

**Holden R-III School District**

# **DAY PLUS**

**Before and After School Program**

**Pre-K-5<sup>th</sup> Grade**

**2025-2026 Handbook & Enrollment Forms**



**1903 S Market St. Holden, MO 64040**

**816-850-4444, ext. 3023**

**[areed@holdenschools.org](mailto:areed@holdenschools.org)**

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## Welcome to Day Plus

Dear Parents/Guardians,

Welcome to Day Plus! Thank you for choosing our program for your family. This handbook has been compiled to explain our Day Plus program, philosophy, and policies. Please read through carefully and retain for future reference.

Day Plus is a before and after school program designed to provide a safe, relaxed, and enjoyable environment for school-aged students. Day Plus is structured to address the interests and development levels of students in preschool through 5<sup>th</sup> grade. Because the program is based on choices, students gain independence and have the freedom to learn more about what interests them. Day Plus encourages choices from a variety of fun, hands-on, age-appropriate activities.

Day Plus provides instruction in a variety of activities that promote life skills such as teamwork, problem solving, and creativity. Positive leadership is encouraged and taught, empowering students. Students are encouraged to empathize and respect one another. Character building is essential. Positive role modeling and respect for one another is encouraged to build a caring community within our program.

We want to provide you with dependable, flexible, affordable, and quality care, improving always in what we have to offer you and your student(s). Students already spend many hours in a structured, adult-directed setting. Before or after school, students need time to relax, stretch their bodies as well as their minds, explore their own interests, and make independent choices. Students can "shine" in ways that go beyond school performance.

We welcome your feedback and will ask for your comments or suggestions throughout the school year on how we can better serve you and your family. In the meantime, please don't hesitate to come to me or any staff member with concerns.

Ashley Reed  
Day Plus Director  
Email: areed@holdenschools.org  
Day Plus Office 816-850-4444 Ext. 3023 (wait for prompts)

## **DAY PLUS PROGRAM OVERVIEW**

Day Plus provides before school, after school, and full day service at the Holden Elementary School. The program has a Director who is responsible for daily program operations and is directly supervised by the building administration. The program is fee-based with weekly fees covering all operating costs. Day Plus voluntarily meets Missouri licensure guidelines as an exempt-from-licensure provider and provides state-subsidized care for qualifying families. Day Plus supports, expands, and enriches the school day through social, recreational, and life skills development opportunities.

### **PHILOSOPHY**

The Holden R-III School District is committed to enhancing the overall well-being of our students. Day Plus is designed to both enrich and complement the students' school experience. We strive to meet the needs of working parents and provide care in a fun, learning atmosphere for (Pre-K- 5<sup>th</sup> grade). Day Plus provides students with experiences that enrich and enhance each student's cognitive, social-emotional, physical, and language development. Within the daily schedule, students will have opportunities to create, explore, and investigate through problem-solving, personal interaction skills, and hands-on experiences. We offer opportunities for group activities as well as solitary activities.

### **STATEMENT OF GOALS**

1. To create a relaxed, trusting, environment that is reflective of a home life atmosphere. Students are encouraged to pursue their own interests and develop friendships. We encourage them to grow in confidence, independence, and respect for themselves as well as others.
2. To provide a caring staff who show genuine respect for the students and have confidence in each student's potential and promote each student's individualism and self-esteem.
3. To create a stable environment that is inviting, comfortable, attractive, orderly, manageable by the students, and a happy, exciting place.
4. To provide students with a variety of developmentally appropriate activities, including expressive art, construction, active play, sports, games, dramatic play, science, cooking, crafts, and reading.
5. To frame a schedule that allows time for each student to observe, reflect, and become absorbed in activities according to their own interests and talents.
6. To give individual guidance to students based on careful observation of each student's needs and in keeping with parental values and goals.
7. To offer students opportunities for involvement in and service to the community so that they may develop a sense of participation and contribution; and that they may begin to realize how interdependent the various elements in a community are.

Building on the 6 Pillars of Character:

*(Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship)*

## **ENROLLMENT GUIDELINES & REQUIREMENTS**

A student must be enrolled in Eagles Nest Preschool or the Holden R-III Elementary School to attend the Day Plus program.

Forms must be completed yearly for each student needing care. A brief, one-page enrollment form will need to be completed for the summer session.

Enrollment forms can be obtained from the Holden Elementary front office, Day Plus, or from the school website at <https://www.holdenschools.org/parents-students4/handbooks>

Students must enroll either on a full-time (4-5 days per week) or part-time (1-3 days per week) basis.

All fees must be paid and up to date prior to enrolling in the next school year and summer sessions. This includes any fees still owed to Eagles Nest Preschool.

We take previous student enrollment into account. Day Plus students currently enrolled through the summer and previous school year will be given priority registration. Any remaining spots will be given to those on the waitlist.

If receiving financial assistance through the State's Office of Childhood, we must have notification from them stating that you are eligible to receive financial assistance before your student(s) can start.

Note about summer school: Your student(s) must be enrolled in summer school in order to attend the Day Plus Summer Session as we are only providing care in the mornings and afternoons.

### **ENROLLMENT PROCESS**

- Contact the Day Plus Director to find out if there is a spot available. A waitlist is maintained throughout the year.
- Obtain handbook and enrollment forms, fill them out completely, and turn into Day Plus, along with the \$25.00 non-refundable enrollment fee per family.
- If possible, schedule a time to come visit Day Plus with your student(s) so they will feel more comfortable on their first day.
- Pay fees for 1<sup>st</sup> week of care. These fees are due by or on the first day your student(s) will be attending.
- If your student(s) attend in the afternoon, contact the elementary office to let them know your student will be attending Day Plus.

