

Registration Packet





West Irondequoit CSD Community Education
260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

WICSD Community Education Eagles Care

The West Irondequoit CSD Community Education Eagle's Care is designed to provide students with professional, nurturing care in an educational setting that provides age-appropriate activities, academic enrichment, and recreation.

Our program is open to students in grades kindergarten to grade 6 and is housed at two locations. The location the student attends is based on the child's home school. The two locations are listed below.

Iroquois Middle School
150 Colebrook Drive
Rochester, NY 14617

Rogers Middle School
219 Northfield Drive
Rochester, NY 14617

Morning hours 7:00 am until the start of school, includes quiet socialization, homework, & board games.

Afternoon hours dismissal until 6:00 pm includes snacks, recreation inside & outside (depending on weather), homework, computer time, arts & crafts, & board games.

We strive to make the Eagle's Care program available to a diverse student population. Availability in the program is based upon individual student needs and staffing levels so we can provide the appropriate adult to student ratio and support.

Attached is all the information needed to enroll your child in the West Irondequoit CSD Community Education Eagle's Care program. Please make sure that you read and understand all our policies and procedures before signing.

If you have any concerns or questions, please feel free to call our office at 585.336.3014

We look forward to serving your family.

Sincerely,

Katie Tytler

Director of Community Education



West Irondequoit CSD Community Education
260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

WICSD Community Education Eagle's Care Policies and Procedures

1. **Parent Visitation:** We welcome a scheduled visit with the Eagle's Care Coordinator.
2. **Registration:** Please complete all attached forms. Submit completed forms **by mail** to the WICSD Community Education office at 260 Cooper Rd. 14617, **in-person** at the district office at 321 List Ave. 14617, or **by email** to tiffany_robinson@westiron.monroe.edu
 - If you are registering **before** the start of the school year a \$50 non-refundable registration fee is required. The deposit will be applied to your first payment. Once the school year has begun, registration requires full payment from the time of your child's start date.
3. **Payments**
 - This is a full month program with no option for certain days of the week (you can choose to not attend certain days, but we do not pro-rate)
 - There is a 10% discount off of the total of two or more children in one family.
 - Invoices will be emailed mid-month and all payments are due on the first of the month.
 - There is a late fee of \$50 after the 15th of the month. Any account more than 30 days overdue will result in your child's dismissal from the program.
 - There is a \$20 bank fee for any bounced checks.
 - Payments can be made by phone at 585.336.3014, by mail to 260 Cooper rd. 14617 Attn. Community Ed., or in-person at 321 List Ave. 14617
4. **Transportation:**
 - Arrangements must be made with the WICSD Transportation department for busing needs. WICSD Transportation can be reached at 585.336.2992.
5. **Holiday and Weather Closings:**
 - We follow the WICSD school calendar and closing procedures. If schools are closed the program is also closed.



6. Attendance:

- If your child will not be attending his/her after school program, please call the Eagle's Care Coordinator 585.336.0622.
- If your child is absent from school, he/she may not be dropped off to attend the Eagle's Care program.

7. Pick Up: WICSD Community Education Eagle's Care will not release a child to anyone other than the parent/guardian unless the person is listed on the Pick-Up Permission form (included in this packet).

- Any person picking up a child must show a valid Id.
- If there is any doubt or the child refuses to leave with a person, we reserve the right to call the parent/guardian before allowing the child to leave.
- A \$10 late fee will be charged for each 15-minute interval that you arrive late (i.e., 6:01 – 6:15 pm)

8. Emergency Medical Treatment: In the case of an emergency requiring medical treatment, the procedure is as follows; the lead teacher is responsible for notifying parents, and/or calling for emergency help, in the following order (depending on the severity of illness or injury):

1. 911
2. Parent/Guardian
3. WICSD Contact Nurse (if needed)
4. Director of Community Education

The Staff member will stay with the ill or injured child until emergency personnel arrives. Emergency Medical Treatment, Transport, and Child's Medical forms (included in this packet) will accompany the child. A staff member will contact any backup staff, if needed.

9. Suspected Child Abuse: The WICSD Community Education Eagle's Care program employees are mandated by state licensing regulations to report any suspected child abuse or neglect.

10. Behavior: The WICSD Community Education Eagle's Care program's goal is to ensure the safety of every child and every staff member.

Any child's language or behavior that includes but is not limited to the following:

- Blatant rudeness, defiance of authority, or failure to follow instructions.
- Refusing to remain with the group or running away from staff.
- Leaving the group without permission.



- Inappropriate/offensive language, that includes but is not limited to foul/abusive language directed at others.
- Purposely defacing or stealing the property of others or property of the school district.
- Fighting by physical or verbal means, including any form of bullying.
- Intentionally injuring another child, causing undue emotional distress.
- Bringing or using illegal substances or items.

Will result in the child being separated from the group, a “time out” period will be initiated. The time limit may vary based on the child’s age and/or situation. During this period, the child will be under the supervision of a staff member. The reason(s) for the child being separated from the group will be explained to the child in a calm, productive manner. Repeated need for “time outs” will be communicated to parents. Serious infractions, or continual behavior issues will be addressed to parents by the Site Coordinator and the Director of Community Education to identify possible solutions, in which case your child may be suspended or asked to leave the program.

