

Welcome to the Sumner/Bonney Lake Recreation Department's Before & After School Program for the 2008-2009 School Year! For Grades *K-5 (full time Kindergarten only)

Dear Parent,

Thank you for choosing the Sumner/Bonney Lake Recreation Department as your choice for before and after school activities for your child(ren). The Before & After School Activities Club serves children who attend Daffodil Valley, Emerald Hills, Bonney Lake, Maple Lawn, McAlder, Victor Falls, and Liberty Ridge Elementary schools.

Because of the overwhelming response for before and after school care, the only plans available at our Maple Lawn/McAlder site are 3-5 days per week. However, we will still offer 1-2 day weekly care as well as 3-5 day weekly care at our Victor Falls/Liberty Ridge, Emerald Hills/Bonney Lake and Daffodil Valley Elementary (morning and afternoon) site(s). All of our morning plans include the new Sumner School District's *Family Friendly Calendar, which has been updated to reflect the 90 minute late start every Wednesday that school is in session. (This is offered at no additional charge).*

The Daffodil Valley program will be located at Robert Miller Gymnasium for AM and PM care except for the months of November, December, January, and February, when the Daffodil Valley elementary students will be in Daffodil Valley Elementary School in the PM. During these months, the Sumner High School Wrestling Program practices in the Robert Miller Gymnasium. The Robert Miller Gymnasium is located directly behind Daffodil Valley Elementary School.

Maple Lawn and McAlder students will be at Maple Lawn in the AM & PM. Emerald Hills/ Bonney Lake students will be at Emerald Hills Elementary AM and PM, Liberty Ridge and Victor Falls students will be at Liberty Ridge in the AM and PM. The students will be bussed to their respective schools and program sites. However, you must drop your child(ren) off at the AM site indicated.

Enclosed is a Parent Information Packet which includes a payment schedule, contact phone numbers, and answers to our most asked questions. Please be sure to thoroughly read all of the material included in this packet and promptly turn in all necessary paperwork. **We require a 50% deposit of September's payment and a fully completed registration form and immunization record to reserve your spot.** Please note: *You are required to update your child's shot record every year.* **Unless we have all completed paperwork, your child will not be officially registered, which means someone else who is fully registered can take your spot.** **NO EXCEPTIONS!**

This year we will also be offering "autopay" and a savings of \$50.00 when you sign up for this service. To receive your \$50.00 savings, just sign the authorization form to charge your credit card for your monthly payment. You can choose a \$5.00 savings each month or a \$25.00 credit in the months of January and June.

We appreciate those of you who use DSHS assistance to make your monthly payments. However, in the event that the total amount owed is not covered (by your monthly co-pay and the amount allotted by DSHS), you will be responsible for paying the balance each month. If you are unable to make those payments, we will not be able to provide you with daycare.

Note: When there is a school closure or delay due to poor weather conditions, the Recreation Department sponsored Before and After School Program will likewise be affected. For example, if school is two hours late, the Before and After School Program will not open until 8:45 AM (which is two hours later than usual). If schools are closed, our program will also be closed.

Please also note: We reserve the right to terminate and/or refuse service. If your child is continually disruptive or our staff is forced to spend an inordinate amount of time with him/her, we will notify you. We have a 'three strikes and you are out' rule so you will be given plenty of warning as to the behavior of your child. We will in fact, ask you if you have any suggestions for us to care for your child that will assist our staff in that care. We also would appreciate any of that information when you register so we can notify our staff to help provide a smooth transition.

If you have any questions, feel free to call the Recreation Department at (253) 891-6500.
Thank you for supporting our program.

Sincerely,

Spencer Riebli
B&A Coordinator
spencer_riebli@sumner.wednet.edu

Rich Hanson
B&A Coordinator
rich_hanson@sumner.wednet.edu

Autopay - Credit Card Authorization

I authorize Sumner/Bonney Lake Parks & Recreation to charge the credit card noted below for my monthly Before/After School Activities Club payment on the 1st of each month.

Credit Card Number: _____ Exp _____

Authorized Signature: _____

Date: _____

Parks & Rec Employee Initials _____

Please return this registration/information sheet to us at time of registration.