### **WITHDRAWAL PROCESS**

We appreciate as much advance notice as possible when withdrawing your student(s). Parents are responsible for notifying the Day Plus Director and providing at least one-week written notice prior to withdrawal. All outstanding fees are due at time of withdrawal. If notice is not received and your student(s) are absent for two weeks with no communication, it will be assumed your student(s) is no longer attending and their slot will be filled. You will be responsible for fees for those two weeks.

## PAYMENT GUIDELINES

The following are the general Day Plus payment guidelines:

1. A fee is charged every week regardless of attendance (see #2 below – vacation exception).
2. Parents may have two, one-week vacations of non-payment. These are five consecutive days of absence. One can be used during the school year and the other during the summer session. No credits are given to any family who does not use the vacation non-payment weeks, nor can these days be carried over into the following school year. Contact the Director to let her know when you will be using vacation time. If possible, please give a week notice.
3. For full-day service (teacher in services/workdays, no school days, holiday breaks, etc.) you will only be charged the extra full day fee if your student(s) attends. If your student does not attend you will be charged your normal daily/weekly fee.
4. Fees are due a week in advance.
5. Fee payments may be made by cash, check (payable to: Day Plus), or online through infinite campus.
6. Fees paid at Day Plus should be given to the staff member at the door. Receipts are given upon request.
7. In the event a check is returned for insufficient funds, you will be notified and be required to make payment to Day Plus by cash or money order immediately. A \$25.00 processing fee will be charged. After three returned checks, fee payment must be made by cash or online.
8. Service may be suspended if payment is overdue for the preceding week.
9. Services may be terminated if late payment occurs more than three times.
10. You will receive a note, email, or text of your Day Plus account balance several times throughout the year. You can access your account balance 24/7 through the school infinite campus portal.
11. Day Plus is a fee-based program. Fees are budgeted for staff salaries, supplies, equipment, and activity materials.
12. Refunds will only be made if you have a credit balance at the end of the Day Plus school session or summer session or withdrawing from the school district or Day Plus Program.
13. Tax information will be provided each year in January.
14. If the Day Plus Director does not receive weekly advance payment for your student(s)'s care, we cannot provide you with our service. **It is the responsibility of the parent to pay a week in advance and on time.**

## STATE CHILDCARE FINANCIAL ASSISTANCE

It is the parent/guardian's responsibility to apply for assistance by visiting the site: <https://dese.mo.gov/childhood/child-care-subsidy/families>

- It is the family's responsibility to keep track of when their coverage is going to end and to renew before that deadline if further assistance is needed. Payments are based on your eligibility and your student's attendance at Day Plus. Any gaps in payment are the responsibility of the parent/guardian in addition to any costs not covered by child care assistance.
- The student must be signed in and out on the tablet each morning and afternoon.
- Childcare assistance does not cover late pick-up fees, enrollment fees, or activity fees.
- Parent/Guardians must pay the co-pay amount each week to keep one's account current.
- It is the parent/guardian's responsibility to keep their child's attendance reviewed and approved on the attendance app (Kinder-Connect) for Day Plus to receive payments.

**Are you curious if you  
might qualify for  
childcare assistance?**

Complete the Pre-Screen:  
[https://childcare.mo.gov/  
parent/s/eligibility-  
checker](https://childcare.mo.gov/parent/s/eligibility-checker)

## FEES

-Weekly fees are based on the status for which you enroll your student(s), full-time or part-time.

### Full Time Status (4-5 days per week)

|                                                      |                                                                  |
|------------------------------------------------------|------------------------------------------------------------------|
| Before School Only: 6:00AM-7:45AM                    | \$45.00 per week<br>\$35 per week for 2 <sup>nd</sup> student    |
| After School Only: 3:30PM-6:00PM                     | \$55.00 per week<br>\$45.00 per week for 2 <sup>nd</sup> student |
| Before & After School: 6:00AM-7:45AM & 3:30PM-6:00PM | \$80.00 per week<br>\$70.00 per week for 2 <sup>nd</sup> student |

### Part Time Status (1-3 days per week)

|                                                      |                                                                |
|------------------------------------------------------|----------------------------------------------------------------|
| Before School Only: 6:00AM-7:45AM                    | \$10.00 per day<br>\$8.00 per day for 2 <sup>nd</sup> student  |
| After School Only: 3:30PM-6:00PM                     | \$15.00 per day<br>\$13.00 per day for 2 <sup>nd</sup> student |
| Before & After School: 6:00AM-7:45AM & 3:30PM-6:00PM | \$20.00 per day<br>\$18.00 per day for 2 <sup>nd</sup> student |

### Additional Fees

|                                                                                           |                                                                |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Enrollment Fee: non-refundable                                                            | \$25.00 per family                                             |
| Full Days: 6:00AM-6:00PM<br>(Teacher Workdays, Holiday Breaks, No School Days, Snow Days) | \$25.00 per day<br>\$20.00 per day for 2 <sup>nd</sup> student |
| Early Release Days: 1:15PM-6:00PM<br>School Late Start Days: 6:00AM-10:00AM               | \$5.00 per student in addition to<br>weekly/daily fee          |

## ONLINE PAYMENT INSTRUCTIONS

**Payments can be made through Infinite Campus.**

1. Log into infinite Campus
2. Click the fees tab from the main menu to view any owed fees.
3. Select add to cart next to the Fee you want to pay.
4. If you would like to partially pay a fee, click the dropdown arrow and select Partial Amount. Enter the amount you want to pay then click Add to cart.
5. The fee is then added to your cart which updates the total items and cost.
6. Once you are ready to checkout, click My Cart
7. The checkout screen will display. All items added to your cart will be shown.
8. Select the payment method you want to use or add the one you need if its not listed.
9. Next, select Submit Payment. A confirmation message will display, click OK to finish.

