Detroit Lakes
School Age Child Care

Parent Manual

Detroit Lakes Community Education & Recreation
Lincoln Education Center • 204 East Willow Street
Detroit Lakes, Minnesota  56501
Phone: (218) 847-4418 • Fax: (218) 847-9794

After School Program Location: Roosevelt & Rossman Elementary School
All Day Summer Program Location: Lincoln Education Center
Detroit Lakes School Age Child Care Program

Main Office: Community Education
Lincoln Education Center
204 Willow Street East
Detroit Lakes, MN 56501
218-847-4418 x6114

Rossman Supervisor: Sandi Westrum
(218) 847-9268 x7135

Roosevelt Supervisor: Nicole Nelson
(218) 847-1106 x4117

Philosophy
The Detroit Lakes School Age Child Care Program exists to meet the needs of the area working/student parents and their children. Our program has been developed for elementary age youth in grades K through 6. This program believes in a relaxed, trusting environment. It fosters the growth of your child(ren) toward becoming resourceful, sensitive and independent. Characteristics which we believe will help develop your child(ren) to live in today’s world.

Goals
Our primary goal at the Detroit Lakes School Age Child Care Program is to provide a safe, happy and enriching supervised environment for your child(ren). This program is for children grades K through 6 as parents work or go to school. With this goal the program seeks to provide activities for learning and fun with a limited amount of structure.

The activities planned by the School Age Child Care Program Staff emphasize development of educational and recreational skills. Although quiet space is provided for homework, we will not emphasize academic skills. It is our goal to meet a wide variety of youth needs.

After School Days and Hours
The Detroit Lakes School Age Child Care After School program will operate on a calendar similar to School District #22. Monday through Friday from 3:30 to 6:00 pm. On all in-service and conference days our program is open from 7:45 am to 6:00 p.m. The Rossman Elementary School is the site of program operation for Rossman and Holy Rosary children. The phone number at Rossman Elementary School is 847-9268. The Roosevelt Elementary School is the site of operation for Roosevelt children. The phone number for Roosevelt is 847-1106. The child must enter the schools through the main entrance and go directly to the MP Room. Leave coats, book bags and boots on the table upon entering. Check-in with the supervisor upon entering MP Room. Sit quietly for snack time, take time to discuss activity for the day.
All Day Summer Days and Hours
Format will be the same as that used by our current After School Age Child Care program. Any registration fee paid prior to this time will carry through the summer months. We will be taking registrations starting March 15. Daily attendance will be limited to 48 youth on a first come first serve basis. We will be using the grade each child is going into this fall as guidelines for enrollment. Hours will be from 7:45 am through 6:00 pm, Monday through Friday. This opportunity will be held at the Lincoln School. We will be directly involved in Red Cross Swimming Lessons and participate on a regular basis, with the Detroit Lakes Summer Recreation program and library.

Holidays
Detroit Lakes School Age Child Care will be closed on the following days:

Labor Day:
Thanksgiving Day & Friday After:
Christmas Eve/Day Holiday:
New Years Day Holiday:
Good Friday:
Memorial Day:
Independence Day:

In-service and Vacation Days
The center anticipates being open during vacation and in-service days. This is assuming there is enough interest to remain open.

Detroit Lakes School Age Child Care will be open from 7:45 a.m. to 6:00 p.m. at Rossman Elementary on the following days:

MEA:
Christmas Vacation:
In-service Days:

President's Day:
Spring Break:

NOTE: All program youth must bring a sack lunch and beverage on non-school days. You will be notified of planned activities prior to each non-school day.

Emergency Closing or Early Dismissal
The Detroit Lakes School Age Child Care Program will be closed on days when school is canceled because of poor/bad weather. Please listen to your radio KKDL/KDLM and KRCQ for school closing announcements and instant alerts. These announcements will be made for the Detroit Lakes School District #22. There will not be a separate listing for the School Age Child Care Program. These announcements are generally aired before 6:30 a.m.

Bad weather may occur on any one of the non-school days listed that the Detroit Lakes School Age Child Care Program is scheduled to open. If this happens, please listen to the same radio stations as on a school day and instant alerts. The announcement on these days will be specifically for the Detroit Lakes School Age Child Care Program.