Before & After School Activities Club Registration

Child #1 _____ Child #2 _____
Parent(s) Name: _____ Cell (M) _____ Cell (F) _____
Address: _____ City: _____ Zip: _____
Mother's Place of Work: _____ Father's Place of Work: _____
Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____ Emergency Phone: _____
Name _____
Child #1: Sex (circle) M F Grade ___ Age ___ Birthdate _____ School Attending _____
Child #2: Sex (circle) M F Grade ___ Age ___ Birthdate _____ School Attending _____
Person(s) authorized to pick up/drop off child(ren) (include yourself)

Person(s) not authorized to pick up/drop off child(ren)

Please check your preference from available plans:

_____ #1 - \$355 (AM/PM 3-5 Days/Week)	_____ #4 - \$180 (AM Only 1-2 Days/Week)
_____ #2 - \$235 (AM/PM 1-2 Days/Week)	_____ #5 - \$280 (PM Only 3-5 Days/Week)
_____ #3 - \$255 (AM Only 3-5 Days/Week)	_____ #6 - \$205 (PM Only 1-2 Days/Week)

Letter of Agreement - (Please initial before each statement)

- _____ I give my child(ren) permission to participate in all Before & After School Activities Club programs.
- _____ I give the Recreation Department permission to transport my child(ren) to and from site to school.
- _____ I will provide a Certificate of Immunization Status for my child(ren), see enclosed form.
- _____ I give the Recreation Department permission to call an ambulance, at my expense, in case of emergency.
- _____ I understand that the Before and After Day Care organization does not provide any health or accident coverage for its participants.
- _____ I understand it is my responsibility to provide my own accident and health insurance while participating in all Before & After School Activities Club events.
- _____ I promise to pay all monies owed to the Recreation Department as a result of being a participant. (Please see attached payment information if there is another person responsible for payment or partial payment.)
- _____ I understand that I will not be reimbursed for any fees unless I have given the Recreation Department at least one (1) week advance notice of any change in program/schedule. Unless notified of any change the Recreation Department will continue to bill for Before & After School Activities Club services.
- _____ I hereby assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against the City of Sumner, the City of Bonney Lake, and the Sumner School District. In the absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release.
- _____ I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other records of this program for promotional purposes.
- _____ I understand that no drop-ins or friends of participants are allowed to attend the Before & After School Activities Club without appropriate paperwork and permission of the Recreation Department.
- _____ If my child(ren) has any form of a cast or has been treated recently, I will provide a physician's statement that it is absolutely safe for my child(ren) to be active in the program. Our department will not be responsible for additional injuries sustained by your child(ren) because he/she was previously injured.

Parent/Guardian Signature _____ Date _____

Medical Treatment Authorization

As a parent or legal guardian, I authorize and consent to any examination, medical or surgical treatment rendered by my family physician listed below or, if my physician is unavailable, by any member of the medical staff of the nearest emergency medical facility. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physicians in the exercise of their best judgement. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

Child #1: Allergies to food or drug: _____ Special medications or problems _____
Family Physician _____ Location _____ Phone _____
Child #2: Allergies to food or drug: _____ Special medications or problems _____
Family Physician _____ Location _____ Phone _____

Parent/Guardian Signature _____ Date _____

Before & After School Activities Club 2008-09

General Information

Monthly Plans & Fees: We offer six separate plans for before and after school care. Please note that the only available plans at McAlder/Maple Lawn are 3-5 days per week plans. All plans are available for Liberty Ridge, Victor Falls & Emerald Hills/Bonney Lake & Daffodil Valley Elementary schools.

Fees for the programs are listed as follows (Please see the payment sheet at the back of the packet for the fees for the shorter months of December, April and June)

- 1) \$355 (AM/PM 3-5 Days/Week)*
- 2) \$235 (AM/PM 1-2 Days/Week)
- 3) \$255 (AM Only 3-5 Days/Week)*
- 4) \$180 (AM Only 1-2 Days/Week)
- 5) \$280 (PM Only 3-5 Days/Week)*
- 6) \$205 (PM Only 1-2 Days/Week)

*Plans available at Maple Lawn/McAlder sites only.

Payment Schedule: Payments are always due on the 20th of each month for the following month. We will not make any exceptions to this payment schedule. There will be a ten (10) day grace period. Failure to complete payment within that ten (10) day grace period will result in a \$25 late fee. This will be strictly enforced. Please see payment sheet enclosed with this packet!

Credits to Your Account: You are always welcome to make your payments in advance. Occasionally, parents will overpay. In such instances, we will credit your account for the following month. We would be happy to give you a refund if you overpay, but you will need to call in and request one. If you make your payments by check, put your child(ren)'s first and last names and the month of payment on the memo section of your check.

