School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize the following person(s) to pick up my child from the LEAPs Program:**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number(s) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**(\*\*If you wish to change the authorized list, you must notify the LEAPs Program and modify this form.)**

If school closes early due to inclement weather (heavy rain, flooding, snow, ice, etc.), the LEAPs Program will be canceled. How will your child get home? (Choose one)

Car Rider Bus (#\_\_\_\_\_\_) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any severe health conditions that we should know about (i.e., medical conditions, allergies to food or stings, need an epi-pen or inhaler, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my child’s picture may be used for educational purposes.

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

**In order for my child to successfully participate in the LEAPs afterschool program, I agree to do the following:**

Ensure that all authorized persons who can pick my child up from the program are listed on the registration form. \_\_\_\_\_

Follow and support the attendance policy. I understand that if my child misses 4 consecutive un-excused absences from the program, or a total of 8 unexcused over a period of time, they can lose their spot in the program and another child will be invited in their place. \_\_\_\_\_

I understand that I can pick up my child at 5:15. I should always arrive at that time. \_\_\_\_\_

I understand that in case of discipline issues staff will notify me of concerns and we will work together to ensure that the issues can be resolved with my child. \_\_\_\_\_

I know the homework help time is at 3:10 until 3:45. If my child misses that time, I understand they will still have homework to be completed without the assistance of staff. \_\_\_\_\_

If my child participates in sports, they can still attend our program if they are in attendance in times when there are no practices or games. \_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Protocols**

**PARENTS/GUARDIANS** - When school is dismissed early because of weather, we need a secondary plan on file for sending children home (A) if schools are dismissed early; B) if schools are let out on time BUT after school activities are cancelled).

**\*\*To ensure your child's safety, please complete the following form (both A and B) and return it to an After-school Program teacher.**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

**Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAPS Plan A:** Schools are dismissed (let out) early. Please allow my child to:

\_\_\_\_ 1. Ride the bus home (Bus number \_\_\_\_\_\_\_)

\_\_\_\_ 2. Wait for EARLY parent pick-up.

\_\_\_\_ 3. Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAPS Plan B:** Schools are dismissed on time, BUT afterschool activities are cancelled due to the possible approach of severe weather (heavy winds/storms, icy conditions, flooding, etc.). Please allow my child to:

\_\_\_\_ 1. Ride the bus home (Bus Number \_\_\_\_\_\_\_)

\_\_\_\_ 2. Wait for car (pick-up)

\_\_\_\_ 3. Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What phone number should be used for the automated call system in the event of early dismissal or cancellation of afterschool program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .**

**Secondary phone number be used for the automated call system in the event of early dismissal or cancellation of after school program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .**

**Emergency Contact Information:**

Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for LEAPS staff to call 911 for emergency treatment while they are attending the program **IF** I cannot be contacted.

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Allergy Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

School/ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergic Reactions:** YES NO

**Triggers:**

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Symptoms of Reaction:**

Itching Swelling (Lips, Mouth, Tongue, Throat) Hives/ Rash

Nausea/ Vomiting/ Stomach Cramps Shortness of Breath Wheezing

Coughing Dizziness Loss of Consciousness

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does any of the above allergies produce a severe reaction that requires the use of an EpiPen or Twinject? YES NO

Where should the Epipen or Twinject be kept?

With Student (student is capable of properly using medication)

Front Office/ Nurse’s Office

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications** (including Epipen or Twinject)

1. Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*IF SECOND DOSE OF EPIPEN OR TWINJECT IS NEEDED FOR CONTINUED SYMPTOMS; give \_\_\_\_\_\_\_\_ minutes after first dose.**

**Emergency Plan of Action**

1. Follow orders listed above for Allergy treatments and medications.

2. If student is hunched over and/or having difficulty breathing, walking or talking, blue fingernails or lips, peak flow meter reading in red zone, and/or medications not helping, call **EMS 911**.

3. Notify school personnel trained in CPR/first aid to respond and initiate CPR if needed prior to EMS arrival.

4. Notify parent/guardian.

5. If EMS is called, the student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS and then parent/guardian assumes responsibility for student.

