

Extended Hours Program



TERMS OF AGREEMENT – Effective March 22, 2024

It is your responsibility as the parent or guardian of the child or children you are registering to list all information that pertains to the quality care of your child. Failure to do so can result in immediate suspension or expulsion from our program. We reserve the right to delay any registration that is incomplete while we obtain the necessary information in order for us to make an individualized assessment about whether we can meet the particular needs of the child without fundamentally altering our program.

I have read the Parent Handbook of the Extended Hours Program provided to me online. I have been given the opportunity to ask questions through email, calling the Extended Hours Program Main Office or asking an Extended Hours Program staff member. (If you are unable to print or read the handbook, you are to notify our office immediately and a printed copy will be provided to you.)

SUNSCREEN: I give my permission for any staff member at Extended Hours Program to apply sunscreen in the manner described below to my child's exposed skin prior to outside play, hiking or swimming when needed. Sunscreen will be applied with washed hands to the face, neck, exposed arms, and exposed legs by the child (if swimming without a shirt). If the child is swimming and has an exposed back a staff member will apply their sunscreen with washed hands or sterile gloves. Children will apply sunscreen to the front of their own body. We request that children provide their own sunscreen. When supplied for an individual child, the sunscreen must be labeled with the child's first and last name. If sunscreen is not provided, we will provide the generic brand from Walmart.

FIELD TRIPS: My child has permission to participate in walks, hikes, swimming, and field trips away from the Extended Hours Program site provided parents have been given adequate notice and information. My child may ride on a bus provided by Student Transportation of America to our field trips as specified.

PHOTO/VIDEO: I give my permission for my child's photo or video to be used in the newspaper, on TV, on the website, or for ad purposes.

MEDICAL EMERGENCIES/INJURIES: I give my permission for you to call a doctor or 911 for medical or surgical care for my child in event of an emergency. I give my permission for an Extended Hours staff with the proper certifications to provide CPR/ First Aide care to my child if necessary while waiting for Emergency staff to arrive. I understand efforts will be made to contact me before any action is taken. If it is not possible to make contact, transportation to emergency services will be made and I will accept the expense. I understand that I will be responsible for providing medical/personal insurance coverage for any injury incurred in any of the Extended Hours Programs.

The school district, Extended Hours Program, or any employee/volunteer of the Extended Hours Program will not assume responsibility for any injury incurred during participation in any activity.

I give consent for my child's health care provider, and/ or school nurse and childcare provider to discuss my child's health concerns in order to best care for my child.

I give my permission for Extended Hours Staff with the proper certifications to administer medications as prescribed through a doctor's medication plan.

I give permission for staff to provide a band for my child to identify his/her special medical need for full days and Summer Camp. This is a safety precaution to aide staff to identify children with Food Allergies, EPI pens and medications administered throughout the day. Please let Full Day staff know if you do not provide permission for your child to be provided with a band so we can note this on his/her file and in the Medical and Allergy Report. We will make other arrangements if you do not want your child to wear the band.

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PAYMENT: I understand that Extended Hours Program is a prepaid program unless auto-payment information is set up for my account. I am also aware that if my account is not prepaid and is due, auto payment will be processed using the payment method on file on the next business day following the end of the school week. If we are unable to process payment, service will be suspended and the balance due will be turned over to collections. In order to have services reinstated I will be charged another registration fee and all services will have to be prepaid. If my account is turned over to collections, all collection fees and legal fees will be the responsibility of the parent or guardian named as "Parent 1" on the registration form. If I receive assistance from Mesa County Social Services; I understand that this agreement is in effect for my parental fee and any unpaid balance incurred before or after my eligibility dates from the county, and effective for any services denied by MCSS due to failure to complete my attendance confirmations in the ATS system and client agreement with the county. I understand that I must check my child in and out daily using the ATS system or care for my child will be immediately terminated.

IMMUNIZATION RECORDS: All children are required by the state of Colorado to have a current immunization card upon registration. Your child cannot attend extended hours program without his/her current immunization records. There will be no exceptions. If you do not immunize, we must have the documentation of immunization status of exemption as required by Colorado Department of Public Health and Environment. If your immunizations are incomplete, we will notify you and request updated immunizations or a plan for updating immunizations. <http://www.colorado.gov/cdphe/vaccine-exemptions>.

TRANSPORTATION:

By enrolling your child in one of the programs below, you have given permission for your child to be transported by Student Transportation of America.

Summer Camp at Orchard Avenue, Scenic, and Tope. Transportation for our field trips as specified.

After school, students from:

Dual Immersion will be transported to **Pomona**.

By agreeing to the terms of service I am agreeing to all the above information.

Hospitals of choice: (please reference MEDICAL INFORMATION page for each child's hospital choice)

St. Mary's Hospital
2635 N. 7th Street
Grand Junction, CO 81501
970-298-2273

Community Hospital
2373 G Road
Grand Junction, CO 81505
970-242-0920