

# Peacham Afterschool Learning

PAL



340 Bayley Hazen Road Peacham, VT

I would like to welcome you and your child to Peacham Afterschool Learning!

I understand the many difficulties that parents face to balance work, commitments and responsibilities. Through the daily hustle and bustle of your life, I want you to **know** and feel confident that while your child is attending PAL, he/she will be surrounded with high quality care, respected and nurtured with the utmost respect. I will provide you with a peace of mind knowing that they are being well taken care of and loved in the same fashion that you yourself would provide. I want you as the parent/guardian to remember that your child is always the **number one priority** of my program, and with that in mind, *you, the parent/guardian are the first and foremost powerful teacher in your child's life. I respect and appreciate you.*

We are very excited to have this opportunity to serve you, your children and our community. We will be open M-F, through the school year. We will be open for after school care including any half day dismissals. Snow days we will not be open as we respect the safety of our children riding in vehicles.

You may use our program on a weekly basis or simply part time (two days or less), emergency drop ins are welcome. Please email me by 11:00am if you will need to access emergency childcare. From 2:50-5:30 pm, your child will be offered a healthy snack, outdoor play, homework assistance, and STEM related activities.

2:50-3:20 Welcome to PAL, handwashing, snack, bathroom use

3:20-4:15 playground/ outdoor classroom / Homework

4:15-5:30 STEM activities/ Free play/ parent pickup

**What to bring:**

- We ask that you supply sunscreen and bug spray for your child during the warmer months. All sprays need to be in lotion form, please no aerosol cans. Please send at least one pair of close-toed shoes, and a water bottle. During cold weather, all children are required to have snow pants, snow boots, jacket, hat, and gloves or mittens. Please label all your children's clothing with their name or initials. We will be outside daily 😊.

Peacham Afterschool Program will provide afternoon snack for all children. Our meals are completely homemade and follow CACFP state regulations. Cakes, cookies, and sweets may only be served for special events and holidays. Please be sure to let me know of any special dietary needs or food allergies that your child may have. All our snacks are served family style. dining to reinforce serving and social skills.

**Rates and Fees:**

- PAL payment are due in full by the end of business on Friday.
- Payment can be made by check, credit card, debit, or cash.
- Full Time afterschool / \$90.00 per week per child.
- Part time afterschool (1-2 days per week) / \$20.00 per day.
  
- PEACHAM residents qualify for a discounted rate.

\*Please email me with questions regarding rates as Peacham residents qualify for discounted tuition cost. To receive the Peacham discount it is mandatory that you apply for Child Care Subsidy. Attached you will find the Child Care Financial Assistance application. If your family qualifies, even a little, this will bring down your rate even more. With discount... Peacham residents will not be charged more than \$7.00 per day per child.

**If your child is sick:**

Children should stay home for their own safety and well-being, or to prevent the spread of contagious conditions. Please reach out to me if you have any questions. Below is a list of reasons when your child should remain home or will need picking up from the program.

- Fever over 100 degrees
- Diarrhea
- Vomiting
- Infectious disease
- Unexplained rashes

- Conjunctivitis (Pink Eye)
- Impetigo
- Head lice and nits

#### **Peacham Afterschool Learning Program Insures:**

- A complete first aid kit is kept on the premises always.
- Parents will be notified of all accidents, asked to sign and date an accident report. All injuries will be kept on file.
- If your child becomes ill during the program, they will need to be picked up.
- A medication log must accompany all over the counter medicine. Over the counter medicine is usually given for short term health conditions.
- Prescription must be dated within the past 30 days, have the child's name printed clearly on the label, and have dosage amount and times to be administered.
- The medication log must include date, child's name, doctor's name and phone number, pharmacist name and phone number, name of medication, dosage amounts and times to be administered, route of medication, why medication is needed, date medication is to end, special directions, and parent's signature.

#### **Arrival and Departure**

If a child is to be picked up by someone other than yourself or designee, please notify me in advance. An alternate pick up individual will need to be prepared to provide a form of photo identification. Staff will sign your children in and out on the sign in sheet upon entering your child's classroom.

I must assume that both parents have the right to pick up your child, unless you give me a copy of a court order stating otherwise. Without a copy of the court order, I cannot refuse a parent pick-up. If I have a court order and non-custodial parent does try to pick-up their child, I will immediately call the police and report the situation. I will not allow your child to leave, nor will I place other children at risk in a confrontation with the non-custodial parent. I will ask that you always keep me informed of any new cell numbers or places of employment so that I can reach you within minutes in case of an emergency. Thank you.