**Physical Disability/ Medical Condition Form**

The LEAPS afterschool program will include daily projects, games, and physical activities that will serve as creative learning experiences for each student. Each child will have the opportunity to participate in these activities. To ensure the students can get the most out of each activity, please answer the following questions regarding any physical disabilities or medical conditions the child may have. By answering these questions, our LEAPS staff will be able to accommodate and assist the students according to their needs.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check **ALL** disabilities/ medical conditions that apply to your child

\_\_\_\_Vision impairment

\_\_\_\_Deaf/ hard of hearing

\_\_\_\_Mental health conditions

\_\_\_\_Autism

\_\_\_\_Diabetes

\_\_\_\_Asthma

\_\_\_\_Epilepsy

\_\_\_\_Learning Disabilities

\_\_\_\_Dyslexia

\_\_\_\_Speech/ Language Impairments

\_\_\_\_Functionally/ Developmentally Delayed

\_\_\_\_Other Physical/ Health Impairment

Are there any disabilities or medical conditions that our staff should know about that affect, or could affect, your child’s participation in the afterschool activities? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any situations that might lead to an exacerbation of the child’s condition/ impairment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any accommodations that our staff can provide that can assist the child in daily afterschool activities, or academic accommodations that can help them during the homework portion of the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any physical activities that your child is unable to do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For medical conditions (diabetes, asthma, epilepsy, etc.), are there any specific treatments or accommodations that the staff needs to be made aware of?

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

Medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact:** Under the circumstances that a child’s condition worsens (hypoglycemic shock, asthma attack, epileptic shock, etc.), and medical help is needed, who should be contacted?

Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Plan of Action**

1. Notify school personnel trained in CPR/first aid to respond and initiate CPR if needed prior to EMS arrival.

2. Notify parent/guardian.

3. If EMS is called, the student must be transported via EMS to emergency facility, or parent/guardian

must sign release with EMS and then parent/guardian assumes responsibility for student.

I give permission for LEAPS staff to call 911 for emergency treatment while they are attending the program **IF** I cannot be contacted.

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date



Shape, circle

Description automatically generated

LEAPs Parent Handbook

2021 – 2022

Parents,

Tennessee Opportunity Programs (TOPs) would like to welcome you to the LEAPs Afterschool Program! We hope that you will find this program to be beneficial for you and your child. We will strive to make this an experience that is not only helpful and educational, but one that will be interesting for your child and make them excited about learning.

Please read this handbook carefully and feel free to contact our office if you have questions or concerns about the program. Your support of this program is greatly appreciated.

Sincerely,

Tennessee Opportunity Programs Inc.

The overall goal of Lottery for Education: Afterschool Programs (LEAPs) is to provide Tennessee students with academic enrichment opportunities that reinforce and complement the regular school-day. Activities include:

* Reading, math, or science skills development and enhancement
* Academic mentoring or tutorial assistance
* Art and science projects
* Guests/ Volunteers who will share skills, teach life lessons, and engage in other STEM activities
* Fitness/nutrition/health/wellness opportunities
* Music

**What is LEAPs?**

This is a program designed to support the parents of the students at Pickett County K8. Time will also be provided for the children to do homework, enrichment activities and projects, and physical activity that will benefit children emotionally, socially, physically, and mentally. LEAPs is a non-discriminating program designed to accommodate children from Kindergarten to 8th Grade.

TOPs encourages parent’s participation in activities that will benefit not only their child, but those who are working to ensure their child gets the most out of the LEAPs program. Should you have any questions or concerns about the program, please feel free to contact the TOPs Central Office (931)256-8526 Ext #2 or #3

**Operating Hours**

Morning Program – 6:45- 7:45 am Monday – Friday

Afternoon Program – 3:00 – 5:10 pm Monday – Friday

**Transportation**

Transportation arrangements must be provided by parents/ guardians.

**Sign In/ Out**

Children will not be able to sign themselves in or out of the program. Parents must sign children in when they arrive to school in the mornings. In the afternoon, parents, or authorized pick-up person, must sign their child out in the afternoons by 5:10 pm. To be counted for attending the program, students cannot be signed out before 4:00 pm.

If children are not picked up by 5:15, and all contacts have not responded or notified the program of any delays or emergencies, staff members will notify the police or DCS. With repeated late departure, the student may be released from the program.

**\*\*Children will not be released with any person, authorized pick-up or not, if the behavior of that person may put the well-being of that child at risk.**

Students cannot be dropped off for the program unless they have a registration form on file with Tennessee Opportunity Programs.

**Registration Forms**

As stated above, any child without a registration on file with our organization will not be permitted to attend the program unless one is filled out. If any information (authorized pickup, medical information, contact information, etc.) changes while your student is enrolled in the program, notify the site coordinator or program director as soon as possible.

**Parent Involvement**

Parents are encouraged to communicate with LEAPs staff. Whether its progress the child is making, areas where the child needs improvement, or suggestions on activities and projects, all feedback will be greatly appreciated.

Our staff will work to keep parents/ guardian informed about events, field trips, cancellations, or any information regarding he program. We will send home letters with the students, as well as, keep our Facebook page updated with any important information.

