

**Wooster City Schools General's Club  
Before & After School Program  
Student/Parent Handbook  
2020-2021**



**Parkview General's Club  
Phone Number**  
(during hours of operation)

**330-988-1111  
ext. 7808**

**PURPOSE STATEMENT:**

To enrich your child's educational experience while providing a safe alternative to childcare.

**GOALS AND OBJECTIVE:**

Our goal is to provide a safe, nurturing and stimulating environment for school-age children and to assist in increasing academic performance and homework completion. We will do this by offering before and after school care with hands-on learning, tutoring, and homework assistance. We will also offer enrichment opportunities, which may include activities from the following areas: music, art, technology, athletics, nutrition, and health.

**HOURS, DAYS OF OPERATION and DAILY ROUTINE:**

- 7:00am until the start of school; 3:45pm until 6:00pm
- Operates any day school is in session, including 2-hour delay days.
- General's Club is closed on Emergency Days (i.e. Snow Days, loss of power)
- Daily Plan
  - **AM**
    - 7:00-7:30: Table Games, Homework Help, and Small Group Activities
    - 7:30-8:30: Station Choices (i.e. Reading, Organized Large Group Games, Crafts)
    - 8:30-8:35: Clean-up
    - 8:35 am: Breakfast and Before-School Routine
  - **PM**
    - 3:55-4:15: PM Recess/Brain Break Activity
    - 4:15-4:30: PM Snack
    - 4:30-4:50: Homework Help or Independent Reading
    - 4:50-5:30: Station Choices
    - 5:30-6:00: Table Games and Small Group Activities

**REGISTRATION, FEES AND PAYMENT:**

- Registration fee of \$10.00/student @ Cornerstone Elementary only, free registration to other schools.
- Hourly child care rate of: \$3.00/hour
- Reduced Rates for those who qualify for free/reduced lunches.
  - \$2.50/hour reduced lunch rate @ PV, KN, MR
  - \$1.50/hour free lunch rate @ PV, KN, MR
  - Cornerstone Participants who qualify for free/reduced do not have an hourly fee.

- Make Checks Payable to: Wooster City Schools
- Payment can be made at any time, to a General's Club Employee. You will receive a receipt with each payment. If you are not given a receipt, please ask for one.
- Bills will be printed bi-monthly.
- Outstanding balances must remain under \$75.00. Any bill above \$75.00 will result in suspension from the program until the bill is below the \$75.00 maximum.
- Families who require a special payment plan must have a conversation with the building principal.
- Students may only be registered by a parent/guardian. An emergency medical form, transportation form and emergency contact form must be on file before a student is able to attend General's Club.

#### **GUIDELINES FOR GENERAL'S CLUB:**

- For Parents/Guardians
  - Parents/Guardians must complete an Emergency Medical Form prior to a child's first day in the program. The Emergency Medical Form must list at least three (3) telephone numbers to contact in case of emergency.
  - Parents/Guardians are encouraged to keep in close contact with the General's Club instructors to let them know of concerns or circumstances that affect a child's stay.
  - Parents/Guardians **MUST** come into the building to sign their child in and out. If a child is to be picked up by someone other than the Parents/Guardians or authorized persons as noted on enrollment forms, a note must be on file with General's Club. If the child walks to and from General's Club, a walking permission form **MUST** be on file.
  - If a student becomes sick or injured, the parent/guardians will be notified. Minor injuries will be taken care of by trained staff.
  - All Wooster City School Board policies, administrative procedures, and building rules apply to General's Club.
  - If a student needs to take medication while attending General's Club, medication and instructions along with a completed medication release form from a doctor/physician must be on file with the school.
  - Snacks at General's Club are provided at no charge. Students may also bring his/her own snack from home. If a student has a food allergy, please alert General's Club staff as well as note on the registration form.
  - Please keep ill children at home for their own sake and for the sake of the other children.