It is very important to me that your child arrives home safely. Therefore, if an individual arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, I will call you, the parent or an emergency contact person listed on the "Child Information Card" to request their assistance. If the situation occurs a second time it may hold a termination of your child's slot.

**Children with Special Needs:** Peacham Afterschool Program invites all children to join our family, regardless of special health care needs and disabilities. An individual child's plan will be created between the parents and staff to completely address the needs of your child to ensure success, self-confidence, positive opportunities, encouragement, safety, and lots of love. Adaptations and accommodations will be made in all activities, interactions, teaching strategies, and materials to foster our high-quality care.

**Abuse and Neglect:** As a Child Care Provider, I am required by law to report any suspected child abuse or neglect. All employees are Mandated Reporters, certified after completing a training through Children and Families. Any employee who suspects a child has been exposed to abuse or neglect, or a family is facing danger, or there are safety concerns must file a report with the state within 24 hours.

**Field Trips:** Though at this time field trips are not part of our program, should we expand to accommodate this, Peacham Afterschool Program will provide prior notice in the event of a planned field trip. Field trip permission forms will include date, place of event, whom will be driving, and expected arrival and departure times. We highly encourage you to join us on these field trips spending quality time and creating memories with your child- making new friends and just think of all the fun you will have. We will also be taking regular walking field trips in the town village with students.

**Confidentiality:** We take confidentiality very seriously. No employee is ever allowed to disclose any information concerning a parent, child, coworker, or our center without proper authorization. All staff are mandated and have signed a confidentiality form stating that they understand and will abide by the policies of confidentiality.

**Equal Opportunity Provider:** Peacham Afterschool Program is an equal opportunity provider. Applications for enrollment are accepted without regard to race, sex, religion or national origin.

**Emergency Protocols:** The program has a procedure for all emergencies that may occur in a center. The emergency plan for the program is posted in the main classroom area, as well as within the classroom binder. We are happy to provide a copy upon request.

**Concerns:** If you have ANY concerns at all, please don't hesitate to contact me at anytime.

**Child's File:** Your child's file will include the admission form signed and dated, first date of attendance, days and hours child is regularly scheduled to attend, child's name.

Current address and phone numbers of child, parents and two (2) emergency contacts (who cannot be the program director). Child's date of birth, physical and health history, any related needs of the child, authorization to obtain emergency medical care and transportation, updated immunization record, permission forms, court order if applicable, and any injuries discovered and documented. Child's primary health care provider and dental care provider's names and phone numbers. Completed record must be on file within one week of first attendance and must be updated at least once every year. All this documentation is saved for 365 days after a child's last day of attendance and is available to parents within five business days from the time of a request.

**Forms:** Periodically we will have forms for you to sign or read over so your child can continue participating in the program or for information gathering purposes. They will either be handed out at pick up or be put in a folder for your child to bring home. If you do not return these forms promptly you will be required to fill forms out before you and your child leave that evening.

**Food:** PAL will offer children a healthy and nutritious afternoon snack. This will be prepared on site and will be made up of fresh produce. Drinking water will be used from the site, which has been lead tested and deemed safe for consumption. If you would like to see the results from the test performed by the state, please visit the following site:

<https://leadresults.vermont.gov/>

**Rest:** Though naps are not part of the program, all children are offered a soft area to rest that is free of distractions. If you feel your child would benefit from having a specific rest routine, a meeting can be set up with myself and the PAL director to ensure your child's needs are met and we are able to clearly communicate this with the teacher.

**Behavior Practices:** PAL will follow the same PBIS framework and restorative practices as practiced by the Peacham school district to provide the children with continuity of behavior expectations and support methods they will be provided with. Children will be guided to make positive choices and will be able to hold themselves accountable.

Staff members will remain constantly engaged with your children in a meaningful manner. Your child will be provided with comfort, love and respect. Staff will model positive communication by engaging with your child and their peers in conversations.

**Electronics:** If children bring electronics (tablets, phones, game systems, etc.) to the school they must give them to staff upon arrival or leave them in their backpacks.

**Personal Toys:** Personal toys are allowed at the program, but please be advised we are not responsible for any damage or misplacement of the toy. We encourage the

children to share their toys, but do not force them to share, and can put them in places where others cannot get them upon request.

