

Rockingham County Parks & Recreation

Afterschool Program

Parent Handbook & Registration Forms

2016-2017



www.rockinghamcountyva.gov/recreation



Rockingham County Parks & Recreation

RECREATION MAIN OFFICE:

20 East Gay Street
Harrisonburg, VA 22802
(540) 564-3160
(540)574-5179 (fax)

If you have any questions regarding the program in regards to registration and enrollment, you must call the Recreation Department.

PLEASE DO NOT CALL THE SCHOOL OFFICE OR THE SITE PHONE IF TRYING TO ENROLL

AFTERSCHOOL SITE PHONES:

Cub Run	476-2916
Fulks Run	476-2919
John C. Myers	271-1834
John Wayland	476-2918
Lacey Spring	578-1599
McGaheysville	476-1656
Mountain View	578-6016
Ottobine	879-3406
Peak View	476-2917
Pleasant Valley	578-6015

*Please note these telephone numbers are only answered between the hours of 2:45–6:00pm. Please leave a message for staff to return your call.

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GENERAL INFORMATION:

DATES & GRADES:

- August 23rd-June 8th
- Afterschool will be closed on teacher workdays and holidays
- Grades Pre-K -5th

HOURS:

- 3:00PM-6:00PM Regular School Days
- 1:00PM-6:00PM Early Release Days (not due to weather)

LOCATIONS:

- Cub Run
- Fulks Run
- John C. Myers
- John Wayland
- Lacey Spring
- McGaheysville
- Mountain View
- Ottobine
- Peak View
- Pleasant Valley

REGISTRATION PROCESS:

REGISTRATION PROCESS CANNOT BE COMPLETED ONLINE.

- All registration information and fees must be received at the RCPR OFFICE in order for registration to be complete. Pre-registration is required. **Registration must be completed by August 16th to enroll for the first day of school.**
- **A \$50.00 non-refundable registration fee is required at the time of registration.**
- Registrations are accepted on a first-come, first served basis. Space will be limited at each site. Registrations beyond the site's limit will be placed on a waiting list.

RATES & FEES:

DAYS PER WEEK	MONTHLY FEES
4-5	\$100 / \$90 Siblings
3	\$75
1-2	\$50

*Days not used during the month cannot be carried over to the next month or week.

PUNCH PASS	
5 Visits	\$50

PUNCH PASS
This is designed as a courtesy for the parent who only occasional needs to use the Afterschool program. To use your punch pass, you must call the Afterschool site to inform them of your child's attendance before the day of attendance.

- Registration form is required
- No registration fee for punch pass
- Punch passes are not refundable or transferable
- **Cannot be shared between siblings**
- Punch Passes expire the last day of the current school year, regardless of remaining punches



ADMINISTRATION:

The Afterschool program is administered by Rockingham County Parks and Recreation Department. Concerns or questions about this program should be discussed with the afterschool Site Director. If you feel your concerns have not been adequately resolved after discussion with the Site Director, please contact Rockingham Recreation Department at 564-3160 and speak with Nicole Farr, Recreation Technician or Ashton Rawley, Recreation Programs Supervisor.

Dear Parent/Guardian:

Thank you for choosing Rockingham County Parks and Recreation as your afterschool care provider. For over 20 years, RCPR has provided safe and enjoyable afterschool experiences in a safe and comfortable environment. Our staff strives to meet the diverse individual and collective needs of the participants. Each day your child will have the opportunity for creative, play, project and nutritional time. Each site has also added a service learning component for the children and parents to participate in giving back to the community.

One of our key elements is “play”. Through the activities we offer, we are hoping to help your child develop life-long leisure and recreational skills.

This parent handbook will familiarize you with payment options, operating hours, schedules, policies and procedures. We encourage you to take the time to review and become familiar with this information. If you have any questions or suggestions, please feel free to contact our office at 540-564-3160.

Sincerely,

Rockingham County Parks and Recreation Department

PURPOSE AND PHILOSOPHY:

Rockingham County afterschool program works in partnership with our families, schools and community to provide a fun and nurturing program that meets the diverse needs of our children in a safe and caring environment.

