Center. Written notice must be submitted to the Sterling Community Center, PO Box 15, Sterling, AK 99672, or hand delivered to our business office.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Printed Name: _____

Card Holder's Name (as shown on card): _____

Visa Master Card Discover

Credit card Number: _____

Expiration date (mm/yy): _____

Zip Code of Credit Card Billing Address: _____

Three Digit Verification Code: _____

Email: _____

Cardholder Signature: _____, Date: _____

STUDENT(S) PROFILE

Student's Name: _____ Grade: _____ D.O.B. _____

Student's Name: _____ Grade: _____ D.O.B. _____

Student's Name: _____ Grade: _____ D.O.B. _____

Student's Name: _____ Grade: _____ D.O.B. _____

Parent/Guardian Name: _____ Phone Number: _____

Email: _____

Street Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Phone Number: _____

Email: _____

Street Address: _____ City: _____ Zip Code: _____

DESIGNATED PERSONS

Please list designated persons who your child(ren) may be released to. Individuals must be at least 18 years of age and be able to provide a valid photo ID for staff verification.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

EMERGENCY CONTACTS

Please list designated people who may be contacted in case of emergency if we are unable to reach you.

Individuals must be at least 18 years or older. (Minimum of two people)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I understand that my child will only be released from the Sterling Community Center to a parent/guardian or designated person listed with valid photo ID. I will also notify the staff of schedule changes that will affect my child's arrival and departure times.

MEDICAL RELEASE

AUTHORIZATION FOR AGENT TO CONSENT TO THE TREATMENT OF MINOR

I, the undersigned, parent/guardian of the child(ren) listed on the previous page (minor(s)) do hereby authorize The Sterling Community Center, as agents for the undersigned, to consent to any X-ray, medical examination, anesthetic, medical, surgical diagnosis, treatment, or hospital care at the nearest available hospital, which is deemed advisable and is to be rendered under the general or special supervision of any physician and surgeon licensed by law to practice. This authorization shall remain in effect while the child is enrolled at The Sterling Community Center, After School Program. I understand that a conscientious effort will be made to locate a parent/guardian before any action will be taken.

Parent/Guardian Signature

Date

IN CASE OF EMERGENCY

In case of emergency, my preferred hospital for treatment or hospital care is listed below. I am aware that depending on location and situation, alternative hospitals may be selected by emergency services during an emergency situation.

Hospital Name: _____
Family Physician/Pediatrician Name: _____
Family Physician/Pediatrician Address: _____
Family Physician/Pediatrician Telephone Number: _____

CHILD'S MEDICAL/PHYSICAL CARE PLAN

Child's Name: _____ D.O.B.: _____
Child's Name: _____ D.O.B.: _____
Child's Name: _____ D.O.B.: _____
Child's Name: _____ D.O.B.: _____

Special Health Concerns:

Child's Name: _____
Health Concerns/Medications: _____
Child's Name: _____
Health Concerns/Medications: _____
Child's Name: _____
Health Concerns/Medications: _____
Child's Name: _____
Health Concerns/Medications: _____

Parent/Guardian Signature

Date

PERMISSION FOR PHOTOGRAPHY/VIDEOTAPING

There will be an occasional need to develop photographic and video data to document activities and events taking place during the After School Program. Students will often be featured in this collection. These photographs are often used for PR purposes, such as websites, and other PR publications. I understand that the photographs/video footage may be used in presentations, posters, brochures, advertisements, and other promotional areas on behalf of The Sterling Community Center. All such photography will be maintained as property of The Sterling Community Center with all rights reserved.

_____ The Sterling Community Center **has my permission** to photograph/videotape my child(ren) while participating in activities.

_____ I **do not give my permission** to The Sterling Community Center to photograph/videotape my child(ren) while participating in activities.

Parent/Guardian Signature

Date

ATTENDANCE FREQUENCY AND PAYMENT INFORMATION

The SCC requires that all families keep a credit card on file with the business office. Or payment in full prior to attendance. Credit cards will be processed each Monday for the previous week's services and full balance owed. The cost is \$80 per month for the first fulltime enrolled student, \$50 for each additional. Daily drop-in rate is \$5 for the first child, \$3 for each additional. **Unscheduled drop-in attendance requires prior communication with the program coordinator. Please call Liz at 907-252-8340 before 3:00 p.m. if your child plans to attend.**

BEHAVIOR AND OTHER IMPORTANT SCC POLICIES

Every successful program begins with cooperation, commitment, and appropriate behavior. We require that every student remains mindful and responsible for their actions and behavior in order to maximize the enjoyment and learning experience for all while attending program. Consistent poor behavior will result in removal from the program. This can include a child hampering the smooth flow of the program by either requiring constant one-on-one attention, inflicting physical or emotional harm to other children, being physically aggressive towards staff, and/or otherwise unable to conform to the rules and guidelines of the program. We are thrilled to provide quality programming for your child! In order for our center to operate most efficiently, please be advised of the policies below:

We ask that each student:

- Use appropriate manners on a daily basis.
- Show respect to other students, staff, and property.
- Listen to staff and follow directions.
- Clean up after themselves.
- Keep their hands and feet to themselves.
- No inappropriate or offensive language.
- We have strict policies on the treatment of our fellow community center members and participants. Fighting and/or bullying will not be tolerated.
- The SCC will not, under any circumstances, allow your child to attend the program if they refuse to practice appropriate behavior, or consistently arrive unprepared or refuse to participate. The SCC is not a free childcare facility. We are a Community Center first and foremost and are here to assist with the needs of the community. Please do not drop your child off if they are unprepared to participate or behave accordingly.
- We must have current and working phone numbers on file in order to reach you in the event of an emergency. If important contact, medical, or dismissal information changes, you are required to update staff accordingly and immediately.
- We strictly enforce our dismissal time. If your child is not picked up on time, you will be assessed a late pick up fee to cover the cost of staffing.

Any violation of the above policies may result in withdrawal from SCC programming. By signing below, you acknowledge and agree to the policies of the SCC. We ask for your signatures to ensure acknowledgement of these policies as well as the commitment of your respect and support whenever you are present in our center throughout the duration of the program.

I understand and agree to all of the information/policies outlined in this document packet.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date