**PAL is a tobacco free site. Smoking and any tobacco use is prohibited on the premises.**

**CBCCPP's approach ensures wholesome growth and positive developmental experiences for children enrolled.**

If you would like to read the regulations set for center based child care and preschool programs, we will be more than happy to provide you with a copy of licensing book or the licensing regulations can be found at the following website:

[https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP\\_Regulations\\_FINAL.pdf](https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf)

If you are faced with a concern you feel we have not been able to resolve with open communication, a complaint can formally be filed with the state by calling the Child Care Consumer Line at (800) 649-2642 or by filing a complaint online. More information about this process can be found at the following website:

<https://dcf.vermont.gov/childcare/parents/consumer-lin>

At any point in time, you have free access to your child/ren and child/ren records that we have on file.

Religion: Peacham Afterschool Learning doesn't celebrate or observe any religious activities.

### Final Thoughts:

- Take an interest in your child's activities and development during the program, and share your child's habits, fears, and concerns with me.
- Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed.
- Remember that you are responsible for your child while on premises so please remain in complete contact with your child during that time.
- Call me! Your concerns and feedback are important to me!!

Please sign to agree you have read the above policies:

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

Please feel free to contact me with any questions, suggestions, or concerns you may have, at any time of the day or night.

Heather Smires

My number is 802-793-4799 [PALearning19@gmail.com](mailto:PALearning19@gmail.com)

I look forward to meeting and getting to know each and every one of you as we  
create  
new friendships, laughter, and success within our community  
that our children are excited to be a part of! 😊

*Children are 1/3 of our population and all of our future.*

Tell us about your child... What activities does your child enjoy the most:

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**Social**

Does your child have any fears? What can we do to help your child feel secure?

**Health**

Does your child have any health concerns we should be aware of:

Does your child have any known allergies?

**Program Goals**

1. List three of your most important goals/expectations for your child while attending this program.

- a.
- b.
- c.

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





## Methods of Payment

Payments may be made by credit card, cash, or check, due every Friday of that week.

**\*Late payments- A \$25 late payment fee (per child) applies for any payment not received on the Friday of that week of care ends. If payment is not received on the Monday of the next week an additional \$10 fee per day will be charged.**

If your child is not picked up by 5:30 p.m., you will owe a late fee of **\$5 for each 5-minute period**, or portion thereof, after the scheduled time. Any unpaid balances need to be cleared up within 30 days.

## Changes in Tuition:

The monthly tuition rate is subject to change and you agree that you will pay the new rate after a sixty 10 day written notice of such change is posted.

## Holiday Schedule and Weather Closings:

The Program will follow the Peacham School calendar for days that we are open. We will not be open if the school closes due to weather.

## Adjustment and Trial Period:

Your child is accepted for enrollment in the Program for a trial period of 1 month. If at any time during the first month, the Program determines that your child is unable to adjust either you or Heather may terminate your child's enrollment immediately. We will make reasonable attempts to work with you and your child to help solve adjustment problems.

**Withdrawal by Parent:** After the adjustment period, you will continue to have the right to withdraw your child from the program. However, you must also notify Heather Smires.

**Termination:** PAL reserves the right to terminate this Contract if the parent does not meet the payment and all other terms of the contract. In signing this agreement, I (we) hereby certify that I am (we are) the sole legal guardian (s) of the child.

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

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Peacham Afterschool Learning***

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

**Parent or Guardian**

**#1:** \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_

Work: \_\_\_\_\_

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

Email: \_\_\_\_\_

Preferred method of contact: Home  Work  Cell  Email

**Parent or Guardian**

**#2:** \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_

Work: \_\_\_\_\_

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

Email: \_\_\_\_\_

Preferred method of contact: Home  Work  Cell  Email

**Emergency Contacts** (to whom your child may be released to when parent or guardian cannot be reached, must list two)

**Name #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_

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

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

**Name#2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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

Written permission must be on file for anyone other than a parent/guardian to pick up your child at the center.