The staff will use acceptable techniques and approaches to help the child solve problems. These techniques include:

- Redirecting a child to an alternate activity.
- Praising acceptable behavior.
- Encouraging the child to communicate his/her feelings.
- Being an example for children by speaking and interacting with them in a positive manner.

To assist your child in maintaining appropriate behavior while upholding our commitment to providing childcare that embodies the West Irondequoit CSD values of respect, responsibility, and safety, these behavior highlights are deemed necessary.

It is our hope that together, we can adequately resolve any situation and avoid any incidents that compromise the integrity and safety of the Eagle’s Care program.

Please retain these policy pages for your records.

Please sign and return the following page verifying you understand these important policies with your registration packet.



West Irondequoit CSD Community Education

260 Cooper Road

Rochester, New York 14617

Telephone: (585) 336-3014

Fax: (585) 336-3154

www.westirondequoit.org

**Please Sign Below to Verify That You Understand
WICSD Community Education Eagle's Care
Policies & Procedures**



Child(ren)'s Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



West Irondequoit CSD Community Education
260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

Community Education Eagle's Care Registration Form

Please submit the completed form to Community Education at the address above. There is a \$50 non-refundable deposit if registering **before the start** of the school year, the deposit will be applied to your first payment. If registering **once the school year has begun**, registration requires full payment from the time of your child's start date. *If your child requires transportation an application with the District Transportation department **MUST** be completed each school year and provided to the District Office.*

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

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Child's Home School: _____

Choose time that your child will be attending: AM PM Both



West Irondequoit CSD Community Education
 260 Cooper Road
 Rochester, New York 14617
 Telephone: (585) 336-3014
 Fax: (585) 336-3154
www.westirondequoit.org

Student Information / Emergency Contact Form

1. Student Information:	
Student Name:	Grade:
Student Address:	
Home Phone:	
Student lives with:	
Student has IEP: Yes No	No student will be excluded based on their disability
Student has 504 Plan: Yes No	

2. Home Contact Information:	
Home Contact # 1:	
Name:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Employer:
Email:	
Home Contact # 2	
Name:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Employer:
Email:	

3. Emergency Contact Information (if home contacts are not available)	
Name:	Relationship:
Daytime Phone:	
Name:	Relationship:
Daytime Phone:	
Name:	Relationship:
Daytime Phone:	

4. Medical Information	
Physician's Name:	Medical Concerns:
Office Phone:	
Insurance:	



West Irondequoit CSD Community Education

260 Cooper Road

Rochester, New York 14617

Telephone: (585) 336-3014

Fax: (585) 336-3154

www.westirondequoit.org

WICSD Community Education Eagle's Care Pick-Up Permission Form

Child's Name: _____

If I _____ am unable to pick my child up, the following people are
(Parent/Guardian Name) authorized to pick him/her up:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____



West Irondequoit CSD Community Education
260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

Community Education Eagle's Care Permission for Emergency Transport and Medical Treatment

Child's Name: _____ Age: _____

I authorize Community Education Eagle's Care staff to obtain emergency transportation for my child should the need arise, and I am not able to transport him/her myself.

Signed: _____

Date: _____

I authorize the hospital staff to start emergency medical treatment as they deem it necessary for my child should he/she be brought there by the staff of Eagle's Care or via emergency transport.

Signed: _____

Date: _____



West Irondequoit CSD Community Education

260 Cooper Road

Rochester, New York 14617

Phone: (585) 336-3014

Fax: (585) 336 - 3154

westirondequoit.org

Parent/Guardian and Health Care Provider's Authorization for Administration of Medication

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

A. To be completed by Parent/Guardian:

I request that my child receive the medication as prescribed below. The medication must be delivered to the program site supervisor by parent/guardian in the properly labeled original container from the pharmacy. I understand that a staff person will administer the medication and that this request must be renewed annually or whenever there is a change in the original prescription.

Parent/Guardian Signature: _____

Address: _____

Home Phone: _____ Work Phone: _____ Date: _____

B. To be completed by Health Care Provider:

I request that my patient as listed below, receive the following medication:

Student Name: _____ Date of Birth: _____

Diagnosis _____

Medication _____

Prescribed dosage, frequency, and route of administration: _____

Time to be taken during program hours: _____ Duration of Treatment: _____

Possible side effects/adverse reactions: _____

Other Recommendations: _____

Name of Health Care Provider (please print): _____

Address: _____

Health Care Providers Signature: _____



West Irondequoit CSD Community Education
260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

Parent/Guardian & Healthcare Provider's Request for Student Self Medication & Self Medication Release Form

This form should be completed and signed by both parent/guardian and the child's healthcare provider.

Student Name: _____ Age: _____

School: _____ Grade: _____

The above-named child has been instructed in and understands purpose and appropriate method and frequency of use of the following medication and procedures:

Name of Medication: _____

Medication Procedures: _____

Amount: _____

Parent/Guardian and healthcare provider request that the child be permitted to carry on his/her person and to self-administer. He/she understands the purpose of the medication, the appropriate method of administration and the prescribed frequency of use. He/she will assume responsibility for complying with all proper procedures. These procedures must be followed, or the privilege will be rescinded.

Parent/Guardian

Healthcare Provider

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please Note: This form must be completed in addition to routine district medication forms for those students who request permission to carry their own medication on campus.