## DISCIPLINE

The goal of the Day Plus Program is for each student to develop a sense of respect for themselves and others. We strive to create an environment that encourages students to make positive choices, to successfully interact with peer groups, and to learn to live in a respectful and cooperative manner.

Inner discipline is the goal. Day Plus staff will get to know each student and what additional limits and adjustments, if any, are necessary. Over a period of time it is expected that students will internalize the concept of self-control, problem solving, and will acquire measures of inner discipline. When a problem arises, steps toward reaching these goals will include:

1. Staff will work with the student, discussing the problem, suggesting and supporting behavior changes, explaining and redirecting, and encouraging self-help skills.
2. If a staff member decides that a time out is in order, the time out will not exceed in minutes the age of the student. The situation will be discussed with the student away from other students to avoid humiliation. Positive communication between staff and students is essential.
3. If a pattern of negative behavior persists, the Day Plus Director will meet with the student to discuss possible solutions to correct behavior. Parents will be notified either verbally or through an Incident Report in order to obtain assistance and suggestions, for developing effective approaches with the student.

If reasonable approaches are exhausted, and the pattern of negative behaviors continues, and is a threat to the well-being and safety of other students and/or staff, including themselves, parents may be asked to remove a student from Day Plus. Students may be removed from the program for any one of the following behaviors: physical violence, biting, persistent bullying, or any harm to himself or herself. Consistent disregard of staff directions/disrespect by parents or student are grounds for disenrollment. Verbal harassment of peers or staff, and unauthorized departure from the grounds of the program are also grounds for disenrollment. Discrimination on the basis of race, culture, religion, gender, language, disability, sexual orientation, or other attributes such as income or appearance is deemed unacceptable behavior.

Our Day Plus staff adheres to the guidelines of the State of Missouri and the Holden R-III Schools Fair Treatment Policy. Physical punishment, humiliation, or intimidating actions are not permitted in our Day Plus program.

### **Behavior Incidents**

If a serious incident between your student and another occurs, you will be notified of the situation verbally or through an incident report. This incident report will describe the incident as it happened and notify you of disenrollment action, if needed. Your signature, if needed, simply verifies you received the notice. Parents of students involved will also be notified.

Incident reports are instrumental in recording behavior patterns. If a student is being harmful to others, depending on the severity of the situation, they may be disenrolled immediately and/or parent will receive notice of warning or disenrollment. If negative behavior persists after 3 incident reports and there is no resolution in sight, the Day Plus Director will then determine if the student will be disenrolled. Positive communication will allow for a quick healthy and peaceful resolution. If resolve cannot be reached and student's negative behavior continues, or there is no parent support in correcting the issue, the student will be disenrolled.

Parents are welcome at any time to inquire about their student's behavior and developmental well-being.

## **DISCIPLINE REFERRALS**

If a student repeatedly misbehaves while attending Day Plus or if the misbehavior is serious in nature, the Day Plus Director will decide if the student should conference with the Elementary Principal or Counselor about their behavior. Possible disciplinary actions could be: loss of privileges, out of school suspensions, or expulsions. These may affect your student's enrollment at Day Plus.

## **DISENROLLMENT/TERMINATION POLICY**

We strive to provide a healthy, conflict-free atmosphere. The Day Plus Program reserves the right to discontinue/terminate services immediately, including but not limited to the following:

Parents/Students who do not follow the handbook policies

- Parents/Guardians or students who disregard Day Plus Director conflict resolution and/or Day Plus policy and procedures set by the program for students or for parents. If continued conflict between the Director and parent/students occur without resolve, you will be asked to remove your student(s) from the program immediately.
- Parents/Guardians or students who are abusive physically, verbally, psychologically, sexually or sexual connotations are used (oral or written); bullying; or discrimination on the basis of race, culture, religion, gender, language, disability, sexual orientation, or appearance to staff or students, or are harmful to others and/or self.
- Students that are not potty trained. All student(s) must be potty trained in order to attend Day Plus. If potty accidents occur frequently (1 to 2 times per week) You may be asked to remove your student(s) from the program and find alternate care until the issue is resolved.
- Students caught taking or destroying items from Day Plus
- Families who are chronically late in paying their student's care fees.
- Families who do not follow policy and procedure regarding documents needed for student's files
- Parent/Guardians who provide false information verbally or in writing
- A student with needs we cannot adequately meet.
- Parent/Guardians who fail to pick up their student by closing time (6:00pm) for the 3<sup>rd</sup> time.

\*Disenrollment from the program may be either temporary or permanent.

## DROP-OFF & PICK-UP PROCEDURES

Day Plus is located at the Holden Elementary School at 1903 S. Market, Holden, MO. The program entrance is located on the North side of the building in the circle drive.

### **Hours of Operation**

Morning Session: 6:00 AM – School Begins

Afternoon Session: School Dismissal – 6:00 PM

Full-Day Session: 6:00 AM – 6:00 PM

For drop-off please pull through the circle drive, park, and come to the doors. Press the Ring Doorbell and a staff member will greet you as quickly as possible. A Parent/Guardian must sign student(s) in and out daily on the provided tablet through the Kindersign App or the manual paper form. It is a Day Plus requirement that students attending Day Plus be accompanied by a parent/guardian. Please do not drop off student(s) at the school building without signing them in.

