



(541) 386-2055 / community.ed@hoodriver.k12.or.us

Dear Parents/Legal Guardians of Students,

The Prime Time After School Care Program is designed to provide safe, secure and consistent high quality after-school care for grades K-5. The program will consist of educational, recreational and social enrichment opportunities.

Included in this packet you will find all policies and procedures that are fundamental to HRCSD Prime Time. **Please fill out the attached forms completely. Sign, date and return to the primetime director, of the site where your child(ren) will attend, or to the Community Education office. If you complete this application during the summer please call the Community Education office for more information.** Completion of this paper work is mandatory.

Please Keep Policy Page For Reference.

Open enrollment continues through one week prior to first day of school. After that time frame you must speak with the school site director or the Community Education office your student will participate in to secure a spot.

Rates (there is a minimum 1.5 hour charge for each day attending Prime Time):

- There is a \$35.00 annual registration charge per child
- Base Rate: \$3.85 per hour
- If you have 2 or more children enrolled at Prime Time rate : \$3.50 per hour per child

SITE DIRECTORS:

May Street Elementary School: 2:10-5:30 p.m. 541-386-5826
Susan Lathrop- susan.lathrop@hoodriver.k12.or.us

Westside Elementary School: 2:10-5:30 p.m. 541-386-5827
Jason Carpenter - Jason.carpenter@hoodriver.k12.or.us

Email back to community.ed@hoodriver.k12.or.us, hand deliver this packet to your Site Director, or mail/deliver to: Community Education 1011 Eugene St, Hood River OR 97031

Sincerely,

Matt Rankin
Director, HRCSD Community Education

PRIME TIME PROGRAM – POLICIES & PROCEDURES

Please Read and Keep This Page

Purpose:

To provide safe, secure and consistent high quality after-school care for grades K-5. The program will consist of educational, recreational and social enrichment opportunities.

Operating Hours:

The program is open Monday-Friday on each day school is in session. The program does not operate on school vacations or other days when the schools are closed.

Inclement Weather: The program does not operate on days of school closures due to severe weather. **On days when a severe weather event forces an early closure, Prime Time will operate after school is released and close when the last student is picked up.**

PROCEDURES

- **Absences:** Call your Prime Time location if your child will be absent on a regularly scheduled day. Directors must be notified directly, by phone, in person, or via email, if your student is not attending on a scheduled day. Please communicate with us regarding changes in advance. **If you child is absent / does not attend Prime Time on a regularly scheduled day and we are not notified, you will be charged the minimum 1.5 hour charge per child.**
- **Missing Students:** Students are tracked by the Prime Time staff each day. If your child is scheduled to attend but does not check-in, our staff will communicate with the school and parents to identify the whereabouts of your child. The security of your student after school takes our immediate and foremost attention.
- **Enrollment:** Forms must be completed prior to 1st day of program. **Your enrollment is not official until you have confirmed with your director that space is available for your child.**
- **Health and Illness:** Students who are ill and are not in school will not be allowed in the Prime Time program. If a student becomes ill at Prime Time, the parent will be notified and asked to pick up the student immediately.
- **Insurance:** Parents are encouraged to carry medical insurance which will cover their student or students in the event of an accident at school. A liability release form must be signed by the parent or guardian before the student can participate in the program.
- **Check-in and check-out Procedure:** At the end of the program each day, students shall leave the premises only with the parent(s) and/or authorized person. Parent(s)/authorized person are to pick up their student **inside** the building and must check-out the child each day. Parents need to contact the Program Director if someone other than any authorized person will be picking up their student.
- **Late check-out Procedure:** The Prime Time program ends at 5:30 p.m. If you arrive later than the scheduled ending time to pick up your child, you may be charged a late fee.

Payment Procedure:

You may elect to have your payments made via credit card automatically once a month. You will be emailed a receipt the day of payment. Please contact the community Education office or fill out the form included in this packet. If you do not choose recurring payments, invoices will be emailed on the 5th and the 20th of the month. **If you have not made a payment over a 2-month window your child can be removed from the program.** If you have trouble making payments or need assistance, please contact the Community Education office. Communication with our office is **critical** if you fall behind in payments / need assistance.

Payments:

- All cash payments are made directly to the Program Director or Community Education office. All cash transactions must be receipted – please ask for a receipt.
- All checks must be made out to Community Education Prime Time. You can leave them with the director or mail/bring them to the Community Ed office at: **1011 Eugene St, Hood River, OR 97031**
- You may request automatic billing to a credit or debit card. A form is included in this packet or contact Community Education to have your card placed on file with them.
- You may also logon to the SACC system and pay with a credit card. This is **not** the same system used for registration for other Community Education classes.
<https://hoodriver.sacc.rschoolday.com/public/home> . Email community.ed@hoodriver.k12.or.us to get set up with a username and password if you do not already have one. Once you have logged in, enter the family accounts tab and select *payments*.
- A Late Payment fee of \$25 may be charged to accounts with outstanding balances over 60 days.
Additionally, if you have not made a payment over a 60-day period your child can be removed from the program.
- If you have an outstanding balance with HRCSD Community Education, you cannot register your child for prime time.

The Tax ID # is 93-6000502.

