



# Hazel Crest Park District



## **C.U.R.V.E. Before & After School Care**

*“Children Undergoing Recreational and Valuable Experiences”*

### **Parent Handbook and Emergency Forms 2018-2019**

2600 W. 171<sup>st</sup> Street, Hazel Crest, IL 60429

***NEW DIRECT C.U.R.V.E ROOM CONTACT: 708-335-1500, Ext. 127***

**For General Information and Questions, please contact  
the Recreation Department at 708.335.1500, Ext. 127**

# WELCOME TO C.U.R.V.E. 2018-2019

**AGES:** 5-12 Years Old

**LOCATION:** Hazel Crest Community Center

2600 West 171<sup>st</sup> Street

Hazel Crest, IL 60429

## **HOURS OF OPERATION:**

### **Monday through Friday**

6:30-8:30am (Before School)

2:30-6:00pm (After School)

6:30-6:00pm (School Holidays & ½ Days Off)

**MISSION STATEMENT:** The Hazel Crest Park District is a service oriented-organization dedicated to enhancing the quality of life for the citizens of Hazel Crest. It is our mission to provide quality recreation opportunities and maintain park facilities that are available to all residents. To promote and maintain community partnerships, intergovernmental and corporate relationships while providing quality employment opportunities at the Hazel Crest Park District. Above all, we are committed to offering you the highest level of service possible.

## **POLICIES AND PROCEDURES**

- Parent must register EACH MONTH even with no fees are required. Fees due must be paid in full at time of registration.
- Please call if your child will be absent, picked up early or picked up after 6:00pm. The CURVE direct line can be reached at 708.335.1500, Extension 127
- Any child picked up after specified closing time will be charged \$2 a minute. Late fees will be added to next month's Registration Fees. We will allow only (2) late pick-ups with due cause during the school year. All late fees will then be added to next month's registration fees.

**FEE INFORMATION (All fees include transportation to and from school.)**

Before and After School -- \$350 Per Month Per Child/ (\$340 Each Additional Child)

Before School - \$150.00 Per Month Per Child (\$140 Each Additional Child)

After School -- \$300 Per Month Per Child (\$340 Each Additional Child)

**Tuition and registration fees are due by the 5<sup>th</sup> of every month or a \$10.00 late charge will be incurred. All household fees must be current, or your child will not be allowed to attend the program. NO EXCEPTIONS!**

**CURVE PARTICIPANTS (FAN) FINANCIAL ASSISTANCE PROGRAM**

**Monthly Co-Pay is required at time of registration.**

The Hazel Crest Park District does accept Financial Assistance provided by both the Department of Child and Family Services as well as Cook County's Child Care Initiative. Recipients of all financial assistance are required to enroll their child each month on or before the 5<sup>th</sup> of each month. **Further, recipients are required to pay \$100 per child as well as any balance that their required co-pay requires. If no co-pay is assigned by CCI, we do still require a fee of \$100 per child per month be paid to cover the administrative fees and fee reimbursement shortage we receive from the state.**

**VACATIONS/HOLIDAYS**

The C.U.R.V.E. program will be closed on the following days: **Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, New Year's Day and Martin Luther King's Birthday.** Please note that it is important that parents mark these days on their calendar to ensure they make alternative child care. Also, note that on certain occasions an all-day field trip may be planned. If a parent chooses for the child not to attend, it will be the parent's responsibility to find alternative child care for that day.

**SCHOOL CLOSINGS**

If schools are closed due to severe weather, our C.U.R.V.E. Program will also be closed. Parents should contact their child's school directly, and not the park district, for the most update to date information.

## **MEDICAL EMERGENCIES**

In the event of a medical emergency, parents or another responsible party listed on the emergency forms will be notified **IMMEDIATELY**.

If your child requires immediate medical attention, paramedics will be called to provide transportation to the nearest hospital.

## **ILLNESS/MEDICATION**

Any child having a fever, vomiting, rash, etc. will need to be picked up immediately. This is required for the health safety of other participants. Any child having a serious illness or communicable disease (i.e., ring worm, pink eye, etc.) may not return without a doctor's note allowing the child to return to normal activity. Parents will be notified if any communicable diseases found in the program, so they can monitor their child for symptoms. Medications will not be dispensed without written consent from a parent. Medications must be brought in original containers with the amount to be dispensed clearly indicated. No child will be allowed to dispense his/her own medication.

## **STAFF**

All staff either has prior work experience, college credits directly related to children or both. All staff are certified in CPR, First-Aid and AED, Mandated Reporter and other Safety-Related topics. Further, transportation drivers are trained in Defensive Driving. Ongoing training is conducted and attended as deemed necessary to ensure the safety of our participants.