Facebook Page: Pickett County K-8 LEAPS Program

**COVID – 19 Plan**

Due to the uncertainty that COVID – 19 has brought, there is always a possibility that school systems could be shut down in the unfortunate event that there is another outbreak of the virus. If this happens, the LEAPs Afterschool Program will follow whatever guidelines that the Pickett County School System has put in place for the students. We will also be following the guidelines that the school has in place for the in-person classes, as well.

If closure does arise, notes will be sent to staff and students to inform them of how things will be set up.

**Grievance Policy**

**Nondiscrimination Policy:** Tennessee Opportunity Programs does not discriminate on the basis of sex, race, national origin, creed, age, marital status or disability in its education programs, activities, or employment policies as required by Title VI and Title VII of the 1964 Civil Rights Acts, Title IX of the 1972 Educational Amendments and Section 504 of the Federal Rehabilitation Act of 1973.

If a person feels that he/ she has been discriminated against, he/ she has one year from the date of the alleged occurrence within which to file a grievance.

It is important that we are notified of any concerns parents or students may have about the program and/or its staff. Parents and students are encouraged to share any concerns with the LEAPS coordinator or TOPS Central Office.

**Discipline Policy**

In the Pickett County LEAPs Program, we encourage a creative and positive learning environment for the students. Misbehavior will not be tolerated in our program. Students who continue to disrupt homework and activities will not be allowed to continue in the program. TOPs has put disciplinary procedures in place that the staff will follow if a child misbehaves or continues to cause problems within the classrooms.

**MISBEHAVIOR: LEVEL I**

*Minor misbehaviors on the part of the student which impede orderly procedures, but which usually can be*

*handled by an individual staff member.*

Examples (not an exclusive listing):

* Classroom disturbances
* Lying or abusive language
* Defiance or failure to do assignments or follow directions
* Harassment (sexual, racial, ethnic, religious)

**DISCIPLINARY PROCEDURES**

* Immediate interventions by a staff member
* Determine what offense was committed and its severity
* Determine offender and that he/she understands the nature of the offense
* Employ appropriate disciplinary options
* Record offense and disciplinary actions taken by staff member – Discipline/ Behavior Report

**DISCIPLINARY OPTIONS**

* Verbal reprimand
* Restrict activities of the student
* Withdraw privileges

**MISBEHAVIOR: LEVEL II**

Examples (not an exclusive listing):

* Continuation of unmodified Level I behaviors
* Disruptive behavior

**Disciplinary Procedures**

* Refer student to site coordinator
* Site coordinator meets with student and staff member to hear both sides
* Site coordinator takes appropriate action and records disciplinary action - Discipline/ Behavior Report

**Disciplinary Options**

* Conference with parent
* Possible dismissal from L.E.A.P.s. program – will be determined based on number of misbehavior offenses.

**MISBEHAVIOR: LEVEL III**

If a student continues unmodified Level I/II behaviors or commits a more serious offense such as fighting or vandalism,  
the student will be removed from the program.

**LEAPs Before & After School Program**

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth \_\_/\_\_/\_\_\_\_**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TN ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/GuardianName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant name) agree to follow the rules of conduct while

attending LEAP Youth Development Program After School Program. I further understand that if my behavior is not appropriate, participation in the LEAPs after School Program will be subject for a review by the Site Director, with possible suspension and/or expulsion.

**Rules of Conduct:**

1. NO swearing or inappropriate behavior.
2. NO fighting.
3. NO misuse or damaging of LEAP Youth Development Program equipment or facilities.
4. NO trashing of facilities. Place trash in appropriate container.
5. NO stealing. NO touching personal property of another person unless permission is given.
6. NO leaving group without permission from group leader.
7. NO drugs, alcohol, tobacco, weapons, or firearms permitted.
8. **Only** prescription medication cleared with the Site Director is permitted.
9. NO disrespect to participants, staff, or volunteers.
10. NO toys from home allowed.
11. NO cell phone use during LEAPs.

**Outcomes:**

1. First Offense: Verbal warning to child with parent's awareness (documented. )
2. Second Offense: First write up given to parent
3. Third Offense: Suspension/Expulsion
4. Fourth Offense: Expulsion

Any act that is considered dangerous to the participant, another participant or staff is grounds for immediate dismissal. The steps for the "Offenses" may be skipped depending upon the severity of the Rule Violation. I/We understand this behavior contract and will abide by the rules and policies that have been established for the safety and enjoyment of all participants. I also understand that LEAPS Before and After School Program will make every effort to work with each participant. However, if the participant does not want to behave and be part of his/her group, steps will be taken to ensure that the total program is not affected.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_

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