



Parks & Recreation Department

2017-2018

**Victor Parks & Recreation
Recreational Afterschool Program**

**PARENT'S MANUAL
AND
PROGRAM BROCHURE**

Office 585-742-0140
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Victor Parks and Recreation
parksandrec@town-victor-ny.us

www.victorny.org

Thank you for your interest in the Victor Parks and Recreation Recreational Afterschool Program for 2017-2018! We look forward to your participation.

PROGRAM CONTENT

The afterschool Program is open to children entering grades K-6.

The program begins after the buses have dropped the children off at Victor Parks & Recreation, 7891 Lehigh Crossing and continues until 6:00 pm.

Prompt pick-up by 6:00 pm is required.

The program operates on **FULL Victor Central School District school days only**; it will not be offered during weather-related school closings, early dismissals or holidays. The department offers **Recess Programs** during the school breaks in December, February and April. Additionally, we try to offer programs on the various other scheduled days off from school and most half days. These programs must be registered for **separately** at the Recreation Department or online. Please see the complete Victor Parks & Recreation Brochure for additional program offerings.

The program has consistent rules, regulations and policies, which must be adhered to by everyone. The specific content of the program will follow established guidelines. The program operates from Victor Parks and Recreation, 7891 Lehigh Crossing with activities taking place in the Gymnasium, the Multipurpose Room and outside playing areas. The site will have equipment and supplies including: a first aid kit, board games, arts and crafts supplies, athletic equipment, and playing cards. In addition, we encourage children to bring a nut/peanut free snack, and any schoolwork they would like to complete. Due to numerous nut/peanut allergies, we request that you do not send any products containing nuts. Keeping the children safe and healthy is our top priority so we appreciate your cooperation with this request.

The schedule includes opportunities for large group play as well as small group instruction. Time is allowed for homework and/or quiet activities. We try to take the children outside daily (weather permitting), so please be sure they have adequate outerwear for the season.

Children may be transported by Victor Central School District bus to our program from Victor Early Childhood School, Victor Primary School and Victor Intermediate School. A Victor Central School District "**Transportation Form**" must be completed by the parent and returned to the School District's Transportation Office prior to the child's transportation to our program. This form can be obtained at School District's Transportation Office at 953 High Street or at www.victorschools.org. Victor Parks and Recreation does not provide or arrange transportation. Children being bused will be met at the Recreation Center by Afterschool Program staff.

PARENT PARTICIPATION

We welcome visits from parents and guardians. Communication between parents/guardians and staff is a very important key to the success of this program. Please feel free to contact the Recreation Supervisor or the Program Director if you need to share additional information concerning your child. We value your opinions and suggestions and welcome all feedback!

ADMISSION TO PROGRAM

Before your child can attend the Afterschool Program the following forms must be on file with our department (see pages 10 & 11 of this brochure):

1. **Registration Form.** This form is comprised of the child's name and address, parent's name, doctor's and dentist's name, health information, and participation release.
2. **Emergency Contact Form.** This form is completed by the parent/guardian and lists all the information needed to reach parents and/or emergency contacts. This form also indicates whose individuals who may pick up your child(ren). This form must be completed in full and kept current; we may need to contact relatives, friends, and neighbors in case of emergency!
3. **Immunizations Records.** Please submit a copy of your child's immunization records.
4. **Children With Special Needs.** If you have a child with special needs, please fill out and return to the Recreation Office the Individual Health Care Plan for a Child with Special Needs form that is on pages 14 & 15 of this booklet.

ATTENDANCE

Attendance is taken as the children arrive in the afternoon. **Parents are required to notify the program staff if their child will be absent.** Please contact the Recreation Department at 585-742-0140 if your child will not be attending. **There will be no refunds for days missed from VPR-RAP once the month has begun.**

Staff is required to remain on site until every child is picked up. **Parents must notify us in writing of a change in the release policy** (either deletion or addition of another person with permission to pick up your child).

SIGN-OUT POLICY

No one other than those listed on the Emergency Contact Form may pick up a child without previous written communication. This involves coming into the facility, locating the sign-out sheet and signing the child out.

EMERGENCY INFORMATION

It is essential that all work and home numbers, as well as any change of address, be kept current. Parents are responsible for information which is pertinent to the protection of their child(ren). You must inform the Recreation Department at 585-742-0140 and the Afterschool Program Director of any changes. Please make sure the emergency numbers of friends and relatives are current and accurate in case they need to be called in reference to your child(ren).

The Recreation Office is open Monday - Thursday from 8:30 am to 7:30 pm and Fridays from 8:30 am to 4:30 pm. Should you need to contact the Afterschool Program directly after office hours, the staff can be reached at 585-737-7457.

SCHOOL CLOSING AND EARLY DISMISSAL POLICY

The VPR-Recreational Afterschool Program operates on FULL Victor Central School days.

In the event schools are closed or close early due to inclement weather or mechanical failure, there will be no Afterschool Program at Victor Parks and Recreation. Please tune in to local news stations if there is a question about closing schools. Parents must make alternate arrangements in advance to cover such emergencies.