Student & Guardian Information

For internal use only
Date Application Received/ By _____/_____
Date student accepted _____

Please check one of the following:

- ❖ **Full time:** _____ **Days needed: Mon - Fri**
- ❖ **Part Time: Days** ___ **Mon.** ___ **Tues** ___ **Wed** ___ **Thurs** ___ **Fri:**
- ❖ **Occasionally:** ___ *Pre-arranged with site director*

First date your student(s) will attend Prime Time: _____

School attending: _____

Student Name: _____ Gender: _____ Grade _____ Date of Birth _____

Student Name: _____ Gender: _____ Grade _____ Date of Birth _____

Student Name: _____ Gender: _____ Grade _____ Date of Birth _____

Home Phone: _____ Cell Phone: _____

Address: _____

Please provide as many contact numbers as possible. We may need to contact you in the event of an emergency.

Parent/Guardian 1 Name(s): _____

Parent 1 Cell # _____

Parent 1 Work # _____

Parent 1 E-mail _____

Parent/Guardian 2 Name(s): _____

Parent 2 Cell # _____

Parent 2 Work # _____

Parent 2 E-mail _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY:

1. Name: _____ Daytime Phone: _____

2. Name: _____ Daytime Phone: _____

Persons permitted to remove student:

Mother: Yes ___ No ___ Father: Yes ___ No ___

If you checked NO, we will need a legal document that indicates parental exclusion.

Other Persons:

- Name: _____ Daytime Phone: _____
- Name: _____ Daytime Phone: _____
- Name: _____ Daytime Phone: _____
- Name: _____ Daytime Phone: _____

If any of the above persons do not ordinarily pick up your student, he or she will be asked to show identification

Liability Waiver

I understand that participation in Prime Time is not required. Prime Time is voluntary and will expose my child/student to risks of injuries. I understand that participation in the Activity, involves a certain element of risk. I understand that any transportation during and participation in the Activity will expose Student to risks of injuries. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to Student, his/her property, and other persons.**

In consideration for providing Student the opportunity to participate in the Activity, fully recognizing the dangers and hazards inherent in participating in the above mentioned Activity and any related transportation to and from Activity events, **both Student and I voluntarily agree to waive and discharge any and all claims against the Hood River County School District and release it from liability**, up to and including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to our property, or losses of any kind which may result from or in connection with Student=s participation in the Activity, up to and including injuries stemming from the negligent actions of the District or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Student.**

In the event that Student may require emergency medical treatment while participating in the Activity, I authorize the District and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs. This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

Signature of Parent/Guardian _____ Date: _____

Printed Name of Parent/Guardian _____

Medical Information:

Known allergies (drug or natural) _____

Special medication being taken _____

Date of last tetanus shot _____

History of serious medical conditions _____

Any physical restrictions _____

Other conditions _____

Family Doctor _____

Insurance Company Name: _____ Policy #: _____

Does your child have any special factors or special supports that we need to consider when placing him/her in the Primetime program (e.g. IEP, 504, behavioral challenges, medical condition, etc.)?

yes _____ no _____

If yes, please

explain: _____

Does your child receive additional support during the regular instructional day?

yes _____ no _____

If yes, please

explain: _____

Please initial below to verify that you have read and understand this information

- _____ Absences: Call Prime Time if your child will be absent on a regularly scheduled day. 24 hour notice is required to avoid a minimum charge.
- _____ Inclement Weather: The program does not operate on days of school closures due to severe weather. **On days when a severe weather event forces an early closure, Prime Time will operate after school is released and close when the last student is picked up.**
- _____ I give permission for my child to walk home or to sport practice following their release from Prime Time when arranged with the director.
- _____ Prime time has permission to use your child's photo in such publications as monthly newsletters, the Community Ed Facebook page or the Community Ed catalog.
- _____ Prime Time staff may treat your child with Neosporin or Bandaid "hurt-free" wash?
- _____ I understand that **if there is an outstanding balance over 60 days on my account**, a late payment fee of \$25 may be charged to my account and/or my child / children may be removed from the program.

PRIME TIME CODE OF CONDUCT - CONTRACT

Rules:

1. Be kind to other people. Do not exclude others from play.
2. Always respect the feelings of others. Make only positive comments.
3. Share equipment and toys with others.
4. Respect other people's belongings. Treat their things as you would want them to treat yours.
5. Listen to others when they talk.
6. Only an adult can move tables or other furnishings.
7. If you want to go outside to play, always ask permission first.
8. Be safe and organized when playing. Running inside not allowed unless it is part of the supervised activity.
9. Have fun, but remember that all school rules apply at Prime Time.
10. Harming other students is considered a **major infraction**. Hitting, kicking, pushing, spitting and throwing things are not allowed.

Consequences: Prime Time follows Positive Behavior Intervention and Support (PBIS) along with the Hood River County school district.

Levels of communication include:

- 1) Verbal communication with Prime Time staff or directors with Parents regarding child behavior
- 2) Written report of child behavior requiring parent signature.
- 3) Parent meeting with site and HRCE director to address behavior issues.

Prime time is not a compulsory education program and we reserve the right to remove children whose behavior is problematic.

Recurring Payment Request

Name on Card

Child/ren name

Billing address if different from mailing address:

circle one: Visa Mastercard

____-____-____-____
Number

____/____
expiration date

- Please bill my above credit card on the 5th of each month for my child's prime time
- Please bill by above card on the _____ of each month for my child's prime time.

Signature

Date