### **Child's Primary Medical Care**

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

In case of an emergency, the hospital to take your child to is:

\_\_\_\_\_

Dentists Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### **Child's Health Insurance:**

Name of Insurance Plan:

\_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

**As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. Signature:**

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

### **PEOPLE WHO MAY NOT PICK UP CHILD:**

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

### **PEOPLE WHO MAY PICK UP:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW:**

(Parent/Legal Guardian **Initial** required)

\_\_\_\_\_ Administration of Minor First Aid

\_\_\_\_\_ Emergency Medical Treatment

\_\_\_\_\_ Emergency Medical Transportation

\_\_\_\_\_ Administration of Prescription Medications (Current Instructions from Physician Must Be Provided)

\_\_\_\_\_ Administration of Nonprescription Medication – Circle All That May Be Administered, Dosage and **List** Product Brand      Acetaminophen (Tylenol), Sunscreen, Other:

\_\_\_\_\_ Administration of Special Dental or Dietary Needs (List All That Apply and Portion Size/Dosage)

\_\_\_\_\_ Walking Excursions (Off Premises)

\_\_\_\_\_ Field Trips

\_\_\_\_\_ I give permission for my child to be photographed and/or videotaped and the photographs/videotapes to be displayed.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian

Date

## **Sunscreen Policy**

The American Academy of Pediatrics recommends that children stay out of the sun between the hours of 10 AM and 4 PM. This is the time of day that the sun is at its highest point and may cause the most damage to skin. Even on cool or cloudy days UV rays are able to travel through clouds resulting in sunburn that children often do not notice because the temperature or breeze keeps their skin feeling cool. When children are outdoors, PAL encourages the use of UVA ray and UVB ray protection sunscreen with an SPF of 15 or higher. Please be sure that sunscreen and/or insect repellent is brought in as a cream. No aerosol cans please.

**To assist with supervision and the prevention of allergic reactions, we request that parents/legal guardians apply the child's sunscreen while at home, prior to arrival at the center. If you are trying a new brand of sunscreen, remember to try the sunscreen prior to providing it to the center to monitor for any reactions. PAL will be responsible for applying a layer of sunscreen in the afternoon to areas of exposed skin.**

- Sunscreen is to be brought to the center in its original packaging or bottle.
- Sunscreen may not be used if it has expired.
- The child's name must be written on the sunscreen bottle or tube.
- Consent for sunscreen application must be given by the child's parent/legal guardian in writing each year.
- Sunscreen may be left at the center overnight stored in a locked cabinet away from children's belongings.
- Directions for application are to be followed per the instructions on the product's label unless otherwise indicated by a physician, in writing. Based upon general recommendation, sunscreen is to be applied approximately 20-30 minutes before going outdoors to allow for absorption.

**\_\_\_ Yes, I wish to have sunscreen applied to my child for afternoon outdoor play. I agree to provide the center with sunscreen for my child. I understand the risks of sunburn and will not hold PAL responsible should I fail to apply sunscreen prior to arrival to the center each day.**

**\_\_\_ No, I do not want sunscreen applied to my child by PAL. I understand the risks of sunburn and will not hold PAL responsible should I fail to apply sunscreen prior to arrival to the center each day.**

**By enrolling in this program, I understand that outdoor play is a part of the program's daily schedule (weather permitting) per state regulations.**

## **Insect Repellent Policy**

There are a wide variety of products that claim to repel insects. The Centers for Disease Control and Prevention recommends using products that contain active ingredients that are registered with the Environmental Protection Agency (EPA). The products have been tested and have been found to be both safe and effective in preventing insect bites when used per the product labels. Each product is unique and may have a different concentration of repellent. The labels should indicate the concentration and how many hours the repellent is capable of being effective before another application is needed. Remember that higher concentrations of repellent do not mean that they work better; rather, they may work for a longer period. To reduce the risk of adverse effects, the lowest concentration that can be used for your situation would be best.

**Use of Insect Repellent requires written permission from the child's parent/legal guardian daily.**

- Products must be EPA approved.
- Products containing DEET must have 30% or less concentration (of DEET) to be used in the child care setting unless otherwise indicated by a child's physician.
- Products that contain both DEET and sunscreen will NOT be accepted.
- Repellent may only be applied once per day.

Insect Repellent Policy and agree to abide by the policy and procedures detailed herein during the period my child is enrolled in this program.

Child's Name: \_\_\_\_\_

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

## **Social Media Policy**

Parents and caregivers are requested to bring any questions or concerns immediately to the director. Negative and defaming posts on social media can result in termination

of care. We work hard to communicate with all families in a positive manner, and hope to have the same in return.

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

# Peacham Afterschool Learning

## CHILD CARE GENERAL HEALTH EXAMINATION FORM

*This form can be used for child care programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

\_\_\_ This child has no health conditions or medications that impact enrollment.

\_\_\_ This child has a condition or medication that should be known by the child care provider: \_\_\_\_\_ .

Health Care Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

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