PROGRAM INFORMATION:

Each participant will have the daily opportunity for:

- *Creative Time:* supervised arts and crafts, drama or music activities
- *Play Time:* active games, sports and fun fitness
- *Project Time:* task-oriented activities to stimulate creativity and challenge skills
- *Nutritional Time:* healthy snacks and nutritional education

PROGRAM OBJECTIVES:

- To promote the development and improvement of personal and character skills such as safety, good health, respect, responsibility, caring, fairness, trustworthiness and citizenship
- To promote the development and improvement of social and interpersonal skills such as acceptance of others, cooperation and conflict resolution
- To increase exposure to and knowledge of a variety of recreational and leisure activities
- To have fun with peers in a safe, fun and social environment



PAYMENT INFORMATION:

- Fees are due on the first business day of each month and must be paid no later than the 7th business day of the month.
- Payments will not be accepted on site.
- There will be no charge for months of August or June.
- The full monthly fees will be charged from September thru May *regardless* of school holidays/closings.
- A Sibling discount of \$10 per month per child will be applied to accounts of families attending 4-5 days per week (First child - \$100, Second child - \$90, Third child - \$90, etc.).
- No fees will be prorated because of non-attendance.
- **Monthly tuition not received by the last business day of the month will result in dismissal from the program.**
- Service is subject to suspension/termination for non-payment. All payments/late charges must be made before services can resume or registering for any other RCPR activity.

PAYMENT METHODS:

- Online: www.rockinghamcountyva.gov/recreation and then click on Registration and Payments-Instructions on Page 3.
- Auto-Debit: Payments can be automatically withdrawn from your debit or credit card each month. Please complete the auto-debit form attached to the registration forms to enroll in this service. There is no additional fee for this service, however if your card is declined and the bill is not paid prior to the 7th business day of the month a late fee will be assessed.
- Walk In: Payments can be made at the Rockingham County Administration Center, Monday-Friday 8am-5pm
- Mail In: Rockingham County Parks & Recreation 20 East Gay Street Harrisonburg, VA 22802
- Phone: Parks and Recreation Office by Visa and MasterCard, Monday-Friday 8am–5pm. 540-564-3160

LATE PAYMENT FEE:

- Late fees will be assessed after the seventh business day of the month.
 - 1st late payment= \$15 late payment fee per child
 - 2nd late payment= \$20 late payment fee per child
 - 3rd late payment= \$30 late payment fee per child
 - 4th late payment will result in termination from the program effective the 8th business day of the 4th month late



REFUND & CANCELLATION POLICY:

- Payments will not be prorated due to illness, weather, vacation, disciplinary actions, or non-use, etc.
- Requests for withdrawal form must be completed and received prior to the last day of the month the withdrawal is to take place (form on pg. 11).
 - Failure to complete the withdrawal form will result in fees continuing to accrue; parents will be responsible for any balances remaining.

PROGRAM ATTENDANCE POLICY:

Parents must notify the Afterschool Site Director if your child will be absent on a regularly scheduled day. You may call anytime during the day and leave a voicemail on the afterschool programs' phone number located on page two of this handbook.

SIGN IN / SIGN OUT:

To ensure the safety of all our participants, consistent communication between staff and parent and accurate record keeping, we require that parents/authorized persons sign in/out their child each day/time of attendance.

- Participants will only be allowed to leave the program with someone other than the parent/legal guardian if written notification from the parent/legal guardian is provided.
- Participants are only to be signed out by an individual listed as an authorized pick up person.
- All authorized pick up persons must be prepared to show picture identification at time of pick up.
- Authorized pick up persons must come into the facility to escort the participant from the afterschool site.

LATE PICK UP POLICY:

- All Afterschool programs close promptly at 6pm. Each participant must be picked up by 6pm. Please arrive on time or make other arrangements for on-time pick up.
- Participants not picked up by 6pm will be assessed a late fee of \$5 plus \$1 for each additional minute. Fees will be collected by the Rockingham County Parks and Recreation Department (not on site) and are unable to be auto debited with the monthly fee. Unpaid late pick-up fees can result in a monthly late fee if not paid promptly.
 - Example: Pick up at 6:05pm=\$10 late fee; Pick up at 6:20pm=\$25
- If a participant is not picked up by 6:05 p.m., Afterschool staff will call the parent. If the parent cannot be located, the emergency contact persons will be notified. In the event a child has not been picked up by 6:30 p.m. the Rockingham County Sheriff's Department will be contacted.

