



# ALP afterschool leadership program

## 2019-20 School Year -McNair

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### Locations and Hours

ALP is held at McNair Middle School cafeteria. ALP operates Monday through Friday from 3:00 pm to 6:00 pm.

### Registration

Registration must be completed at the Boys & Girls Club business desk prior to your child attending the program. Business office hours are Monday-Friday 10:00 am to 6:00 pm and Saturday 9:00 am to 1:00 pm.

### Daily Activities

Children will participate in PowerHour (homework help) and other Boys & Girls Club programs such as: Money Matters (financial literacy), Torch Club (small group leadership), Club Tech (technology training), and more. A snack is provided daily along with outside activities. Lesson plans and activities vary based on the students' interest.

### Field Trips

Field trips are usually taken once a month. A schedule will be posted giving the time and location of all field trips.

### Fees

All participants must have a membership to the Donald W. Reynolds Boys and Girls Club that will remain active for the duration of the program and pay a yearly ALP registration fee. Student Memberships are \$60 and the ALP registration fee is \$30 per year.

Full time tuition is \$155 per month. A drop-in rate of \$50 per month is also available for those attending 5 or fewer days per month.

A late pick-up fee of \$1 per minute will be imposed after 6:00 pm. Late fee is due upon parents arrival.

### Payments

Tuition payments are due by the 6th of the month in which your child is enrolled. If the payment has not been received by the 6th, the student's account will be charged their normal rate plus a \$20 late fee.

An auto draft option is available and strongly encouraged and can be set up through the business office at the time of registration. All auto draft payments are processed on the 6th (or following business day) of each month.

Payments can be made at the Boys & Girls Club business desk, over the phone with a debit/credit card, through our website, or mailed to the Club. Please mail to ATTN: ALP at the address below.

### Contact Information

For more information contact Cianta Thomas, SKC Assistant Director, at 479-442-2156 or by email at [cianta@fayettevillekids.org](mailto:cianta@fayettevillekids.org)



# **AFTERSCHOOL LEADERSHIP PROGRAM (ALP) POLICY MANUAL 2018-2019 SCHOOL YEAR**

## **Philosophy**

Our philosophy is to accept each child for who they are as an individual and to be aware that factors in their environment help to shape their attitude, behavior, and personality.

We believe that in order to properly care for children we must encourage a mutual trust that will allow us to better know each child. The cornerstone of developing that trust is to treat every child with respect and love. We believe in enhancing a child's self-esteem through positive, caring attention and communication.

## **Payment policies**

Tuition payments are due by the 6th of the month in which your child is enrolled. If the payment has not been received by the 6th, the student's account will be charged their normal rate plus a \$20 late fee. You have until the last business day of the month to change the student's attendance status (Ex. full time to part time) for the upcoming month.

## **Refund policy**

Because we are a licensed program, we maintain a child/staff ratio based on the number of children registered for ALP. Therefore, we cannot issue refunds for tuition due to lack of attendance. Membership and registration fees are also non-refundable.

## **Returned check policy**

All returned checks are sent from our bank directly to CheckAlert USA for collection. We **do not** collect any funds for insufficient checks at the Club or ALP sites.

CheckAlert can be contacted by phone Monday-Friday from 8:30 a.m. to 5:00 p.m. at (501) 227-5141.

## **Hours of operation**

ALP operates Monday-Friday from 2:45 p.m. to 6:00 p.m.

## **Snack**

Snacks will be served in the afternoon. We will offer a substitute if a child has a food allergy or has special needs.

## **Sickness**

Children with a contagious sickness will not be allowed to attend ALP until they are well. Children suffering from vomiting or fever should not attend within 24 hours of their last episode of vomiting or fever. Children who develop a fever or illness during the day will need to be picked up, for the health and safety of all the children who attend ALP.

Children with head lice will need to be picked up immediately. They will not be able to attend until 24 hours after they have been treated with Nix or other head lice shampoo.

## **Medicine**

Donald W. Reynolds Boys & Girls Club Afterschool Leadership Program will not be responsible for any medication, or the administration of medication.

School age children may apply sunscreen to themselves with supervision. If authorization is given by parent, spray sunscreen will be applied as needed.

## **Discipline policy**

We use a "time-in" method for minor offenses or if we feel a child needs a break from an activity or situation. Time-in involves redirecting a child to another area or activity as to avoid behavior problems. We feel this method is highly effective in teaching children to monitor some of their own feelings and behavior.