- Please contact the school office or General's Club staff if your child is not attending on a specific day. It is important that the staff know where your child is everyday in order for your child's safety and for program accountability.
- If excessive absences occur, it may be determined by the program coordinators to release your child from the program in order to allow another child to participate. Attendance is recorded daily and follow-up will be made on absences.
- Employees of the Wooster General's Club are employed by the Wooster City School District.
- LATE PICK-UP NOTICE: Parents who fail to pick their student(s) up by the 6:00pm end time may be suspended from General's Club.
  - 1st offense: Verbal Warning
  - 2nd offense: Written Warning
  - 3rd offense: 1-day suspension
  - 4th offense: 1-week suspension and meeting with Administration
  - 5th offense: Termination of General's Club Enrollment
- For Students
  - Students are to report to and remain in the designated General's Club areas at all times.
  - Students will follow the instructions of the supervisors at all times.
  - Students are to follow School Rules and Board Policy during their time at General's Club
  - Students may be removed from General's Club for chronic misbehavior, including infractions to the Building Code of Conduct.

**NON-DISCRIMINATION POLICY:**

- General's Club does not discriminate in the enrollment of children upon the basis of race, color, religion, disability, sex, or national origin.

**SAFETY POLICY:**

- Children will not be left alone or unsupervised.
- Child care staff will greet children and families at check-in, account for their presence and check for communicable disease.
- Children will only be released to a parent/guardian or individuals who are identified in writing on a release form or from a note from the parent/guardian.
- Routine fire drills, tornado drills, and emergency drills will be completed in accordance to state regulations. Emergency plans and exit routes are posted in the occupied spaces of General's Club.
- The staff is required to abide by all applicable laws and regulations as set forth by Ohio Revised Code and Board Policy.

- In the event that a child needs emergency transportation, the Wooster City facilities for emergency will be used and the parent/guardian will be contacted.
- If a child is injured, has an accident or requires emergency transportation, an incident report will be completed. Copies will be retained in the child's enrollment file and the parent/guardian will also receive a copy.
- Emergency health and transportation authorization forms are kept in the General's Club Notebook in a secure location in the childcare room.
- The use of Aerosols shall be prohibited when children are in attendance.
- Staff members are required to report child abuse or suspicions of child abuse or neglect to Children's Services.
- The program shall protect children from abuse and neglect.
- As a universal infection prevention measure, the state requires all child care workers to wear latex gloves anytime they come in contact with bodily fluids.
- A blood borne pathogens exposure control plan is in place for the protection of employees and students.

#### **SUPERVISION POLICY:**

- Children may individually use the school restroom designed for youth upon asking.
- Children must remain within hearing range of staff supervisor and a staff member must know of the whereabouts of children under their supervision at all times.

#### **DISCIPLINE POLICY:**

- Constructive, developmentally appropriate child guidance and management techniques shall be used at all times, and shall include such measures as redirection, separate from the problem situations, talking with the child about the situation, and praise for appropriate behavior.
- Discipline within General's Club will adhere to all Wooster City School Board policies, administrative procedures, and building procedures.
- Our hope is that each child will learn self-discipline through careful guidance. Your child will be treated with love and respect.
- We will approach discipline with positive actions that reinforce acceptable behavior and the encourage learning process taking place as a natural part of a child's growth and development.
- There shall be no cruel, harsh, or corporal punishment or any unusual punishment such as, but not limited to, seclusion, threatening remarks, derogatory remarks, withholding of food or toilet, punching, pinching, shaking, spanking or biting.
- If your child does require discipline intervention, we will take the following steps. Please note, that the severity of behaviors may require General's Club staff to determine the appropriate discipline, including suspension or termination of enrollment. Generally speaking, discipline will be administered in the following order:

- 1st offense: Verbal Warning
- 2nd offense: Written Warning
- 3rd offense: 1-day suspension and meeting with Administration
- 4th offense: 1-week suspension and meeting with Administration
- 5th offense: Termination of General's Club Enrollment