The Detroit Lakes School Age Child Care Program reserves the right to cancel care on any day because of bad weather. Parents will be notified by instant alert and will be expected to promptly come and pick up their child(ren).
Emergency Procedures: Fire
The following instructions are designed to provide safe and fast evacuation procedures for students and staff at Rossman and Roosevelt schools during fire drills and for real emergencies.

When the fire alarm is sounded, Latch Key staff should implement the following procedures. These items should be reviewed and explained to students during the first week of the school year. Each class should have a review of their performance immediately after each fire drill.

1. Precede your class to either exit gymnasium door and see that the students head in the proper direction in a calm yet business-like manner.
2. Be sure that all students have left your area of supervision and close the doors as you follow your students down the hall and out of the building.
3. Office and custodial staff will check washrooms, but it will not hurt if staff not responsible for students also check bathrooms to insure that all students are safely out of the building.
4. Assuming that exits are not blocked, the following exit plan will be used for Latch Key:
   A. Students and staff in the MP room and/or the kitchen should exit the nearest door.
5. The first students to each exit door should hold the doors open until everyone has passed through. Latch Key staff should see that their students stay together at a reasonable distance from the building. A head count is conducted when the students reach their assigned area.
6. If an exit is blocked, go to the nearest exit with as little confusion as possible. This unforeseen possibility should be discussed with students prior to the first fire drill.
7. Please note your door of exit and location on the playground. When everyone exits school from the assigned exit, you should arrive at the designated spot without lines crossing. (Diagram on file at Rossman and Roosevelt.)
8. We will not cross Rossman Avenue, but will move to the far edge of the playground.

Emergency Procedures: Tornado
The intercom system has a special tornado alarm built right into the board and speaker system. The sound is similar to that of an ambulance. It is very distinctive and cannot be confused with any other sound you will hear in the building. We will still use a verbal announcement to seek shelter, if time allows us to do so. IF THE SPECIAL TORNADO ALARM IS SOUNDED, YOU WILL KNOW THAT SPEED IS VERY NECESSARY IN GETTING STUDENTS TO THEIR SHELTER AREA.

Program Costs

Family Service Assistance
Assistance is available for qualifying families. For more information on the qualifications call the Community Education Office at 847-4418.

Fees
Detroit Lakes School Age Child Care charges a $10 annual per family registration fee. Payments will guarantee your child(ren) a place in our program. Detroit Lakes School Age Child Care After School and All Day Summer program rates are $2.75 per hour per child which will also be broke down into 30 minute increments if necessary. The same rate will be used on conference and inservice days. Conference and inservice days hour are 7:45 a.m. to 6:00 p.m. For all conference and inservice days there will be a minimum of 1 week advance registration. Also, we will require full payment of those fees if you cancel after that one week advance registration. Cost will be $2.75 per hour.

Your Latch Key program will charge a full days rate for those parents that do not call the Latch Key program to cancel their child's attendance. We will continue to offer the best possible program for your child. Your cooperation will insure this takes place.
We are a non-profit program operated by parent fees. It is important to remember that we are not funded from ISD #22 General Fund. Parents must contract with the Detroit Lakes School Age Child Care Program supervisor for services and follow a set payment schedule. Payments are made payable to ISD #22. We reserve the right to drop your child(ren) from the program when payment is delinquent more than one week.

**Fee Payments**
Fees are due the Wednesday after the two weeks of care. Keep in mind we **will not** provide care if your fees are not current. Prompt payment is necessary for our program to function.

**Late Fees**
We encourage you to pick up your child(ren) by 6:00 p.m. A late fee of $5.00 per child will be assessed for every 15 minutes or fraction thereof when a child is picked up after 6:00 p.m. We understand the conditions are sometimes beyond the control of parents. Examples would be bad weather, accidents and similar conditions. If this does occur, it is very important that you notify the Detroit Lakes School Age Child Care Staff as soon as possible. We too have families and other responsibilities to attend to. If you are more than one hour late and we have not heard from you we will contact the names on your emergency card. Rest assured that under no condition will we leave your child(ren) unattended. All late fees are to be paid directly to the staff person on duty when you pick up your child.