If the situation requires more than redirection, the child will be directed to a cool down area for a time no longer than a minute per age. We stress to our children that this is not punishment. It is simply a time for them to sit out and regain self-control.

If discipline is required three or more times per day, the parent will be notified. Documentation of the incidents will be recorded. One copy of the documentation will be given to the parent and another copy of it will be retained in the child's records. Excessive behavior problems and discipline will result in the child being suspended or removed from ALP.

We believe in open communication with parents involving their child's behavior. Because we feel that a child needs consistency at home, school and ALP, we will always strive to make you aware of any problems as soon as possible so we can work these out together.

## **Sign-In/Out Policy**

Parents or guardians must sign in and sign out on the sign-in/out form each day to check their child in/out of the program. Only those names submitted on the application are authorized to pick up a child unless prior written permission is given to us by the parent or guardian. Written permission must include the Household ID number for verification.

If an unauthorized person attempts to pick up your child, the staff will contact you by telephone if possible. If a staff person cannot reach you, the child will remain at ALP until an authorized person comes to pick them up.

\*\*For the children's protection, we will require a photo ID from anyone the staff does not recognize. Please be aware of this when you send someone else to pick up your child. \*\*

It is very important that our staff have current information on each child. Please provide updated information for anything that changes (example: work phone number, pick up information, etc.).

**A late fee of \$1.00 per minute is required for every minute past the pick-up time of 6:00pm.**

If a parent/guardian is continually late for pick up we are mandated to report to the proper authorities (Examples: local law enforcement and DHS)

## **Absences**

It is not necessary to call if your child will be absent for the day. There will be no refunds for absences.

### **Accidents or injury**

The Donald W. Reynolds Boys & Girls Club provides a secondary “accident” insurance policy with a \$50 deductible to assist each participant in the case of injuries incurred during ALP.

In case of an accident or injury that requires medical attention we will need you to provide the following to file a claim:

- Itemized bills from doctor, dentist, hospital, etc.
- Signed insurance form provided by the Boys & Girls Club.

### **Mandatory reporting of child abuse and neglect**

As a licensed child care center our first concern is the well-being of the children we care for. We are obligated to report suspected child abuse or neglect. For that reason we will cooperate with our state licensing agent in any investigation.

During state investigations children may be subject to interviews by licensing staff, child maltreatment investigators, or law enforcement officials for the purpose of determining compliance or for investigative purposes. Child interviews do not require parental consent or notice.

### **A Note from the Staff**

We welcome and encourage an open door policy with our regulatory agencies and parents as well, to ensure that we are meeting the needs of the children we serve.

We want to provide the best care possible for your child. In an effort to do this, we ask that you notify us of significant changes or traumas in your child’s life. This enables us to help children on an individual basis and to avoid negative behaviors that may occur as the result of a child going through difficulty.

We hope your child enjoys Afterschool Leadership Program. Please feel free to ask any questions or voice concerns to myself or staff. We want to work with you to make your child’s time here pleasant and productive. We look forward to a great school year!

Sincerely,

Glenda Deffebaugh  
Director of Youth & Family Programs

Cianta Thomas  
ALP Assistant Director



# ALP School Year Application

## Business Desk Hours

- Monday - Friday 10am to 6pm
- Saturday 9am to 1pm

Household ID # \_\_\_\_\_

Full Time (10 or more days per month)  
 Part Time (6 to 9 days per month)  
 Drop In (5 or fewer days per month)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Parents/Guardians \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's/Guardian's Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Work # \_\_\_\_\_ Mobile # \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's/Guardian's Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Work # \_\_\_\_\_ Mobile # \_\_\_\_\_ E-Mail \_\_\_\_\_

### Medical Information

**\*State Licensing requires this information\***

Physician \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

Food Allergies:  Yes  No Please List: \_\_\_\_\_

Additional Allergies \_\_\_\_\_

Special Needs; Physical or emotional concerns child may have \_\_\_\_\_

Other Conditions \_\_\_\_\_

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

### Emergency Contact Information

Name of person to call if parents cannot be reached: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, And Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Consent for Emergency Medical Care

I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child) do hereby request and give consent to the Donald W. Reynolds Boys and Girls Club, SKC program director, or a duly appointed representative, for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parent/guardian cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Please see reverse side →



### Business Desk Hours

- Monday - Friday 10am to 6pm
- Saturday 9am to 1pm

**List all other adults who are authorized to take the child from the center**

|                        |                       |                       |
|------------------------|-----------------------|-----------------------|
| _____<br>Name          | _____<br>Relationship | _____<br>Phone Number |
| Parent Signature _____ |                       | Date _____            |

I have received and read the ALP policy manual.

