



1925 Ohio St., Lisle, IL 60532
630-964-3410 - www.lisleparkdistrict.org



Parent Manual

2020-2021

Welcome to the Lisle Park District EDGE (Extended Day, Great Experiences) Programs. The Parent Manual contains all of our program's policies and procedures. **Please review the information, complete forms and give each form to the Coordinator on your child's first day.**

Mission Statement

The Lisle Park District, in cooperation with Community Unit School District #202 offers affordable before and after school recreation programs. The EDGE Program serves Lisle Park District residents who attend District #202 schools and operates during the school year. The EDGE AM & PM programs take place at the Lisle park District Recreation Center with activities including arts and crafts, homework time and recreational activities.

Code of Conduct

The Lisle Park District reserves the right to suspend, expel or deny participation in any program, event or facility to any person whose behavior interferes or disrupts the quality of the offerings, the enjoyment of them by other participants, or the ability of the staff to conduct or manage the activities or facilities.

In case of unacceptable behavior we will do the following:

1. Notify the parents or guardians
2. Complete an incident report and call a meeting with parent/guardian, Site Supervisor and the Recreation Program Manager
3. Suspend the child from the program for an appropriate time period
4. If upon return to the program unacceptable behavior continues, the child will be dismissed from the program

These policies and procedures were developed to ensure the safety of all the children. We want all children in this program to have an enjoyable experience. **See the behavior policy for more details.**

Parent Responsibilities

Parents of participants are responsible for providing the following:

1. Maintaining appropriate and timely payment of fees.
2. Contacting the site supervisor if your child will be absent.
3. Communicating your child's needs to the EDGE Staff
4. Picking up your child on time.

Personal Belongings

Staff reserves the right to take away toys, games, additional supplies that are brought from home for the duration of the day if they deem it necessary. The Lisle Park District is not responsible for lost or stolen items.

Technology

The use of cell phones, and handheld game systems will not be permitted. Staff reserves the right to confiscate any such device for the duration of the day. An exception will be made if the participant's homework requires use of a tablet or Chromebook. This is program where we encourage participant interaction and the use of these devices limits that interaction. The Lisle Park District is not responsible for lost, stolen or damaged property.

Weather

The EDGE Program will spend some time each morning and afternoon outside. Please be sure to pack your child with the appropriate clothing for the day. The EDGE Program will only stay inside in the case of rain, snow or temperatures that are below zero degrees, which is consistent with the school's procedures.

COVID–19 Procedures

Please review the separate document listing the safety precautions and expectations being taken at the EDGE Program.

Operation Policies

- EDGE PM for grades K-1 will operate from 1:00pm – 6:00pm on all in person days of school. EDGE PM for grades 2-5 will operate from 3:15—6:00pm on all full in person days of school.
- EDGE AM will operate from 7:00am – 8:45am on full days of school **and** on days when school has early dismissal. If for any reason school is to start later in the day than normal, the program will not be in operation.
- Participants may only attend the EDGE AM and PM Programs on days that they are in school.
- It will not operate on days when school is closed due to inclement weather, holidays, or in-service days. Visit our website for information on our day off school programming including Schools Out Quest, Winter Quest, and Spring Break Quest.
- We will provide a daily snack and drink at the EDGE PM program. No food or snack service is available at EDGE AM. If your child does not like the snacks that are provided they are welcome to bring their own healthy snack from home.
- EDGE PM ends at 6:00 pm. We appreciate your cooperation in picking up your child on time. **There is a \$1 per 1 minute penalty for late pick up.**

Program Location

Lisle Park District Recreation Center
1925 Ohio St.
Lisle, IL 60532

Parents should enter through Door . This is the entrance on the senior center side of our building. Doors are locked. Please ring the doorbell for entrance.

Absences

If your child will be absent from the EDGE Program, please notify the staff by leaving a voicemail or text message to the EDGE cell phone before 2pm. It is not the school's responsibility to inform us of absences or if a child went home early. Notification is imperative. Please don't forget to inform the staff about vacations and/or scheduled absences.

Communication

To communicate with the EDGE Program Staff you may contact the cell phone at 630-675-6098.

If you have any questions, compliments or concerns, please feel free to email Jill Jehs, Youth and Early Childhood Manager, at jjehs@lisleparkdistrict.org or call (630) 353-4345.

Tax Information

We do not provide Section 125, reimbursement accounts or tax information to parents for the EDGE Programs. It is the parent's responsibility to keep track of expenses by keeping check stubs, credit card slips or to ask the park district for a receipt.



Participant Information Form 2020-2021

Child's Name _____ Home Phone _____

Address _____ Cell Phone _____

Age _____ Birth Date _____ Grade in Fall 2020 _____ Gender _____

Parent/Guardian Name _____ Daytime Phone _____

Parent/Guardian Name _____ Daytime Phone _____

In case of emergency and we are unable to contact either parent

Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

Please list any allergies (seasonal, food, medicines) we should be aware of: _____

Does your child use any medication that he/she will be bringing with them to the program? (See Medication Form)

Are there any special needs your child has that may limit his/her success in the program?

Any likes/dislikes or fears your child may have: _____

Please circle the program registered for:

EDGE AM

EDGE PM

(next)

Participant's Name: _____

The following people have permission to pick up and transport my child:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Is there anyone restricted from picking up your child from the Program? _____

Name _____ Relationship _____

Please let us know of any changes that occur during the year regarding your information above.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in The EDGE Programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the programs, including, but not limited to, field trips, and transportation services, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the EDGE Programs and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Park District and its officials, employees, agents, servants and volunteers as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s).

I have read and fully understand the above program details and Waiver and Release of All Claims and Assumption of Risk.

Parent/Guardian signature _____ Date _____



Behavior Policy

Thank you for enrolling in the EDGE Program. In order to ensure the quality of this program and safety of each child, each participant must follow the program rules.

Staff follows a behavior model in which positive behaviors are rewarded rather than focusing solely on negative behavior. However, there may be times when negative behaviors will need to be addressed. If the EDGE staff encounters behavior issues with any child, he/she will first attempt to resolve the problem with the child. If this fails, the appropriate consequences will follow and will be determined by the severity of the behavior.

There is a strict three strike policy. If a child gets three strikes throughout the course of the semester, he/she will be suspended from the program. **NO REFUNDS WILL BE GIVEN IF A CHILD IS SUSPENDED OR DISMISSED FROM THE PROGRAM.** Every parent/guardian is required to read the enclosed form to his or her child, sign it and return it with the other forms.

General EDGE Program Rules

1. Disrespectful attitudes and actions toward staff and other children will result in a strike.
2. Fighting, hitting, swearing, theft, destruction of property, spitting, biting, grabbing other's PPE and intentionally not adhering to social distancing requirement, etc. **WILL NOT BE TOLERATED.** These behaviors will result in a strike and an automatic one day suspension.

Consequences for breaking rules:

The program leaders will keep a written record of serious/chronic rule breaking and will notify parents/guardians of such occurrences. If problems persist, the child may be withdrawn from the program. Please discuss these rules with the child, sign, date and return.

Strike One: Written warning, parent signs strike form.

Strike Two: Written warning, parent signs form, conference with Recreation Program Manager.

Strike Three: Suspended from program. **No Refunds Given.**

I have discussed the discipline policy with my child and they understand what is expected from them in the EDGE Program.

Parent/Guardian Signature

Child Signature

Date



Medication Dispensing Information

This form must be completed for each program session or when medication changes. If no medication is needed please mark N/A, sign and return.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION:

I understand that it is my responsibility to give the medication directly to the EDGE Site Director 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 change.

Signature of Parent or Guardian

Date