On early dismissal days from Victor Central Schools there will be no Afterschool Program. Please consult the payment calendar for these dates and plan accordingly. There may be alternative recreation programs being offered. Please see your Recreation Brochure for available options. Alternative programs will be found in the Recess Programs section of the brochures and online.

PERSONAL BELONGINGS

The Victor Parks and Recreation Department will not be responsible for any lost, stolen, or damaged personal property. (Items such as trading cards, electronic devices, jewelry, money, sports equipment, etc. should not be brought to the program).

INJURY

The staff is required to complete an accident report in the event a child is injured. The parent or guardian will be notified if a child sustains any type of significant injury. In the event of a serious injury, the child will be taken to the nearest, most appropriate medical facility. Please remember that a hospital may not begin treatment until a parent is contacted.

ILLNESS

In the event your child(ren) becomes ill during our program, every attempt will be made to contact the parent, guardian, or the person listed as the emergency contact. Please notify us in the event your child contracts a communicable disease such as lice, measles, chicken pox, conjunctivitis (pink eye), etc. Once again, please keep your telephone numbers and emergency information current and accurate. **There will be no refunds for days missed from VPR-RAP once the month has begun.**

MEDICATION

Non-emergency medication cannot be administered during the VPR Recreation Afterschool Program by program staff. If medicine needs to be dispensed during program hours, the child's parent/guardian may administer as needed.

Emergency medications (inhalers, Epi-Pens, etc.) may be kept on site for participants as required. A Health Care Plan must be completed and on file at the Victor Parks & Recreation Department before your child may attend the program. These forms must be reviewed and updated every six months. Please contact the Victor Parks and Recreation for additional forms.

BEHAVIOR

Behavior problems may occur occasionally. If problems should surface, the Victor Parks & Recreation Department Staff has been given the following guidelines:

- First Offense:** Verbal warning, documentation and notification of parent/guardian
- Second Offense:** Consultation with parent/guardian with documentation
- Final Offense:** Possible suspension or dismissal from the program

Staff will work to create a positive climate, which minimizes the potential for inappropriate behavior. When misbehavior occurs, appropriate modification techniques will be administered. *Under no circumstances are participants or staff to be subjected to verbal or physical abuse by participants.* Violation of this will be dealt with immediately and may result in removal from the program.

PROPERTY DAMAGE

In the event it is determined a participant is responsible for vandalizing School District, Victor Parks & Recreation, or participant property, the parents/guardians shall be financially responsible for all damages, which may include replacement or restoration of damaged property.

PAYMENTS

The VPR-Recreational Afterschool Program is licensed to serve a maximum of 30 students per day. Children must be fully registered with payment made in full prior to attendance in any given month. Registration for the Afterschool Program is received on a “first come/first served” basis for the month of September 2016. For subsequent months in the 2016-2017 school year, VPR-RAP “members” will have their spaces held until the evening before first of the month. On the 1st of every month, if there are spaces available, they will be awarded on a first come/first served basis.

The VPR Recreational Afterschool Program costs **\$15 per day for Victor residents if paid before the 1st of each month.** The cost is **\$16 per day for non-residents if paid before the 1st of the month.** If you wish, payment can be made for more than one month at time and can be made with cash, check (made out to “Town of Victor”), or credit card at the Victor Parks & Recreation front desk, mailed or placed in our drop-box. Payments will also be available online at our registration site, but those payments must be made with a credit card. (Any credit card transactions will have an additional convenience fee applied and will be 2.45% (\$3 minimum) of the total amount.)

THE VPR RECREATIONAL AFTERSCHOOL PROGRAM DOES NOT OPERATE ON EARLY DISMISSAL DAYS, INCLEMENT WEATHER OR HOLIDAYS. *VPR Credit will be given when schools are closed because of inclement weather. No credits or refunds will be given for other days missed at the VPR Recreational Afterschool Program.* A payment calendar is provided for you on page 8 of this manual. The days we know the program will be closed are indicated by a dash (-). When paying, please indicate the appropriate month.

Payments to the program may be made the following ways:

- At the VPR front desk during business hours
- Mail a completed registration form to Victor Parks & Recreation, 7891 Lehigh Crossing
 - Payments made this way must be received at the front desk before the 1st of the month to be considered for the lower rate.
- Fax a completed registration form with credit card information to 585-742-0142
- Scan and email a completed registration form with credit card information to: parksandrec@town-victor-ny.us
- Online at our registration site: <https://secure.rec1.com/NY/victor-parks-recreation/catalog>

Children attending the program without full payment will be escorted to the Recreation Office. Parents will be called to pick up their child immediately and the child(ren) will not be re-admitted to the program until **full** payment is made.

Refunds are granted when an illness is verified by a signed doctor’s note or the child(ren) moves from the area. In the event a refund is requested, you must send the request in writing using one of the methods listed above. You need to indicate the reason for the refund request. Credits may also be given when deemed appropriate by the Program Supervisor.