\_\_\_\_\_  
Parent/Guardian Signature

Would you like for ALP to administer sunscreen as needed?  Yes  No

Please feel free to share additional information about your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT COMPLETE THIS SECTION. THIS SPACE IS FOR SKC STAFF USE ONLY.**

ALP Registration Fee Current: YES / NO Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Membership Active: YES / NO Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email Address Recorded: YES / NO

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECKED BY: \_\_\_\_\_



**BOYS & GIRLS CLUB  
OF FAYETTEVILLE**

**Guidelines for Administration of Medication**

Medications should be administered to students by their parents/guardians at home whenever possible. Staff members are not permitted to administer medication to students. Students may self-administer medications during Summer Programs, providing the following guidelines have been met.

- A parent/guardian must provide written consent for any *over-the-counter* (OTC) **and** *prescription medications* completing a "Authorization to Self-Administer Medication" (ASM) form.
- **All** medications supplied by the parent/guardian, including *Emergency Medications*, must be provided in their original containers, clearly labeled with the name of the child, the name and dosage of the medication, method of dispensation, and time of day to be given. *Prescription medications* must also contain the name of the prescribing physician, pharmacy name, address and phone number.
- A first dosage of all medications (except EpiPen) must have been given to the student without any problems.
- **Self-administration** means a student is able to consume or apply medication in a manner directed and written by the prescribing doctor and the parent/guardian without additional assistance or direction. It is the responsibility of the licensed prescriber and the parent/guardian to determine the capability of the student to carry and successfully administer the prescribed medication.
- Students may carry and self-administer a Metered Dose Inhaler or Dry Powder Inhaler if parent gives permission on the ASM form.
- If your child has severe allergies that require Emergency Epinephrine Auto Injector or Benadryl please complete EpiPen Authorization and Emergency Treatment form, giving staff members permission to administer these medications in emergency situations.
- All medications to be administered during the enrolled summer program shall be kept in a secure location **unless** the student is able and has written authorization to personally carry it with them as stated above.
- The Boys & Girls Club of Fayetteville reserves the right to withdraw permission to possess and self-administer medications if it is determined that the student has abused the privilege of possession or that the student is not safely and/or effectively self-administering the medication.
- Medications must be brought to the summer program by a parent/guardian and the parent/guardian must pick up any remaining medications at the end of the summer program. Medications not picked up by the last day of the summer program will be disposed of properly.









**BOYS & GIRLS CLUB  
OF FAYETTEVILLE**

**EpiPen & Antihistamine Authorization and Emergency Treatment Form**

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SEVERE ALLERGY TO: \_\_\_\_\_

**MILD SYMPTOMS**

**If student experiences mild symptoms:**

- *several hives, itchy skin, itchy red watery eyes or nasal symptoms OR*
- *an ingestion or sting is suspected*

**Treatment Steps:**

1. Give \_\_\_\_\_ of \_\_\_\_\_ by mouth.  
(amount and dosage) (antihistamine)
2. Contact the parent or emergency contact person.
3. If exposed - have child wash face, hands and exposed area.
4. Stay with the student; keep student quiet, monitor symptoms, until parent arrives.

**Watch student for more serious symptoms listed below.**

**SEVERE SYMPTOMS**

**If student experiences severe symptoms (which can progress and cause a life threatening reaction):**

- Hives spreading over the body
- Wheezing, difficulty swallowing/breathing, swelling (face, neck), tingling/swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness

**Treatment Steps:**

1. Give: **EpiPen Jr. or EpiPen** immediately.  
Place against upper outer thigh, through clothing if necessary.
2. **CALL 911** (or local emergency response team) immediately.
3. EpiPen only lasts 20-30 minutes.  
**\*\*Paramedics should always be called if EpiPen is given\*\***
4. Contact parents or emergency contact person. If parents are unavailable, Boys & Girls Club personnel should accompany the child to hospital.

**Directions for use of EpiPen:**

1. Pull off gray cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, and then remove.
5. Discard EpiPen by giving it to emergency care responder.

\*\* If symptoms don't improve after \_\_\_\_\_ minutes, administer second dose, following steps 1-5.

I hereby authorize Boys & Girls Club personnel to administer emergency epinephrine injections. *I understand that emergency medical services (EMS) will always be called when epinephrine is given.*

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