**Bad Check Procedure**
The Latch Key Program will use procedures consistent with those identified by the Detroit Lakes School Board. In addition, Community Education reserves the right to refuse care to the children whose parents do not pay for Latch Key services in a timely and appropriate fashion.

**Entrance Requirements**
To be eligible for enrollment in the Detroit Lakes School Age Child Care Program, your child must be enrolled in a Detroit Lakes K-6 School System. To enroll your child(ren), contact the Detroit Lakes School Age Child Care Program and we will help you with the necessary forms. Your child(ren) would be enrolled on a space available basis. Phone 847-4418. This program is run through the Community Education Office located at Lincoln, Detroit Lakes.

**Drop-Ins**
Drop-ins will be allowed if they are registered with us and space is available. Advance notice of arrival must be given. The site supervisor for the Detroit Lakes School Age Child Care Program must be in full agreement. The drop-in fee will be $3.00 per hour per child. This will be paid the same day to the site supervisor. NO DROPIN’S THE FIRST AND LAST WEEK OF SUMMER PROGRAM.

**Photos**
Community Education periodically takes photos of participants in our programs. These photos may be used in the Community Education catalog and/or social media. If you do not wish to have your child’s photo taken or published, please provide us with a written notice.

**Withdrawal from Program**
We politely request that you give us two weeks notice if you are withdrawing your child(ren) for any reason.

**Food Service**
A nutritious snack is provided for all children in the Detroit Lakes School Age Child Care Program. Parents must provide a lunch and beverage on inservice, conference days and the All Day Summer program. Breakfast will be provided on in-service, vacation and summer program days.
Telephone Messages
The After School Age Child Care Programs telephone numbers are Roosevelt 847-1106 x4117 and Rossman 847-9268 x7135 for messages between 3:30 and 6:00 pm. Both elementary schools have voice mail for Latch Key. The All Day Summer Latch Key telephone number is 847-4418 x6114. Please call and leave messages regarding absences, emergencies and other concerns that you have. You may also call the Community Education Office at 847-4418 to leave messages for any of the programs. Thank you.

Personal Belongings
We request that children do not bring toys or personal belongings to the center. We cannot be responsible for items that are lost or damaged.

Illness
If your child(ren) becomes ill at the center we will contact you immediately. As a parent you are responsible to pick them up immediately or send an authorized person to do so.

Discipline
We want to provide children with a happy, fun and responsible School Age Child Care Program. To do this, we use positive, non-threatening teaching techniques. This helps children become responsible for their own actions. We feel it also respects the rights and feelings of other children.

When challenges over the rights of other children and property develop with a child's behavior it affects others. It is our goal to work with each individual child. If a challenge continues we will use the following methods:

1. A child may not be allowed to participate in a particular program. We will ask that this child sit quietly for a limited period of time.
2. If we still have an unresolved conflict we will ask you as a parent for ideas on solving this concern.
3. A conference between the parent and site supervisor may be scheduled for the benefit of everyone.
4. In an attempt to change behavior, Latch Key reserves the right to impose a five day suspension from the program. (Discipline policies and consequences will be posted at each Latch Key site for the benefit of the children).
5. If the conflict cannot be resolved, we will ask you as a parent to remove your child from the center.
6. If a child deliberately destroys latch key property, it is the expectation of this program the parent will be responsible for replacing the damage to equipment.

As a parent you can feel comfortable that we will not use physical abuse as a means of solving a problem. We cannot allow others (including the children) to do likewise within the center.

Transportation
Children from Holy Rosary will be transported to the School Age Child Care Center After School by School District #22 buses. Other arrangements are certainly welcome as long as you inform the staff of your desires. As a parent you will be responsible for picking up your child at the agreed upon time from the School Age Child Care Center. As a final note we will not authorize our staff to transport your child(ren) in their own vehicles. Parents must provide transportation on days we are open and there is no school.