**ADMINISTRATIVE STAFF CHAIN OF COMMAND:**

Brenna Hart, General's Club Lead

[wstr\\_brhart@woostercityschools.org](mailto:wstr_brhart@woostercityschools.org)

330-988-1111 ext.4500 (during the school day)

330-988-1111 ext. 4515 (during general's club operation)

Steve Furlong, Building Principal

[wstr\\_sfurlong@woostercityschools.org](mailto:wstr_sfurlong@woostercityschools.org)

330-988-1111 ext. 4550

Karen Arbogast, Director of Elementary Education

[wstr\\_karbogast@woostercityschools.org](mailto:wstr_karbogast@woostercityschools.org)

330-988-1111 ext. 1240

# GENERAL'S CLUB REGISTRATION 20-21

CHILD'S FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

## CHILD RELEASE AUTHORIZATION

\*Please list 3 additional individuals to whom your child may be released:

AUTHORIZED PICK-UP NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PICK-UP NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PICK-UP NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### List of individuals NOT permitted to pick up?

NAME: \_\_\_\_\_

—

7

Restraint or divorce decree on file with school? Y N

NAME: \_\_\_\_\_

Restraint or divorce decree on file with school? Y N

## GENERAL'S CLUB ATTENDANCE

START DATE FOR CHILD: \_\_\_\_\_

DAYS OF ATTENDANCE: Please note your estimated drop-off and pick-up times.

Before School: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_  
(7:00-8:35am)

After School: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_  
(3:45-6:00pm)

### WALKER PERMISSION ADDENDUM

\*Please check all/any that apply

My Child, \_\_\_\_\_ will NOT be walking to or from General's Club.

X \_\_\_\_\_ (sign) \_\_\_\_\_ (date)

OR

My Child, \_\_\_\_\_ will be walking to General's Club and will arrive at \_\_\_\_\_ am each morning.

My Child, \_\_\_\_\_, is permitted to be released from General's Club at \_\_\_\_\_ pm each day to walk home.

I am aware that there are no crossing guards available outside of school hours. I understand that I am responsible for my child before he/she arrives at General's Club and once he/she is released from General's Club at the time I indicated, and

that I assume all risks during these times. I will supply a note to the office staff as well as General's Club if the arrival/dismissal times change on a particular day.

X \_\_\_\_\_ (sign) \_\_\_\_\_ (date)

## GENERAL'S CLUB PERMISSIONS

My child has permission to eat snacks in the afternoon provided from the General's Club program. My Child has my permission to fully participate in the activities of General's Club. I understand that I will be notified in advance of any field trips. I also waive liability to Wooster City Schools and any staff associated with the General's Club while my child participates in these activities and field trips. I give permission for my child to be transported by bus for field trips for which I have given prior permission. I understand that it is my responsibility to transport my child to and from General's Club. I give permission for my child's photograph to be taken while participating in the General's Club Program for the purpose of publicity (news articles, media productions)

I give permission to all statements as listed above.

X \_\_\_\_\_ (sign) \_\_\_\_\_ (date)

I give permission to all statements as listed above, with the exception of those I have written in the space below.

X \_\_\_\_\_ (sign) \_\_\_\_\_ (date)



**Wooster City Schools**  
**EMERGENCY MEDICAL AUTHORIZATION** Rev. 2/08

Last Name _____
-----------------

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

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

Student's Home Address: \_\_\_\_\_  
First Name Last Name  
Including City/State/Zip

**Student resides with** (circle all that apply) Mother Father Stepparent Guardian/Other: \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Name	Relationship	Daytime Work Phone	Home Phone	Cell Phone or pager

Relative or Childcare Provider:

Name	Address	Daytime Phone	Home Phone	Cellphone or pager

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Health Concerns (diabetes, seizures, asthma, etc.) \_\_\_\_\_

Physical Impairments (braces, limited mobility, prosthesis) \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I – TO GRANT CONSENT FOR TREATMENT:**

I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Physician: \_\_\_\_\_ Office #: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Office #: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Office #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

**OR**

**PART II – REFUSAL TO CONSENT DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

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