For pick-up, the process is the same. The adult picking up the student(s) must be listed on the Pick-Up Authorization Form that is included in the enrollment paperwork. Photo-ID is required if staff does not recognize/know the adult/guardian picking up the student(s).

Parents/Guardians are responsible for notifying Day Plus staff AND the Elementary School office of any change in pick-up status.

The health and safety of your student(s) is our first priority, therefore, if the person picking up your student(s) appears to be under the influence of alcohol or other drugs or unable to drive safely, the following procedures will be implemented.

1. Day Plus staff will offer to call emergency contacts to pick-up the student.
2. If the person insists on driving with your student(s), staff will call 911 to report the concern and provide police with information to ensure that your student(s) gets home safely.

**Late Pick-Up Policy:** If you think/know you are going to be late to pick-up your student please call/text the Day Plus Director (Note-this does not waive late pick-up fees). If possible, please arrange for someone else to pick-up your student(s) before 6:00pm. Late fees are \$1.00 per minute, per student. If the parent/guardian cannot be reached then Day Plus Staff will call emergency contacts. If staff cannot reach either by 6:30pm, the local police department will be notified. Your student(s) may be disenrolled from the program after the 3<sup>rd</sup> late pick-up.

Any special circumstances regarding custody of a student should be brought to the Day Plus Director's attention. Copies of necessary court documents are required.

If Day Plus requests that your student needs to be picked up early due to illness, injury, or a discipline incident, an adult is expected to respond promptly. If an adult does not respond to the request within a timely manner, the child may be removed from the program.

## MORNING/AFTERNOON SCHEDULE

| <b>MORNING SCHEDULE 6:00 AM-7:45 AM</b>   |                                                                                                                                                                                                                                         |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6:00 am – 7:40 am                         | Arrival of students/greeting, Sign In—<br>Choice of indoor center-based activities, outdoor free play after 7:00am, weather permitting                                                                                                  |
| 7:40 am - 7:45 am                         | Clean-up and released for school                                                                                                                                                                                                        |
| <b>AFTERNOON SCHEDULE 3:30 PM-6:00 PM</b> |                                                                                                                                                                                                                                         |
| 3:30 pm– 3:45 pm                          | Staff meets students in the hallway outside of Day Plus. Students are signed in. Once all students have arrived there is a quick meeting and then students go to Day Plus to place their personal items in their cubbies and begin play |
| 3:45 pm – 5:30 pm                         | Group-play or individual play. Indoor and outdoor, weather permitting.                                                                                                                                                                  |
| 5:45 pm – 6:00 pm                         | Finish up activities; clean up environment before leaving,<br>Day Plus closes                                                                                                                                                           |

**\*Schedules are always subject to change**

## FULL DAY SCHEDULE

| <b>FULL DAY SCHEDULE 6:00 AM-6:00 PM</b> |                                                                                                                                        |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 6:00-8:05                                | Arrival of students/greeting, Sign In—<br>Choice of indoor center-based activities, outdoor free play after 7:00am, weather permitting |
| 8:05-8:15                                | Clean up, Restroom break/wash hands                                                                                                    |
| 8:15-8:45                                | Breakfast                                                                                                                              |
| 8:45-11:05                               | Learning centers/activity areas, outdoor free play                                                                                     |
| 11:05-11:15                              | Clean up, Restroom break/wash hands                                                                                                    |
| 11:15-11:45                              | Lunch                                                                                                                                  |
| 11:45-2:35                               | Gym play, center-based activities                                                                                                      |
| 2:35-3:00                                | Quiet time: students may read a book, rest, and/or listen to a book read by a staff member                                             |
| 3:00-3:15                                | Snack time                                                                                                                             |
| 3:15-5:30                                | Indoor or outdoor play                                                                                                                 |
| 5:30 - 6:00                              | Clean-up/summarize the day, prepare to go home, students depart                                                                        |

**\*Schedules are always subject to change**

## PERSONAL BELONGINGS

Students are completely responsible for their personal belongings (lunchboxes, bags, coats, toys, etc.) Cubbies labeled with your student's name offer personal space to store their belongings. All belongings must fit into the cubby.

We ask that your student(s) leave popular high dollar items like electronics, toys, jewelry, and items of significant importance at home. We will not be held responsible if these items become lost, broken, stolen, or end up in disrepair.

Clothing: Day Plus follows the dress code guidelines listed in the Elementary Handbook (this can be found on the school website). Students should be dressed comfortably to play. As the seasons change, layers are always a great idea. During winter months students will be required to wear a coat, gloves, and a hat to play outside on certain days temperatures are low.

We ask that you provide your student(s) with a change of clothes, should it be needed. In the case that your student(s) does not have a change of clothes we may use donated clothing items from the nurse storage closet. This prevents your student(s) from having to wear wet or soiled clothing in the event of an accident. In the event clothing is not attainable, we may purchase clothing for your student(s) and you will be charged for that cost.



***Label all personal belongings including backpacks, lunchboxes, coats, sweatshirts, hats, gloves, & water bottles.***

## ELECTRONIC DEVICES

Students may use tablets, personal computers, cell phones, and other electronic devices for games. Games must be "age and content appropriate." No communications (texting, calling, instant messaging) are permitted. If your student(s) has an urgency to contact you, they must first notify the Day Plus Director/Day Plus Staff. The Day Plus Director/Day Plus Staff will decide whether the urgency is pertinent or that contacting a parent is in order.