LATE PICK UP PENALTIES:

- 1st time: Late pick up fee assessed, verbal warning
- 2nd time: Late pick up fee assessed, written warning
- 3rd time: Late pick up fee assessed, 3-day suspension from program
- 4th time: Late pick up fee assessed, 1-week suspension from program
- 5th time: Termination from program

INCLEMENT WEATHER POLICY:

(Includes, but is not limited to: snow, tornado, power outage)

*If school is released early or closed due to weather there will be **NO** afterschool program

Updates can be found at:

- Radio station WSVA & Other local radio stations
- Rockingham County Parks and Recreation Facebook page
- Rockingham County Parks and Recreation Department Office 564-3160
- Emails may be sent to the ones on file



FOOD POLICY:

- The Afterschool program provides a light, healthy snack each afternoon.
- Please Note: If your child is allergic to certain foods, especially to nuts, it may be beneficial to provide your child with an additional snack in case they cannot eat the snack provided.

PROGRAM SCHEDULE:

The Afterschool program is open to children in grades Pre-K thru 5th grade. Due to the diversity of grade levels, our Afterschool environment recognizes that all children have different needs; therefore, we incorporate a variety of activities. Where possible, the participants are divided by age for appropriate activities. Typically, groups are divided by grade: Pre-K to 2nd grade and 3rd to 5th grade.

This schedule is an example of a typical day in the Afterschool program and is subject to change.

- 3:00-3:15pm Sign In: Get settled and divide groups
- 3:15-3:45pm Play Time: Active Games, Sports, Fun Fitness (Either in Gym or outdoors)
- 3:45-4:00pm Nutritional Time: Healthy Snacks (provided) and education
- 4:00-4:30pm Homework Time: for students with homework; **Quiet time:** for those students without homework
- 4:30-5:00pm Creative Time: supervised arts/crafts, drama or music
- 5:00-5:30pm Project time: task oriented activities for creativity or challenge skills
- 5:30-6:00pm Kids' Choice Time: Kids choose either creative, play or project time

ABOUT OUR STAFF:

Our primary concern is the safety and well-being of each child in the program. Staff is selected based on their educational background, experience and commitment to working with children. In addition, staff is required to have criminal history background check, as well as, training in policies and procedures, safety, child development, behavior management and recreation programming. In keeping with our commitment to safety, our staff is certified in First Aid and CPR. At least two staff members must be present at all times during hours of operation. Our staff to participant ratio will be no greater than 1:20 – most of the time our programs strive to exceed that standard with a ratio of 1:15.

CHILDREN'S DRESS CODE / PERSONAL BELONGINGS:

There is no specific dress requirement for Afterschool but we do ask that your child be dressed in comfortable and practical attire. Tennis shoes are recommended. Although very popular with young children, dress shoes, sandals and cowboy boots are not practical for play and outdoor activities. Children may be asked to sit out an activity because of unsafe/inappropriate footwear.

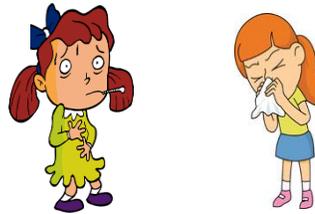
Please mark everything belonging to your child with your child's name. Children should not bring personal items to the Afterschool program, including toys, electronics, etc. Rockingham County Parks and Recreation will not be responsible for damage or lost items. If they have personal articles, they must be left in their backpack or given to the supervisor upon their arrival.

SICK CHILD & HYGIENE:

Please do not send an ill child to the Afterschool program. If your child was absent from school they cannot attend the Afterschool program. The following are recommendations from the Report of the Committee on Control of Infectious Diseases of the American Academy of Pediatrics.

A child will be excluded from the Afterschool Program when any of the following exists:

- Fever (should be free of fever for 24 hours without fever reducing medications)
- Vomiting or diarrhea (should be free of both for 24 hours before returning to school)
- Any symptom of the usual childhood diseases-scarlet fever, German measles, mumps, chicken pox, whooping cough
- Common cold at onset
- Sore throat
- Croup
- Lice
- Bed bugs
- Any unexplained rash
- Any skin infection – boils, ringworm, impetigo, scabies
- Pink eye and other eye infections



****Please notify the staff upon diagnosis of a contagious disease. We ask your cooperation in this matter so your child and others will be protected from illness and disease****

Any child that has a bathroom accident will be required to change clothes. The child must be able to clean and dress themselves independently. Should a child not have a change of clothes or cannot clean and dress themselves independently a parent will be called for immediate pick up for sanitation purposes.

MEDICATION:

- Medication Authorization form must be completed and signed by the parent/guardian if it is medically necessary for a participant to have medication on site. A separate form with a physician's signature This form will be kept in the child's records on site.
- Medications must be in the original container with the original, in date prescription label
- Medications are to be given to the site director by the parent or guardian with dosage instructions clearly indicated.
- All medications will remain in a locked container at the school.