Accidents and Emergencies
Children who receive minor injuries will be given first aid and we will notify the parent when to pick them up. In the event of an emergency you will be notified. If necessary, children will be transported to a parents specified hospital. This will be done by the local emergency unit and proper treatment will be provided. Keep in mind that the child will be transported at the parent's expense.
All accidents must be reported in writing on the “Detroit Lakes Public Schools Accident Report Form”. This form must be completed by staff and submitted to the Community Education and Recreation Director within 24 hours of accident.

**Medications**

We prefer not to give any medications to your child(ren). Under very limited situations, we may administer personal prescriptions. To do this written statements will be required for:

1. Long Term medications (prescribed for more than two weeks)
   A. Statements shall be required annually.
   B. The family physician; will provide written directions for medication administration to a child during program hours. These directions will be in addition to those on the original prescription container.
   C. The parents; request administration of medication hereby releasing School Age Child Care Personnel from liability. This is required should reactions result from medications.
   D. All medications should be in an original container and properly labeled. This original container must be well marked by the supplying pharmacist, it should include the child's name, name of medication, dosage and name and phone number of physician. This medication shall be stored in a safe appropriate place. Access will be restricted to School Age Child Care Personnel only.
   E. Do not send any medication with your child to the center.

2. Short Term medications (prescribed for two weeks or less). – SAME AS ABOVE.

**Parent Involvement**

**Conference and Communication**

At any time, we encourage you to ask questions which you have regarding the Detroit Lakes School Age Child Care Program. You may request a conference at any time. As a parent you are encouraged to spend time talking with staff about the program and your child(ren).

**Dress**

Your child(ren) should be adequately dressed for the current weather. This includes dress for outdoor and indoor play. As a parent we want you to know that we will have a "Lost and Found" box. If your child(ren) loses something always feel free to check that box.

**Field Trips**

Field trips are an important part of our Detroit Lakes School Age Child Care Program. These trips give new and exciting opportunities for everyone involved in our program. As a parent you will be notified of any upcoming field trip. A field trip form must be signed for these events. Keep in mind that there will be some field trips where an additional fee will be charged. All field trips are on a voluntary basis.

**Release of Child**

Your child will be released only to you as a parent or other authorized people. We have an authorization form which will instruct us who to release your child(ren) to. We assure you that your child(ren) will be released only to those persons on the authorization form by our staff. It is very important that you make contact with a staff member when you are taking your child(ren) from the program. Our staff wants to be aware when your child(ren) is leaving for the day. Must show photo ID. Each child must be signed in and out each day they attend the center. If your child(ren) needs to walk somewhere at a specific time please fill out the Child Release Form contained in this package.
Enrollment Forms
We at the Detroit Lakes School Age Child Care Program must have on file for every child:

1. Enrollment Sheet
2. A Signed Contract for Payment
3. Permission and Release Sheets
4. Non-refundable Registration Fee

Children with Special Needs
The policy of the Detroit Lakes School Age Child Care Program is to accept all Detroit Lakes District children on a two week trial basis. This program is structured in such a way that it may not reach the needs of every child. Our staff wants to reassure all parents that we will make an attempt to meet the needs of every child. If we cannot meet those needs then we feel the program would not be good for your child. At that point we would ask you as a parent to remove your child from the center.

Certain types of behavior are not acceptable with this program. Behavior that is violent, or physically and verbally abusive will not be tolerated. Our established discipline procedure will be used if there is a problem with poor behavior.

Requests from parents with children of special needs are welcome. We will use the following procedure:

1. The program supervisor will listen to the parent on what the needs of their child care are.
2. The child will follow the same two week trial basis. If we can meet the needs of the child within the structure of our current set up then we will allow the child to remain in the program.
3. If additional resources are needed to meet the needs of the child then the parent will be asked if they are in a position to help obtain those resources.
4. If more resources are needed, then the parent will be asked for suggestions to obtain those resources.
5. The parent and staff supervisor will discuss together a final plan for the child's enrollment in the Detroit Lakes School Age Child Care Program.
6. If we cannot fulfill the concerns of a parent of a child with special needs, then we will ask that the child be removed from the center.