The program ends at 6:00 pm. A parent picking up a child at 6:01 pm is late. Failure to pick up your child by 6 pm could result in removal from the program.

2017-2018 School Year Fee schedule:

\$15/\$16 non-residents per day if paid BEFORE the 1st of the month

\$17/\$18 non-residents if paid ON or AFTER the 1st of the month

	After		Resident	Resident		Non-resident	Non-resident
	School		per day	per day		per day	per day
	Days		BEFORE 1st	ON or AFTER 1st		BEFORE 1st	ON or AFTER 1st
	per		\$15	\$17		\$16	\$18
	month		per day	per day		per day	per day
September	19		\$285	\$323		\$304	\$342
October	19		\$285	\$323		\$304	\$342
November	17		\$255	\$289		\$272	\$306
December	13		\$195	\$221		\$208	\$234
January	21		\$315	\$357		\$336	\$378
February	14		\$210	\$238		\$224	\$252
March	16		\$240	\$272		\$256	\$288
April	16		\$240	\$272		\$256	\$288
May	21		\$315	\$357		\$336	\$378
June	14		\$210	\$238		\$224	\$252

TAX ID NUMBER

For Income Tax purposes, out Federal Tax ID number is:

16-6002392

V-RAP Recreational Afterschool Program

2017-2018 School Year

September 2017

S	M	T	W	T	F	S
					1	2
	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2017

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2017

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

January 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



V-RAP Day – Full Victor School District school day
 BLACK OUT DAY – Town of Victor & VCSD Holiday – NO DAY CARE OPTIONS
 VCSD Half Day of School – Half Day Care options available – see our Recess Programs
 VCSD Holiday/Recess Day – Full Day Care options available – see our Recess Programs

VPR Approved 8/7/17

CONCLUSION

We are pleased to be able to offer this service and will make every effort to make your child's experience a positive one. Please feel free to contact the department with any concerns or questions at 585-742-0140.

Finally, we would like to thank you for allowing us the opportunity to get to know you and your family. We hope you will participate in our many other recreation programs.

Victor Parks & Recreation
Recreational Afterschool Program
2017-2018
Registration Form

Child's Name _____ Age _____

School _____ Grade _____

Birthdate ____/____/____

Parent/Guardian Names _____

Address _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Work Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Additional Information _____

AGREEMENTS:

No refunds will be given except when the child moves from the area or a doctor certifies illness of the participant. A \$10.00 administrative fee will be withheld on all refunds unless the program is cancelled.

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and wellbeing of any child.

I HEREBY UNCONDITIONALLY RELEASE THE Town of Victor Parks and Recreation Department from any and all responsibility or liability for any injuries which may be sustained by me or my minor child(ren) in relation to participation in any of the Victor Parks and Recreation programs or activities with the Parks and Recreation Department. I acknowledge that neither I nor my child(ren) suffer from any physical impairments and have no limitations upon engaging in activities with the Parks and Recreation Department. I unconditionally release the Town of Victor and its agents or employees from any and all liability for injuries and understand and acknowledge that the Town of Victor Parks and Recreation Department carries no liability or accident insurance. In the event that my child(ren) is injured, I authorize the party or person in charge of my child(ren)'s activities to seek medical care. I acknowledge and understand that I will be solely responsible to pay the cost of such care. And I further release and hold harmless the Town of Victor and its Parks and Recreation Department for any medical arrangements or care provided me or my minor child(ren).

SIGNATURE REQUIRED: _____ **DATE:** _____
SIGNATURE OF ADULT PARTICIPANT, PARENT OR GUARDIAN

Please check this box if you DO NOT want your or your child's photo to be used

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Fax 585-742-0142

Victor Parks and Recreation
parksandrec@town-victor-ny.us

www.victorny.org

Victor Parks & Recreation
Recreational Afterschool Program
2017-2018

Emergency Contact Form

Please complete the following information before your child participates in this program. In addition, please send us a note if anyone other than those indicated below will be picking up your child. Prompt pick-up is expected. Please sign your child out when picking them up.

Child's Name _____ Phone _____

Parent Name _____ Day Phone _____

Parent Name _____ Day Phone _____

Others who may be contacted in case of emergency:

Name (relationship) _____ Day Phone _____

Name (relationship) _____ Day Phone _____

Name (relationship) _____ Day Phone _____

Others who are authorized to pick up your child:

Name (relationship) _____ Day Phone _____

Name (relationship) _____ Day Phone _____

Name (relationship) _____ Day Phone _____

Please share with us any medical concerns or medical information about your child:

If you have a child with special needs, please complete the attached Individual Health Care Plan so we can better serve your child.

Parent/Guardian Signature _____

Date _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child date of birth:
Name of the child's health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver's Name	Credentials or Professional License Information (if applicable)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider's name (please print):		Date:
Child care provider's signature: X		

Signature of Parent:

X	Date:
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