A written log will be kept by after school staff detailing the dates and times medication was dispensed at school.

HEAD INJURY POLICY:

Due to the nature of severity at times with head injuries, if your child experiences a head injury of any kind you will be notified by phone immediately.

BEHAVIOR MANAGEMENT POLICY:

AFTERSCHOOL CODE OF CONDUCT:

- Show respect to all participants, staff and administration
- Refrain from causing harm to others (bodily and verbal)
- Refrain from using foul language
- Show respect of all property including equipment, supplies and facilities

Rockingham County Parks and Recreation reserves the right to call parents/guardians to pick up their child if the child is having difficulty functioning cooperatively with others, is unable to participate in group exercises, or is a threat to the safety of themselves or others.

If the techniques listed in our forms of Behavior Management used do not correct a child's behavior, then the child could be either suspended or permanently removed from our program with less than 24 hours' notice.

EXPECTATIONS OF PARENTS:

To ensure your child's success in the program and to benefit from their experience in our programs, we require that parents/guardians:

- Review this handbook's basic rules of safety and conduct
- Ensure that both you and your child are aware of and understand all rules and expectations
- Be aware that you may be contacted if your child continues to display poor behavior
- Understand the Behavior Management Policy

BEHAVIOR GUIDELINES FOR PARENTS:

*Not limited to the items below

- Address the staff respectfully and courteously
- Horseplay (physical or verbal), fighting, bullying, or rough behavior of any kind is not tolerated
- Use of profanity or obscene gestures will not be tolerated
- Parents are not permitted to address or reprimand another child while in our program
- Smoking and possession of alcoholic beverages or illegal substances are not permitted on the premises
- Dangerous toys or weapons (knives, firearms, sharp objects, etc.) are not permitted

BEHAVIOR GUIDELINES FOR KIDS:

1. Safety First
2. Keep all body parts to yourself
3. Respect others and their property
4. Use kind words
5. Follow instructions
6. Use inside voices
7. Staff are not to be climbed on
8. You mess it up, you clean it up
9. Have a positive attitude
10. Have fun



FORMS OF BEHAVIOR MANAGEMENT USED:

- Alternate Behavior Management Techniques: Positive Reinforcement/Natural Consequences, etc.
- Redirection
- Time Out
- Written Discipline Reports
- Written Behavior Plans

DISCIPLINE POLICY:

1st & 2nd Disciplinary Report=Warning

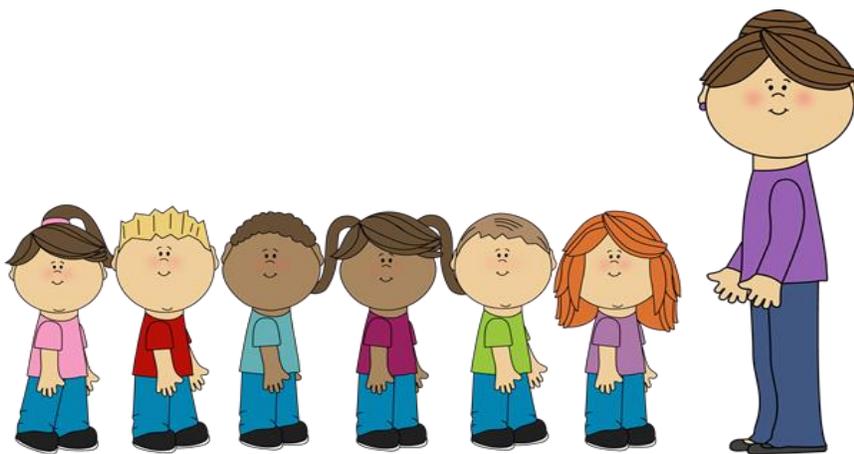
3rd Disciplinary Report=Parent Conference

4th Disciplinary Report=Suspension or Dismissal from the Program

*Your child may be suspended or dismissed from the program at any time if serious infractions of policy and procedures occur.

The following is a list of behaviors and incidents that will automatically be subject to immediate disciplinary action:

- Use of profanity
- Inappropriate touching
- Disregard for program rules or staff directions
- Disrespect for authority and other participants
- Displaying obscene gestures or inappropriate attire
- Possession of alcohol, drugs, drug paraphernalia or weapons
- Defacing property
- Theft or unauthorized possession of other participants, school or facility property
- Acts or threats of violence or bodily/physical harm directed towards staff or other participants



RCPR AFTERSCHOOL QUICK FACT INFORMATION SHEET



PAYMENT / LATE FEE INFO:

- Fees are due on the first business day of each month.
- Late fees will be assessed after the seventh business day of the month **NO EXCEPTIONS!**
1st late payment= \$15 late payment fee per child **3rd late payment**= \$30 late payment fee per child
2nd late payment= \$20 late payment fee per child **4th late payment** will result in termination from program
- New payment option for auto debit from your account, fill out information on the registration form.