## **SUSPECTED CHILD ABUSE**

In accordance with the laws of the State of Illinois, all staff members are mandated reporters. All suspected cases of abuse and/or neglect or any child in the program must be reported to the proper authorities.

## **PARTICIPANT DROP OFF/PICK UP**

Please be advised that all participants **MUST BE SIGNED IN AND SIGNED OUT EACH DAY** by an authorized person. All parents are required to enter the building using the main entrance. Students must be signed in and out each day by an individual at least 21 years of age, unless pre-arrangements have been made and approved. This policy is enforced as a protection for all children in the program. If your child participates in other programs outside of C.U.R.V.E., parents must make prior arrangements for your child's participation. **No Park District Employee will assume such responsibility.**

## **EMERGENCY FORM PACKET**

For the safety of our children, all participants must have all required emergency forms on file. If any changes or revisions of any contact or medical information is necessary, please contact C.U.R.V.E. to have all current information maintained in our records. The completion of the forms is required for all children to participate in the program. All records are confidential and will be kept in a secure area.

## **MEAL/SNACKS**

***PLEASE NOTE: For full days and ½ days where lunch is not provided at school or school is closed, children are required to bring a lunch.*** They will receive a nutritious snack during the afternoon. Please inform us of any dietary needs of your child. Lunches brought to C.U.R.V.E. **must be ready to eat.** Recreation Staff cannot provide any cooking or heating that may be required.

## **FIELD TRIPS**

Permission forms must be signed by parents for any field trips that are off premises. Transportation will be provided by insured vehicles and driven by defensive-driving trained staff with adequate seating space for all children. For those parents who may elect that their child not attend, alternative child care must be arranged by the parent. No on-site staff will be available to care for your child.

**DISCIPLINE**


The use of corporal punishment is against policy. Staff will discuss the incident with the child and redirect to another activity more appropriate for the child. Parents will be informed of any child-causing discipline problem. Following three behavioral events, a conference will be held between the parent and the Assistant Director and Executive Director of the Hazel Crest Park District. If no agreed upon plan can be reached, parents will be asked to seek alternate child care services more suitable for their child's needs.

# Participant Reference Sheet.

## C.U.R.V.E.

### Before/After School Program

### 2018-2019

|  | <u>Participant Name:#1</u><br>(Please Print)               | <u>Participant Name: #2</u><br>(Please Print) | <u>Participant Name: #3</u><br>(Please Print) |
|---|--|---|---|
|   |  |   |   |
| Participant's Age:  |  |   |   |
| Participant's Grade:  |  |   |   |
| School Name:  |  |   |   |
| (B): Before Only<br>(A): After Only<br>(B&A): Before/After                        |  |   |   |
|   |  |   |   |
| Parent's/Guardian Name:   |  |   |   |
| Primary Contact Numbers:  | Best time to call: _____<br>Cell#: _____ Emergency#: _____ |   |   |
| Email Address:  |  |   |   |

## Hazel Crest Park District Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to claims for injuries you or your child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Hazel Crest Park District for any claims arising out of participation in the CURVE Before & After School Program or Summer Day Camp.

**Risk of Injury:** “As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program and receiving transportation services including but not limited to injuries, damages and loss arising out of negligent operations or supervision of the vehicle.

**Waiver of Injury Claims:** “I agree to waive and relinquish any and all claims I may have arising out of, connected with or in any way associated with the activities of the program.”

**Release from Liability:** “I do hereby fully release and discharge the Hazel Crest Park District and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.”

**Indemnity and Defense:** “I further agree to indemnify hold harmless and defend the Hazel Crest Park District and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with activities of the program.

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my child/minor’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation in the CURVE or Summer Camp Programs.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent of Legal Guardian

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





Hazel Crest Park District

2600 W. 171<sup>st</sup> Street

Hazel Crest, Illinois 60429

708-335-1500

C.U.R.V.E. ~ 708.335.1500, Ext.127

## HEALTH HISTORY AND EMERGENCY FORM

### CURVE Before and After School/Summer Camp

#### GENERAL INFORMATION

(PLEASE PRINT)

Participant's Name: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Primary Number: Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*(If different from above)*

#### Physician Information

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of Minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian Signature

## HEALTH HISTORY

The parent/legal guardian must fill in the following information. The intent of this information is to provide personnel the background for appropriate care. Keep a copy of the completed form for your records.

### Allergies – List all Known

#### Describe Reaction and Management of the Reaction

#### Medication Allergies (Please List)

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#### Food Allergies (Please List)

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#### Other Allergies (List) – Include insect stings, hay fever, asthma, animal dander, etc.