A Payment Information Form is enclosed in this packet to be completed by any person other than yourself responsible for making any portion of the monthly fees. If this form is not completed and signed by the other responsible person, the parent/guardian completing and signing the 2008-2009 Before & After School Activities Club registration will be considered fully responsible for all fees.

Late Start/Inservice Days: The new Family Friendly calendar and State in-service days are included in the monthly fee if your child(ren) is/are registered to attend our Before & After School Activities Club programs. All children attending our programs are welcome to attend these days. We still require you to let us know that your child is attending so we can staff appropriately. We do not accept drop-ins.

Changes in Schedule, Etc.: The Recreation Department must be notified, in writing, at least one (1) week in advance of any program/schedule changes. If your child has dropped from the program and we have not been notified, we will continue to bill you if we cannot fill his/her spot with someone from our waiting list for that month. Without notification, we will not be able to reimburse any fees. Please fill out the "Change in Schedule Status" form if you have any changes in your schedule, address, or other pertinent information. Drop it by our office or send it to our mailing address: 1202 Wood Ave., Sumner, WA 98390.

Holidays: We do not conduct the Before & After School Activities Club on holidays or vacation breaks. Generally, we provide a vacation/break camp as an alternative to these vacation days; however, space is limited. These camps are in no way related to the Before & After School Activities Club.

Please Note: When the schools do not provide lunches on any half or full days, your child will need to bring a sack lunch. If you do not send a lunch with your child, you will be charged a mandatory \$10 fee for our inconvenience. Also, there is not a microwave or refrigerator available.

Our program complies with the disciplinary rules of the Sumner School District. If a student has been expelled from the school he/she attends, the student is also expelled from attending our Before & After School Club. He/She is welcome to return when he/she is reinstated to their school.

Before & After School Activities Club 2008-2009

Sumner/Bonney Lake Recreation Department

Program Times:

6:45 AM - School Start (No Breakfast) • 3:00-6:30 PM (Snack Only)

Holidays/Breaks (No Activities Club) (Subject to Change)

September 1 - Labor Day
November 11 - Veterans' Day
November 27 - 28 - Thanksgiving
December 22 - January 2 - Winter Break
January 19 - MLK Birthday
February 16 - Presidents' Day
February 17 - 18 - Mid Winter Break
March 30 - April 3 - Spring Break
May 25 - Memorial Day

Early Dismissal/ Late Start/No School Days (Subject to Change)

October 10 - Teacher Learning Day *
October 22, 23, 29 & 30 - Conference Days
November 26 - Elementary Teacher Work Day*
February 13 - Snow Make-up Day
March 20 - Teacher Learning Day *
March 18 & 25 - Conference Days
May 22 - Emergency Weather Make-up Day
June 18 - Early Dismissal/Last Day of School
(*No School)

Please Note: Not all locations are open for early dismissal and teacher work days. Please call ahead to confirm which location your child will attend. All days may be subject to change.

Important Phone Numbers

Sumner/Bonney Lake Recreation Department (253) 891-6500
Daffodil Valley Elementary School (253) 891-4600
Emerald Hills Elementary School (253) 891-4750 Site (253) 891-4770
Liberty Ridge Elementary School (253) 891-4800 Site (253) 891-4820
Maple Lawn Elementary School (253) 891-4400 Site (253) 891-4420
Victor Falls Elementary School (253) 891-4700

Activities Club Rules/Regulations

1. All participants must abide by the Sumner School District's policies and procedures.
2. No swearing, pushing, shoving, or teasing.
3. All sports equipment is to be played within the gym floor lines. No playing near the art/quiet area table, storage room, or restrooms.
4. After reviewing a disciplinary situation thoroughly, the Before & After School counselors will make all on-site decisions. These decisions will be reviewed by the program supervisor when possible.

Disciplinary Policy

When a child misbehaves, he/she will first get (age-appropriate) time-outs from activities, and the child will discuss their behavior with the counselor and determine why they got in trouble. When time-outs and discussions do not work, the counselor will follow the disciplinary policy:

1. First Written Warning: A written warning form will be signed by parent, child, and counselor which will be recorded in a notebook. Alternate behaviors and problem solving will be discussed.
2. Second Written Warning: One-day suspension (both AM & PM). Parent and counselor will discuss how to keep the problem from recurring and form a behavior contract for the child.
3. Third & Final Warning: Child is expelled from the program for the remainder of the school year. No refund will be granted for that month.