EARLY RELEASE DAYS:

- The Afterschool Programs will be open from 1:00-6:00pm on early release days at no additional fee

TEACHER WORKDAYS & HOLIDAYS:

- Teacher Work Days & Holidays afterschool will be **CLOSED**

INCLEMENT WEATHER:

Information found on Local radio stations, Facebook, RCPR office and emails may be sent to the ones on file

- Early School Dismissal (**because of weather**): Afterschool programs are **closed**
- School Closed: Afterschool programs are **closed**

AFTERSCHOOL PHONE NUMBERS:

- Please call and leave a message on the Afterschool phone if child **will not be attending** on a scheduled day.

Cub Run	476-2916	John Wayland	476-2918	Ottobine	879-3406
Fulks Run	476-2919	Lacey Spring	578-1599	Peak View	476-2917
John C. Myers	271-1834	McGaheysville	476-1656	Pleasant Valley	578-6015
		Mountain View	578-6016		

REMINDER:

- Full monthly fees will be charged for December and March despite scheduled school breaks. To offset this we do not charge for August or June.
- If you need to increase/decrease the number of days per month your child will be attending the program, please contact the RCPR office at 564-3160. Changes must be made **before** the first day of the month.

DISCIPLINE POLICY:

1st & 2nd Disciplinary Report=Warning

3rd Disciplinary Report=Parent Conference

4th Disciplinary Report=Suspension or Dismissal from the Program



*Your child may be suspended or dismissed from the program at any time if serious infractions of policy and procedures occur. The following is a list of behaviors and incidents that will automatically be subject to immediate disciplinary action:

- Use of profanity
- Inappropriate touching
- Disregard for program rules or staff directions
- Disrespect for authority and other participants
- Displaying obscene gestures or inappropriate attire
- Possession of alcohol, drugs, drug paraphernalia or weapons
- Defacing property
- Theft or unauthorized possession of other participants, school or facility property
- Acts or threats of violence or bodily/physical harm directed towards staff or other participants

Rockingham County Parks and Recreation

Afterschool Withdrawal Request

Please submit to Parks and Recreation Office

Child(ren)'s Name(s): _____

After School Location: _____ Last Date of Attendance: _____

Do you plan to re-enroll?

Yes, Date: _____

No

Reason for withdrawal:

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____ Staff Initials: _____

Amount Due: _____

Removed from RecTrac

Site Notified

Additional Notes:

Rockingham County Parks & Recreation
 20 East Gay St. Harrisonburg, VA 22802
 540-564-3160 - 540-574-5179 (fax)
 www.rockinghamcountyva.gov/recreation



OFFICE USE ONLY	
Household Number: _____	
<input type="checkbox"/> Paid Registration	<input type="checkbox"/> In RecTrac System
<input type="checkbox"/> Installment Billing	<input type="checkbox"/> Auto Debit Billing

Afterschool Registration 2016-2017

- | | | | | |
|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Cub Run | <input type="checkbox"/> John C. Myers | <input type="checkbox"/> Lacey Spring | <input type="checkbox"/> Mountain View | <input type="checkbox"/> Peak View |
| <input type="checkbox"/> Fulks Run | <input type="checkbox"/> John Wayland | <input type="checkbox"/> McGaheysville | <input type="checkbox"/> Ottobine | <input type="checkbox"/> Pleasant Valley |

Parent/Guardian is responsible for contacting school with a note on the first day of attendance.