Day Plus staff has the right to limit usage of electronic devices.

Day Plus students are not permitted to videotape, voice record, or take pictures at any time while at Day Plus. This is cause for disenrollment. Please comply with this policy, as it will be strictly enforced.

Day Plus students are not allowed to share or use other student's devices (exception: siblings).

## SNACKS & MEALS

**Snacks-** During the school year, Day Plus does **NOT** serve an afternoon snack unless a snack is donated. Please send a snack with your student if you would like them to have a snack before breakfast or during the afternoon session.

On full days and during summer school, afternoon snacks are served. School commodities will be used when available.

If your student is a big eater we encourage you to send extra snacks for them to keep in their backpacks or cubbies. You can also request Day Plus staff to store and monitor the snacks.

**Meals-** During summer school, breakfast & lunch are provided. During the school year, when school is closed and Day Plus is open the cafeteria is closed. Please send breakfast (if it has not already been eaten), lunch, and a drink/water bottle.

A microwave and refrigerator are available.

## COMMUNICATION

Open communication is critical to the Parent/Guardian-Day Plus staff relationship.

Please notify the Day Plus Director of any concerns you may have about your student(s). This includes issues that may come up with friends at Day Plus. We cannot come to resolution if we do not know of the issue or concern.

Parents are encouraged to familiarize their student(s) with their daily schedule, especially if your student(s) is remaining at Day Plus for the afternoon or riding the bus from the Holden Elementary School home or to another destination. It will make for a smooth transition if you and your student(s) have discussed this beforehand, and the school and Day Plus Director has been notified.

Parents will be notified of important dates through written notices, texts, or notes on the front door of openings, closings, or activities. This information will help you keep in touch with the program and your student's activities, and provide opportunities for conversation and sharing between you, your student(s), and the staff.

To help our Day Plus staff serve your student(s) more effectively, please notify us when joyful, or stressful events occur that may affect your student(s) (examples: birth of a sibling, illness, change in family structure, death in your family, or moving). We care about your student(s) and what affects their school day and lives. This will also help us in understanding or recognizing mood or behavior changes in your student(s).

## SNOW DAYS/SEVERE WEATHER POLICY

If Holden Schools are closed due to inclement weather, it will be decided by the district whether Day Plus will remain open.

In the event of a snow day, Day Plus will stay open, if possible. The decision is based upon the following factors: staffing, student numbers, and road condition safety. If Day Plus is closing, parents will be notified over the one call now system, ParentSquare App, or you may also check the district's school website for closings.

If severe weather occurs during program hours & warrants program closing, parents will be notified & must pick their student(s) up as soon as possible. Otherwise, students & staff will take cover & a sign will be posted on our entrance door giving notice of our location. No deductions will be made for Day Plus closing early due to emergency severe weather, water main breaks, etc.

Students will be participating in severe weather practice drills to better prepare should such an event take place.

Day Plus has an Emergency Plan that outlines procedures to follow in the event that an emergency occurs while your student(s) is at Day Plus. See Below:

In the event of an emergency situation, Day Plus has outlined the response plan listed below. Please know that Day Plus will make every attempt to notify you so it is vital that you keep your contact information up-to-date. ***Keep this letter so that you will know how to contact us in the event of an emergency. (TIP: tape it to the side of your fridge or take a picture and save it in your cell phone.***

### Evacuation / Relocation

1. If the emergency is confined to the immediate area at Day Plus e.g. fire, and the students cannot stay on the premises, the students will be taken to water tower across from the school on Market Street. The students and staff will remain at this location while you or your emergency contact is notified of the situation.
2. If the emergency is wider spread and encompasses a larger area such as the neighborhood due to an environmental threat, e.g. flood, and the students cannot remain in the immediate area, they will be transported to the Middle School or wherever the superintendent designates as safe for all students. The students and staff will remain at this location while you or your emergency contact is notified of the situation.

### Notification

1. Every effort will be made to contact you as soon as the students and staff are safe. If we cannot reach you, we will contact your alternate emergency contact. Students will only be released to you or your alternate emergency contact during times of emergency.
2. Information about the event can be obtained through School Emergency Notification text as well as local radio stations.

### Emergency Supplies

1. An emergency pack with enough supplies for students will be brought along with us to the area of safe location.

Please rest assured that Day Plus staff will remain with and care for the students at all times during an emergency to ensure your student's safety.

## EMERGENCY PROCEDURES



All parents must complete the enrollment form and all forms related to health, accident, and emergency care. Please list people who can be contacted to pick-up your student(s). No student(s) will be admitted to the program without all the names, addresses, phone numbers, including that of the student's physician, and parental signatures required on these forms.

Accidents and emergency situations will be handled according to the following procedures:

### **Minor Accidents**

For minor accidents or injuries such as bumps, bruises, or cuts that do not seem to require further medical attention students will be given first aid care and treatment (clean a scrape, band aid, ice pack).

### **Major Accidents**

In the event of an accident or emergency, Day Plus staff will follow these procedures:

1. Administer First Aid or CPR to the student(s) if needed
2. Call a professional assistance (911, police, etc.)
3. Contact the parent/guardian
4. Notify the Day Plus Director

If parent/guardian does not arrive before the ambulance arrives, a staff person may ride with the student to the hospital depending on staffing/student ratio. Medical information you provided in the enrollment forms will be sent with the paramedics. The parent/guardian will be asked to meet the ambulance at the hospital.