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#### Restrictions: (The following restrictions apply to this individual)

#### Cannot/Does Not Eat:

Peanuts \_\_\_\_\_ Pork \_\_\_\_\_ Poultry \_\_\_\_\_ Seafood \_\_\_\_\_ Eggs \_\_\_\_\_

Other (Describe) \_\_\_\_\_

My child is up-to-date on his/her immunizations and tetanus shots Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Legal Guardian Authorization**

This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all program activities, except as noted.

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Parent/Legal Guardian Signature

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Print Name

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Date

## PARTICIPANT MEDICAL HISTORY/EMERGENCY FORM

**PLEASE PRINT AND COMPLETE IN FULL**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Number \_\_\_\_\_

In case of emergency, are there any medical conditions, such as allergies or asthma, which our staff should be aware of? If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_

In the Event of an Emergency, Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for emergency medical treatment for my child for an illness or accident if the emergency contact cannot be reached immediately.

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

\_\_\_\_\_  
Date

## MEDICATION DISPENSING INFORMATION

*This form must be completed for each program session or when medication changes.*

### Parental Procedures and Responsibilities

The parent/guardian **MUST**:

1. Complete and sign this **Medication Dispensing Information** form.
2. Complete the **Permission to Dispense Medication/Waiver and Release of All Claims**.
3. Deliver all medication to the Hazel Crest Park District staff in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage and time of day medication is to be given.
4. Verbally communicate with the Hazel Crest Park District staff regarding specific instructions for medication.

### PLEASE PRINT

Participant's Name: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medication Information #1

Name of medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to administer: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

**Medication Information #2**

Name of medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to administer: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

**IF MORE THAN TWO MEDICATIONS ARE NEEDED, PLEASE PROVIDE THE INFORMATION ON A SEPARATE SHEET OF PAPER.**

**Other Information**

\_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Permission to Dispense Medication

### *Waiver and Release of All Claims*

The Hazel Crest Park District cannot dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The Hazel Crest Park District's policy on dispensing medication are available for review.

#### PLEASE PRINT

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(NAME) (PARTICIPANT'S NAME)

give permission to the staff of the Hazel Crest Park District to administer to my child,

\_\_\_\_\_  
(MEDICATION(S))

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information: Participant's name, Medication's name, complete dosage information. In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Hazel Crest Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.



**WAIVER & RELEASE OF ALL CLAIMS**

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hazel Crest Park District administering medication to my minor child, I do hereby fully release or discharge the Hazel Crest Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# BEFORE AND AFTER SCHOOL DISCIPLINE POLICY

## C.U.R.V.E.'s – 8 Golden Rules

1. No Profanity and/or Teasing.
2. No Horse Playing/Fighting/or Bullying.
3. Be Respectful to all Staff and Peers.
4. Be Respectful of others Personal Space (Arms-Length Distance)
5. No Inappropriate Touching.
6. No Wandering out of the Classroom.
7. No Misuse of Classroom Supplies or Equipment.
8. Take Responsibility for Own Actions.

## Consequences may include some or all of the following:

1. Verbal Warning and Redirection.
2. Parent-Program Leader Conference
3. Parent-Child-Assistant Director Conference (2-Day Suspension).
4. Permanent Expulsion from Program.

I have read and understand the Hazel Crest Park District's C.U.R.V.E. Discipline Policy and have discussed it with my child. It is understood that once all consequences have been exhausted, my child will be permanently removed from the C.U.R.V.E. program.

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Parent Name (Please Print)

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(Date)

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Parent Signature

## PICK-UP AUTHORIZATION FORM

**Child's Name:** \_\_\_\_\_

Please specify only those persons authorized to pick up your child/children from the Park District Program. Please be advised that only those persons specifically listed on this form will be allowed to pick up your child/children unless previously notified by the parent/guardian. NOTE: Authorized individuals not familiar or known by staff MUST SHOW proper identification for the child to be released to them.

Parent's Name: \_\_\_\_\_ Phone \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## PHOTO RELEASE WAIVER

I hereby grant the Hazel Crest Park District permission to use my child's photograph in all of its publications, including website and social media platforms, without payment or any other consideration. I understand and agree that these materials will become the property of the Hazel Crest Park District and will not be returned.

I hereby hold harmless and release and discharge the Hazel Crest Park District from all claims, demands, and causes of action which I or any other person acting on my behalf may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning of this release.

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(Parent's Signature)

(Date)

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(Printed Name)

My Child **must not** be featured in any Photo Publications, including website entries.

Child Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_