Afterschool Options

- 4 or 5 days/week (\$100/mo.)
 3 days/week (\$75/mo.)
 1 or 2 day/week (\$50/mo.)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Days will Vary

Date to Begin Program _____	<input type="checkbox"/> 5 Punch Pass Purchase (no registration fee required) Quantity per child _____
*Deadline to register for 1st day of school is August 16	
Child's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____ Grade Entering _____
Child's Address	Town _____ State _____ Zip _____

Parent/Guardian Information

Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian	
First Parent/Guardian Name	Primary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W Secondary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W
Address if different from child	Town _____ State _____ Zip _____
Email Address	Employer _____

Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian	
Second Parent/Guardian Name	Primary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W Secondary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W
Address if different from child	Town _____ State _____ Zip _____
Email Address	Employer _____

Child's Physician	Phone _____
List any serious or chronic medical conditions:	List any allergies child may have:
List daily medications:	

Emergency Contact Information - **Two people to contact if parents/guardians cannot be reached.**

First Emergency Contact Name (NOT PARENT) and Relationship	Primary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	Secondary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W
Second Emergency Contact Name (NOT PARENT) and Relationship	Primary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	Secondary Phone <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W

Person(s) authorized to pick up child (in addition to parents and emergency contacts)

Name(s)

Person(s) NOT authorized to pick up child. *Custody papers must be attached if parent is not allowed to pick up child*

Name(s)



Agreements

Medical

The parent/guardian authorizes the Afterschool Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent(s) guardian agree to inform the program within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

Release of Liability

I consent to my child's participation in the Afterschool Program sponsored by the Rockingham Parks and Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all injuries or losses which may be suffered because of my child's participation in the Afterschool Program.

Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Parks and Recreation website, social media and future advertisements. The child's name will not be used. YES NO

Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the Afterschool Parent Handbook and understand all policies and procedures outlined.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Emergency Alert for Allergic Reaction

*** FILL OUT ONLY IF CHILD HAS ALLERGIES ***

My child is at risk for a life-threatening allergic reaction

- Yes
- No

My child had his/her last reaction on the following date:

My Child has an allergic reaction to:

- Bees
- Latex
- Food (Please specify) _____
- Other _____

My child had the following symptoms during the reaction:

- Red, watery eyes
- Shortness of breath
- Coughing
- Swelling
- Hives
- Dizziness
- Nausea/Vomiting
- Runny nose
- Tightening of throat

Please check circumstances which reaction could occur:

- Skin contact
- Ingestion (eating allergen)
- Inhalation (breathing allergen)

Other _____

My child's allergy was identified through allergy testing:

- Yes
- No

If an allergic reaction would occur, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

- Administer medication – Name and dosage: _____
- Call 911 Immediately
- Call Physician

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction** If medication is necessary, please complete the Medication Authorization Form.**

Additional Notes:

Rockingham County Parks and Recreation Department Inclement Weather Form

In the event Rockingham County Public Schools are dismissed due to inclement weather, or any other unforeseen reason, Rockingham County Parks and Recreation Department Afterschool Program will **not** be open. Please assist your child's school in planning for such early dismissal days by completing the bottom of this letter. Please remember, due to the confusion and fast pace of activities that occur, your child's school is not able to call parents on early dismissal days.

Child's Name: _____ Grade: _____ Teacher: _____

School Attending: _____

In the event your child's school is unexpectedly dismissed early, the child listed above will:

Ride bus(s) number # _____ Address: _____

Name & Relationship (i.e., John Doe, Baby Sitter): _____

OR

Be picked up-Authorized person(s) for pick up:

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

3) Name: _____ Phone Number: _____

These parents or individuals can contact (the school) with any urgent questions on early dismissal days (please keep in mind, the school will only call if warranted by an urgent or emergency situation)

PARENT/GUARDIAN SIGNATURE _____ **Date:** _____

Additional Information

We look forward to getting to know your child. Any additional comments that we should be aware of that will provide valuable information for the Afterschool personnel:

***For office use only**

OFFICE USE ONLY:
HOUSEHOLD # _____

AUTOMATED DEBIT/CREDIT CARD PAYMENT AUTHORIZATION FORM

Child(ren) Names: _____

School: _____

Attendance:

4 or 5 days/week

3 days/week

1 or 2 day/week

Fill out the following information if you would like to have your Afterschool payments automatically deducted from your account. Payments will be processed on the **first business day of each month**. There are no additional charges or fees for using this service.

Name as it appears on card:

First:

Middle/Initial:

Last:

Card Information:

Visa - debit or credit card

MasterCard - debit or credit card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date _____ / _____ CVC Number (3 digit verification code on back of card) _____

Amount to be deducted monthly from my account \$ _____

Based on the information above, I (person responsible for making the account payments) authorize the Rockingham County Parks and Recreation Department to begin making charges to my debit/credit card for payments.

I will contact RCPR immediately in case of a change in my account information, or in the instance of my card being declined, both of which can result in a late fee charge. I understand that this form will expire at the end of the 2016-2017 school year.

SIGNATURE _____ Date: _____