## ILLNESS POLICY

The health and well-being of all of the students here at Day Plus is of the utmost importance to us. It is for the protection of the students in our care that we insist on a strict adherence to our Illness Policy. Parents/Guardians please exercise good judgment and keep students at home while ill, seeking medical attention as appropriate. Symptoms, which are signs of possible impending infection or disease, include:

- **Fever** over 100 not permitted. A student needs to be fever free for a minimum of 12 hours before returning to Day Plus; that means the student is fever free without the aid of any fever reducing substance.
  - **Signs of a new cold:** cough, sore throat, watery eyes, etc., green mucus
  - **Headache** or head pain
  - **Vomiting**
  - **Diarrhea**
  - **Inflammation of the eye** (conjunctivitis) not permitted. Watery, matted, and/or red/pink eyes are not acceptable under any circumstances.
  - **Abscess or draining sores**
  - **Rash**, unless the cause is determined to be non-contagious
  - **Head Lice** – may return after treatment and all nits have been removed
1. If student is ill, they will be taken to the school nurse and it will be determined there as to whether you need to return to pick your student(s) up. If school nurse is not available the Day Plus Director will determine whether student needs to be picked up by parent due to illness.
  2. If it is determined that your student should go home the Day Plus Director or school nurse will call the parent or guardian to pick up your student. It is very important that you, or someone from your emergency list, pick up your student as quickly as possible. Day Plus staff will keep your student separated from others in a quiet restful area until picked up.
  3. Do not bring your student(s) to Day Plus if you know that they are ill. Please be considerate of other families, staff, and their wellbeing.

**Communicable Diseases:** are not permitted by law in childcare. Some of those illnesses are but not limited to: Infectious Conjunctivitis (pink eye), Impetigo, Hepatitis A, Scabies, Ringworm, Infectious Diarrhea, Chicken Pox, Scarlet Fever, and Strep Throat. If your student(s) is thought to have a communicable disease, you will be notified and asked to pick him/her up. Your student(s) will be accepted back into care when no longer contagious, and doctor permits. All other parents will be notified of the possibility of a communicable disease and what symptoms to watch for.

-Please notify Day Plus if your student is ill with a contagious illness immediately so we can do our part here to keep all our kiddos healthy

## MEDICATION POLICY

The Holden R-3 Schools medication policy is followed. This policy states that prescription medicine **MUST** be in the original container. If your student has a physical challenge such as Diabetes, a health plan describing detailed instruction on how to treat your student is required.

Medical documentation is needed and must be kept on file if your student(s) may need to take their prescribed medication at a time when they are in our care.

Prescription/Over-the-counter medicines- Parent must sign our Medicine Dispensing Log and Medicine Dispensing Authorization Form. We will follow your instructions in dispensing the medicine however, we will not dispense more than the prescribed dosage.



Our Medicine Dispensing Log keeps you informed of the time medication was given, as well as the person dispensing the medication. This form also requires your signature stating you are aware that your student took their dosage for the day. Staff and Parents/Guardians must sign the medication log daily if medication is to be dispensed daily.

We reserve the right to not administer medication; however, you will be informed well in advance to the time the prescribed dose is needed, so that you can make arrangements to have the medicine administered to your student by some other means.

Staff reserves the right to not administer medication in the event a student does not have a health plan in place with Holden Elementary. If there are questions regarding prescribed medication parent must provide information or prescription will not be given. Dosage will only be administered per physicians labeled instructions. We will not change dosage based on a parent request without physician's authorization.

## SPECIAL NEEDS

- The Day Plus Program will provide reasonable accommodations without discrimination regarding a student's special needs or impairments. It is expected that the student's parent or guardian shall communicate the nature or extent of the student's special needs or impairment and any particular information regarding the student's care, on the Student Health and Medical Information form, provided prior to the students first day in the program.
- At least one weeks' notice is required for student(s)ren who have special needs and require an accommodation when attending a non-scheduled session. It will be determined if accommodation can be made due to number of staff.
- The Discipline Policy applies to all students in our care. If at any time the safety of other students or staff is put in jeopardy due to physical harm or due to the one on one care needed of the special needs student this may be cause for disenrollment.
- It is the parent's responsibility to provide students with medical supplies due to their illness if supplies needed are beyond what we provide.

## **DAY PLUS STAFF**

Our staff is hired based on their knowledge and years of experience in the early childhood education field, because of their values, personal educational philosophy, and teaching styles. Staff maintains required in-service training hours including CPR/First Aid certification, health and safety training, and social and emotional training. They also maintain required immunizations. Staff also must complete and pass a background check. Our staff will strive to make this program a place where your students can be safe, comfortable, and have fun, as well as learn and be successful.

Day Plus is registered with the following agencies:

- Missouri Department of Health and Family Registry
- Missouri Office of Childhood
- Childcare Aware

Day Plus Director: Ashley Reed

Day Plus Supervisor: Paige Farmer

## **CHILD ABUSE REPORTING RESPONSIBILITY**

Day Plus staff is legally required to report any suspected abuse occurrences to the authorities.

All early childhood professionals are mandated reporters. If Day Plus staff suspect's student(s) abuse or neglect, they will meet with the director immediately to discuss concerns/suspicions. A decision will be made regarding making a hotline call, or whether or not to refer to the building counselor or school nurse if the student(s) should be interviewed and examined beforehand.

Director will notify her supervisor of findings. Day Plus staff and Day Plus Director will then phone the student(s) abuse/neglect hotline to report the suspected abuse/neglect if warranted. An incident report will be filled out at that time.