Staff
Our School Age Child Care Center Staff are qualified. They have the degrees in teaching or experience in child care as outlined by the State. All staff are CPR and first aid certified. Their primary concern is always your child's safety and happiness. Children will always be with child care workers who are well trained and care about the children.

Staff Evaluations
All staff are evaluated. A copy of the Staff Evaluation Form is on file at the center for your review. If you have any questions or concerns, please feel free to contact our office.

Ratio
The staff to child ratio will not exceed those established in the Department of Public Welfare, formerly Rule 3. Detroit Lakes School Age Child Care Center will provide a minimum of 1 staff person to each 15 children.

Licensing
The Detroit Lakes School Age Child Care Program has agreed to annually meet the requirements for a safe and suitable program for children. This is determined by the Minnesota State Department of Public Welfare, Rule 3.
Data Privacy
The policy guidelines for collection, security, and dissemination of pupil and personnel records are promulgated upon Federal and State laws, as well as guidelines provided by the Minnesota State Department of Education. The intent of the guidelines are how to give specific direction to employees, parents and students relating the position of Independent School District #22 in relation to the collection, security, and dissemination of pupil and personnel records. The Detroit Lakes School Age Child Care program procedures for records of pupils and staff will be consistent with the School District. Those policies and procedures are available upon request.

According to Minnesota State Law, Detroit Lakes School Age Child Care Staff are required to report suspected cases of child abuse to appropriate authorities.

Use of Volunteers
Volunteers will be utilized with the Detroit Lakes School Age Child Care Program. Each volunteer will receive an in-service session consisting of a review of Latch Key guidelines and policies. Minimum requirements will be at least 16 years of age with CPR/First Aid Certification.

Supervision
This program has supervision policies and procedures. Those policies are available in writing to parents, staff, and interested persons. Guidelines for supervision of children by age group are as follows:

- **Kindergarten.** Children in this age group must be under direct supervision. Independence should be encouraged by allowing children to do things for themselves but in the presence of adult staff.

- **Primary Children.** (6-9 years old) While these children should generally be under direct supervision, they may be beyond the vision or hearing of the staff for short periods of time. The staff must have a clearly-understood system for knowing the whereabouts of the children at all times, and definite rules must be communicated to the children, e.g., for moving about the building, going to the bathroom, areas off limits, etc.

- **Intermediate Children.** (9-12 years old) In this age group most children do not need constant direction/supervision, but there must be a clear system for the children to let the staff know where they are at all times and the nature of their activities.

Discrimination Policy
It is the policy of the Board of Education of School District No. 22, Detroit Lakes, Minnesota, to comply with Federal and State Law Prohibiting Discrimination and the requirements imposed by or pursuant to regulations issued thereto, to the end that no person shall, on the grounds of race, color, national origin, creed, religion, sex, marital status, status with regard to public assistance, age, or disability be excluded to discrimination under any educational program or in employment, or recruitment, consideration, or selection; therefore, whether full-time or part-time under any education program or activity operated by the district for which it receives Federal Financial assistance.

Maltreatment of Minors Reporting Act
All staff are required to report all cases of alleged maltreatment of school children. The “Report of Suspected Child Abuse/Neglect” is on file at the SACC center.
Latch Key
Enrollment Information

Identification Data

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<th>Child’s Name</th>
<th>Nickname</th>
<th>Birth Date</th>
<th>Grade &amp; Teacher</th>
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Address ____________________________  Home Phone ________________

School Attending ________________________________

Mother or Guardian’s Name ______________________  Cell Phone ________________
   Employed by ____________________________  Address ______________________
   Work Phone ___________________________  Work Hours ____________________
   Home Address _________________________

Father or Guardian’s Name ______________________  Cell Phone ________________
   Employed by ____________________________  Address ______________________
   Work Phone ___________________________  Work Hours ____________________
   Home Address _________________________

Health and Emergency Information

In order to insure prompt medical attention in case of an emergency we need:

   Insurance Company ________________________  Policy Number ______________
   Medical Assistance Number ________________________________

Hours and Transportation Information

Please indicate the normal hour of arrival ________________ and departure ________________

Brought in by _________________________ Picked up by ________________________

Please do not pick up your child without reporting to a staff person! The staff supervisor must be notified in advance if anyone other than authorized persons pick your child up. All children must be signed in and out each day. Must show photo ID.
List persons authorized to take your child from the program: (They must provide a photo id when picking up child.)