Parental Note

The Recreation Department will reserve the right to permanently excuse a child from our program for behavioral reasons. To assist us, parents will need to take the responsibility to help reinforce good behavior.

Before & After School Activities Club 2008-2009

Alternate Billing Information

For billing purposes, if anyone other than the parent/guardian listed on our Before & After School Activities Club registration form is to be responsible for monthly payments, it is necessary that we have the following information completed and signed by the responsible party. If this form is not completed and signed, the Parent/Guardian completing and signing the Registration Form will be considered fully responsible for monthly payments.

PAYMENTS ARE ALWAYS DUE ON THE 20TH OF THE MONTH FOR EACH SUBSEQUENT MONTH.

A \$25.00 LATE FEE WILL BE ASSESSED ON ALL LATE PAYMENTS

Child #1 _____ Child #2 _____

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

Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ Home Phone _____

Portion of Payment Responsibility: _____ percent.

Parent/Guardian Signature _____ Date _____

Change in Schedule/Status Form

(Please turn this form into our office ASAP if you have any schedule changes.)

Child _____ Program Site _____

I am writing to make changes or comments in regard to (Circle One):

Schedule

Medication

Address

Payment/Account

Comments _____

These changes will need to take effect on _____ and last until _____

I understand that if anything else changes, I will inform the Recreation Office as soon as possible.

Parent/Guardian Signature _____ Date _____

Before & After School Activities Club 2008-2009

Medical Treatment Authorization

As a parent or legal guardian, I authorize and consent to any examination, medical or surgical treatment rendered by my family physician listed below or, if my physician is unavailable, by any member of the medical staff of the nearest medical facility. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the aforementioned physicians in the exercise of their best judgment. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

Child #1: Name _____ Age _____
Allergies to food or drug _____
Family Physician _____ Phone _____
Address _____
Date of last Physical Examination _____

Child #2: Name _____ Age _____
Allergies to food or drug _____
Family Physician _____ Phone _____
Address _____
Date of last Physical Examination _____

Administration of Medications (If Needed)

Child #1: Name _____
Type of Medication _____
To be Given (Times) _____
Any other Pertinent Instructions _____

Child #2: Name _____
Type of Medication _____
To be Given (Times) _____
Any other Pertinent Instructions _____

Person (s) who are authorized to remove sick child(ren)
Name _____ Cell Phone # _____
Address _____ City/Zip _____

Parent/Guardian Signature _____ Date _____

Please clip and return coupons with your payments.

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
September 2008
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
AUGUST
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
February 2009 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
JANUARY
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
October 2008 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
SEPTEMBER
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
March 2009 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
FEBRUARY
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
November 2008 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
OCTOBER
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
April 2009 Payments:
____ \$270 (AM/PM 3-5 Days/Week)
____ \$180 (AM/PM 1-2 Days/Week)
____ \$195 (AM Only 3-5 Days/Week)
____ \$140 (AM Only 1-2 Days/Week)
____ \$215 (PM Only 3-5 Days/Week)
____ \$155 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
MARCH
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
December 2008 Payments:
____ \$270 (AM/PM 3-5 Days/Week)
____ \$180 (AM/PM 1-2 Days/Week)
____ \$195 (AM Only 3-5 Days/Week)
____ \$140 (AM Only 1-2 Days/Week)
____ \$215 (PM Only 3-5 Days/Week)
____ \$155 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
NOVEMBER
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
May 2009 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
APRIL
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
January 2009 Payments:
____ \$355 (AM/PM 3-5 Days/Week)
____ \$235 (AM/PM 1-2 Days/Week)
____ \$255 (AM Only 3-5 Days/Week)
____ \$180 (AM Only 1-2 Days/Week)
____ \$280 (PM Only 3-5 Days/Week)
____ \$205 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
DECEMBER
20TH**

Before & After School Activities Club
Student #1 _____
Student #2 _____ (25% Reduction)
June 2009 Payments:
____ \$270 (AM/PM 3-5 Days/Week)
____ \$180 (AM/PM 1-2 Days/Week)
____ \$195 (AM Only 3-5 Days/Week)
____ \$140 (AM Only 1-2 Days/Week)
____ \$215 (PM Only 3-5 Days/Week)
____ \$155 (PM Only 1-2 Days/Week)
Total Enclosed \$ _____ Receipt # _____

**PAYMENT
DUE
MAY
20TH**