National Student(s) Abuse Hotline 1-800-222-1222

## **PROCEDURES FOR ACCUSATIONS OF CHILD ABUSE/NEGLECT**

If a Day Plus staff member is accused by a parent, or co-teacher of abuse and/or neglect, such an accusation will be documented and reported to the director. A determination will be made as to whether there is reasonable cause to suspect that a student(s) has been subjected to abuse and/or neglect.

If there is reasonable cause, a report must be made to the Division of Family Services.

Day Plus will cooperate with any DFS investigation. In addition, the accused employee will be informed of the charges/allegations and be given an opportunity to respond to those charges/allegations.

Day Plus will follow the applicable Holden School District procedures that exist pertaining to possible discipline of the employee.

# 2025-2026 Day Plus Calendar

## August

19 last day of summer  
20 First Day of School

## September

1 No School- Labor Day – **Day Plus CLOSED**  
12 No School - Teacher Inservice - Day Plus Open

## October

6 No School – Teacher Inservice - Day Plus Open  
24 No School – Day Plus Open

## November

3 No School - Day Plus Open  
24-27 No School - Thanksgiving Break- Day Plus Open 24-26, **CLOSED 27 & 28**

## December

19 Early Dismissal @ 1:15- Teacher Workday - Day Plus Open  
22-31 No School - Holiday Break - Day Plus Open 22, 23, 24, 29, 30 & 31, **CLOSED 25-26**

## January

1 No School New Year's Day - **Day Plus CLOSED**  
2 No School – Holiday Break – Day Plus Open  
5 No School – Teacher Inservice – Day Plus Open  
19 No School - MLK Day – Day Plus Open

## February

13 No School – Teacher Inservice – Day Plus Open  
16 No School - President's Day - **Day Plus CLOSED**

## March

9-13 No School - Spring Break - Day Plus Open 10-13, **CLOSED 14**

## April

3 & 6 No School - Easter Break - **Day Plus CLOSED**

## May

21 Last Day of School, Early Dismissal at 1:15 – Teacher Workday- Day Plus Open  
22 Teacher workday- Day Plus Open  
25 Memorial Day –**Day Plus CLOSED**  
**Day Plus CLOSED June 29-July 3, 2026**

-Dates are subject to change

-If summer school is in session, Day Plus will be open for am and pm sessions only. It is a pre-requisite that students attend summer school in order to attend Day Plus. If there is no summer school, Day Plus will remain open for full days unless changes have been made within the school district.



## 2025-2026 DAY PLUS ENROLLMENT FORM

| STUDENT INFORMATION                                                                                                                                                                                              |                                   |                     |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|---------------------------|
| STUDENT'S NAME                                                                                                                                                                                                   | GRADE                             | GENDER              | BIRTH DATE                |
| STUDENT'S NAME                                                                                                                                                                                                   | GRADE                             | GENDER              | BIRTH DATE                |
| STUDENT'S NAME                                                                                                                                                                                                   | GRADE                             | GENDER              | BIRTH DATE                |
| STUDENT'S NAME                                                                                                                                                                                                   | GRADE                             | GENDER              | BIRTH DATE                |
| PRIMARY ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                  | SECONDARY ADDRESS (IF APPLICABLE) |                     |                           |
| PARENT/GUARDIAN INFORMATION                                                                                                                                                                                      |                                   |                     |                           |
| PARENT/GUARDIAN NAME & RELATIONSHIP TO STUDENT                                                                                                                                                                   |                                   | CELL PHONE<br>(   ) |                           |
| ADDRESS (IF DIFFERENT FROM STUDENT)                                                                                                                                                                              |                                   | WORK PHONE<br>(   ) |                           |
| PLACE OF EMPLOYMENT                                                                                                                                                                                              |                                   | EMAIL ADDRESS       |                           |
| PARENT/GUARDIAN NAME & RELATIONSHIP TO STUDENT(S)                                                                                                                                                                |                                   | CELL PHONE<br>(   ) |                           |
| ADDRESS (IF DIFFERENT FROM STUDENT)                                                                                                                                                                              |                                   | WORK PHONE<br>(   ) |                           |
| PLACE OF EMPLOYMENT                                                                                                                                                                                              |                                   | EMAIL ADDRESS       |                           |
| EMERGENCY CONTACTS (2 REQUIRED): THESE PERSONS WOULD BE CONTACTED IN THE EVENT OF AN EMERGENCY WHEN A PARENT/GUARDIAN COULDN'T BE REACHED. THEY ARE AUTHORIZED TO TAKE THE STUDENT(S) FROM THE DAY PLUS FACILITY |                                   |                     |                           |
| NAME                                                                                                                                                                                                             | ADDRESS                           | RELATIONSHIP        | TELEPHONE NUMBER<br>(   ) |
| NAME                                                                                                                                                                                                             | ADDRESS                           | RELATIONSHIP        | TELEPHONE NUMBER<br>(   ) |
| SPECIAL NOTES: ANYTHING NOT INCLUDED IN THESE FORMS WE SHOULD KNOW ABOUT YOUR STUDENT(S)                                                                                                                         |                                   |                     |                           |
|                                                                                                                                                                                                                  |                                   |                     |                           |
|                                                                                                                                                                                                                  |                                   |                     |                           |
|                                                                                                                                                                                                                  |                                   |                     |                           |
|                                                                                                                                                                                                                  |                                   |                     |                           |
|                                                                                                                                                                                                                  |                                   |                     |                           |

## 2025-2026 DAY PLUS PICK-UP AUTHORIZATION FORM

Name of Student(s) \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Please list ALL other persons (besides parents/guardians and emergency contacts previously listed) that are authorized to pick up above-named student(s). Please print clearly.