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<th>Name</th>
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List any persons NOT authorized to take your child from the program:

__________________________________________________________

Helpful Additional Information

Languages other than English the child speaks or understands____________________________________

What kinds of experiences has your child had with groups of children?___________________________

______________________________________________________________________________

Special interests or favorite activities of your child_________________________________________

______________________________________________________________________________

Special needs of child (allergies, special diet, etc.)________________________________________

______________________________________________________________________________

Particular behavior difficulties or potential problems that you would like us to be aware of

______________________________________________________________________________

Any additional information that would be helpful for us in getting to know your child_________

Parents Are Important Too!

In relation to your child, what are your expectation of Detroit Lakes School Age Child Care Program?

______________________________________________________________________________

Please list important values you want focused upon in the area of your family and child’s development

______________________________________________________________________________

As parents, we encourage you to participate in the program. If you have any skills or hobbies you would like to share with the children or staff, please list them. ____________________________
For You to Know

1. Detroit Lakes School Age Child Care Program will obtain written permission from you before your child would participate in specific research, experimentation or publicity activities.

2. Detroit Lakes School Age Child Care Program will obtain written permission from you for your child to participate in activities not sponsored by the DLSACC Center. Permission will include the type of activity, location, dates and times of the activity.

3. Detroit Lakes School Age Child Care Program will obtain written permission from you for your child to participate in field trips taken by the DLSACC.

4. PARENTS/GUARDIANS ARE MANDATED TO SIGN IN AND OUT THEIR CHILD(REN) WITH A LATCH KEY STAFF PERSON PRESENT. MUST SHOW PHOTO ID.

Contract for Payment

I understand a $10.00 annual per family, non-refundable registration fee is charged.

- I understand fees are charged at $2.75 an hour, $3.00 per hour for drop-ins if space is available. DROP-INS MUST PAY ON THE DAY THEY ATTEND. NO DROPIN’S THE FIRST AND LAST WEEK OF SUMMER PROGRAM.

- I understand I will be charged $5.00 every 15 minutes when I pick my child(ren) up after 6:00 p.m.

- I understand fees are due the Wednesday after the two weeks of care.

- I understand payments are made payable to ISD #22. You reserve the right to drop my child(ren) from the program when payment is delinquent more than one week. Any unpaid balance will be sent to collections.

- I understand I must give DLSACC a two week notice if there is a schedule change or if I withdraw my child(ren).

- I understand I will be charged if I do not notify DLSACC, in advance, of my child(ren)s absence.

- I understand I must sign my child in and out on the DLSACC attendance sheet for each day my child(ren) attends. Must show photo ID.

- I understand I must notify the DLSACC in writing if someone other than an authorized person is picking my child(ren) up from the DLSACC. Must show photo ID.

- I understand I must pick up my child(ren) as soon as possible from DLSACC on emergency closings of the school day.

_________________________________________  _________________________
Signature (Parent/Guardian)  Date
Detroit Lakes School Age Child Care
Permission and Releases

CHILD(REN) NAME:___________________________________________________________

Liability Waiver
In consideration of my child(ren) being permitted to participate in Detroit Lakes School Age Child Care program, I agree to release, hold harmless and indemnify District #22 and any and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs, and personal representatives may have arising out of his/her participation in DLSACC through the use of any and all facilities connected herewith. I understand that every possible precaution will be exercised to assure the safety and welfare of my child(ren). I also understand that the school and an authorized agent shall not be responsible, financially or otherwise, should an accident occur.

_________________________________
Signature

City Park Permission
Visits to the Detroit Lakes City Park will be a part of the DLSACC program. This will entail walking to the city park and playing on the playground equipment. The children will be accompanied and supervised by a DLSACC staff member. My Child(ren) have permission to participate in the DLSACC visits to the city park.

__________________________________
Signature

Snow Sledding Permission
Snow sledding will be planned from time to time as a part of the activities of the Detroit Lakes School Age Child Care program. This will entail walking to the City Park or Senior High. My Child(ren) have permission to participate in the DLSACC snow sledding.

__________________________________
Signature

Roller Blade Permission
Roller Blades are allowed on full days only. Children must bring their own roller blades. No child will be allowed to use anyone else's roller blades. Every possible precaution will be exercised to ensure the safe use of roller blades but should an accident occur the DLSACC and staff will not be held responsible. My Child(ren) have permission to Roller Blade while at DLSACC.

___________________________________
Signature

Medical Permission
I give my consent to the supervising teacher of the Detroit Lakes School Age Child Care program to call Dr.______________________, phone number;____________________ should an emergency arise. In event of an emergency, I hereby give permission for my child to be taken to___________________________ for treatment and I will be responsible for the medical charges.

_____________________________________
Signature
Publicity Permission
In the event the Detroit Lakes School Age Child Care program children are included in any newspaper, radio or television publicity, I give my permission for my child to be include in the pictures, etc.

____________________________________
Signature

Information Exchange
I hereby give my consent to exchange of information between Independent School District #22 Special Services and Detroit Lakes staff whenever such exchange would better enable either party to meet my child's needs.

____________________________________
Signature

Policy Agreement
I recognize my responsibility to respect the rules of the Detroit Lakes School Age Child Care program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to be responsible for knowing the contents of the parent manual, to pay the agreed upon time, and be responsible for any damages my child might cause while participating in the Detroit Lakes School Age Child Care program.

____________________________________
Signature
Registration Form

Child(ren)’s Name(s):

1. ________________________________
2. ________________________________
3. ________________________________

SCHEDULE

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List the hours your child will attend. Please be sure to indicate if your child is attending ½ days, whether it is am or pm. If schedule varies, please indicate an approximate schedule.

Special Schedules

Please indicate any special times your child will not be attending (examples: gymnastics, football, dance, etc.)

*Detroit Lakes School Age Child Care will be open from 7:45-6:00 pm at Rossman on vacation and in-service days. Sign-up sheet will be available. Please sign-up to attend.

*Detroit Lakes School Age Child Care will be open at Rossman and Roosevelt on early-out days at 2:00 pm when school is let out. Please let staff know if your child will not be attending. We go looking for them if they don’t show-up.

*Detroit Lakes School Age Child Care will be closed on holidays as per school calendar.
Medication Permission Sheet  
(TO BE COMPLETED ONLY IF ON MEDICATION)

Child’s Name ________________________________________ Phone ______________________

Child’s Address __________________________________________________________________

I have prescribed the following medication for this child and request that dosage falling during School Age Child Care Program hours be administered by School Age Child Care staff supervisor. NOTE: Authorization is needed for non-prescription medications, also.

MEDICATION _______________________________________________________________________
Condition for which prescribed _____________________________________________________

Possible Side Effects: _______________________________________________________________

Instruction for Use:________________________ Dosage:______________ Time:____________

Frequency:_________________________ How Long?_______________________________ (No. of Days)

DATE_________________________________ SIGNATURE_______________________
(Physician)
Address:_______________________________ Telephone No:________________________

Pharmacy:_______________________________ Phone:________________________________

I request the above medication be given to my child as prescribed.

Date:_________________________ Signature of Parent or Guardian

CENTER STAFF: Fill in date, time and initials whenever dispensing medicine.

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<th>THURSDAY</th>
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DISPOSITION OF MEDICINE: Returned to Parents ____________ Date:________________________

______________________________________________________________________________
Child Release Form

(To be completed ONLY IF your child is leaving the premises without an adult for things such as band lessons or to walk home)

In consideration of my child being permitted to be released from the DL SACC Program at a specially prescribed time, I agree to release, hold harmless and indemnify District #22 and any and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs and personal representative may have arising out of his/her leaving the DL SACC prior to the parent/guardian arriving.

Child’s Name______________________________________________________

Address___________________________________________________________________________

City_________________________Phone___________________________

*Parent/Guardian signature________________________________________________________

Person released to_______________________________________________________________

Address___________________________________________________________________________

City_________________________Phone___________________________

*Signature______________________________________________________________