Name and Relationship (ex: aunt, grandma, sister, friend)

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

I hereby give standing permission for the above-named individuals to pick up my student(s). I understand that if persons other than the parent/guardian(s) and/or usual adult will be picking up my student, I must call and give verbal authorization to the school or Day Plus Staff. Students will not be released to individuals without permission from the parent or guardian. **Please make sure that the person picking up your student has a picture ID. (Identification required)**

Please notify the Day Plus Director of any custody information that Day Plus staff and school should be aware of. We will need copies of any court documents to the effect.

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

## 2025-2026 DAY PLUS STUDENT HEALTH & MEDICAL INFORMATION FORM

(Please fill one out for each student attending)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>#1 STUDENT'S NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DATE OF BIRTH</b> |
| <b>HEALTH STATEMENT (CHECK ONE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
| <input type="checkbox"/> My student is in good health, is able to participate in group care &, has no special health or medical requirements.<br><input type="checkbox"/> My student is able to participate in group care but has special health or medical requirements as listed below.<br><input type="checkbox"/> <b>My student requires special medical attention</b> -Please attach a detailed plan of action for Day Plus staff in order to ensure that we are properly equipped to provide your student with the proper care. It will be determined, and you will be notified whether your student's needs are beyond what our facility or staff can provide. |                      |
| <b>SPECIAL HEALTH OR MEDICAL REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| <b>MEDICAL CONDITION, DIAGNOSIS, OR CHRONOIC ILLNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| <b>PHYSICAL RESTRICTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| <b>SPECIAL DIETARY NEEDS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| <b>ALLERGIES (FOOD, MEDICINE, ECT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| <b>OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>#2 STUDENT'S NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DATE OF BIRTH</b> |
| <b>HEALTH STATEMENT (CHECK ONE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
| <input type="checkbox"/> My student is in good health, is able to participate in group care &, has no special health or medical requirements.<br><input type="checkbox"/> My student is able to participate in group care but has special health or medical requirements as listed below.<br><input type="checkbox"/> <b>My student requires special medical attention</b> -Please attach a detailed plan of action for Day Plus staff in order to ensure that we are properly equipped to provide your student with the proper care. It will be determined, and you will be notified whether your student's needs are beyond what our facility or staff can provide. |                      |
| <b>SPECIAL HEALTH OR MEDICAL REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| <b>MEDICAL CONDITION, DIAGNOSIS, OR CHRONOIC ILLNESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| <b>PHYSICAL RESTRICTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| <b>SPECIAL DIETARY NEEDS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| <b>ALLERGIES (FOOD, MEDICINE, ECT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| <b>OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| #3 STUDENT'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE OF BIRTH |
| <b>HEALTH STATEMENT (CHECK ONE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |               |
| <input type="checkbox"/> My student is in good health, is able to participate in group care &, has no special health or medical requirements.<br><input type="checkbox"/> My student is able to participate in group care but has special health or medical requirements as listed below.<br><input type="checkbox"/> <b>My student requires special medical attention</b> -Please attach a detailed plan of action for Day Plus staff in order to ensure that we are properly equipped to provide your student with the proper care. It will be determined, and you will be notified whether your student's needs are beyond what our facility or staff can provide. |  |               |
| <b>SPECIAL HEALTH OR MEDICAL REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |               |
| MEDICAL CONDITION, DIAGNOSIS, OR CHRONOIC ILLNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |               |
| PHYSICAL RESTRICTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
| SPECIAL DIETARY NEEDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
| ALLERGIES (FOOD, MEDICINE, ECT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| #4 STUDENT'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE OF BIRTH |
| <b>HEALTH STATEMENT (CHECK ONE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |               |
| <input type="checkbox"/> My student is in good health, is able to participate in group care &, has no special health or medical requirements.<br><input type="checkbox"/> My student is able to participate in group care but has special health or medical requirements as listed below.<br><input type="checkbox"/> <b>My student requires special medical attention</b> -Please attach a detailed plan of action for Day Plus staff in order to ensure that we are properly equipped to provide your student with the proper care. It will be determined, and you will be notified whether your student's needs are beyond what our facility or staff can provide. |  |               |
| <b>SPECIAL HEALTH OR MEDICAL REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |               |
| MEDICAL CONDITION, DIAGNOSIS, OR CHRONOIC ILLNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |               |
| PHYSICAL RESTRICTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
| SPECIAL DIETARY NEEDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
| ALLERGIES (FOOD, MEDICINE, ECT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |

## 2025-2026 DAY PLUS EMERGENCY TREATMENT INFORMATION FORM

Name of Student(s) \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY CARE

I understand that I will be notified at once in case of major accident or illness to my student(s), and I will make arrangements for medical care of my student(s) with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the Day Plus Director, or school staff to contact the following:

### PHYSICIAN OR CLINIC

PHYSICIAN OR CLINIC NAME

TELEPHONE  
(    )

ADDRESS (STREET, CITY, STATE, ZIP CODE)

### PREFERRED HOSPITAL

HOSPITAL NAME

TELEPHONE  
(    )

ADDRESS (STREET, CITY, STATE, ZIP CODE)

As a parent/guardian I fully understand that I will be responsible for all costs of ambulance service and any and all medical care and treatment provided.

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

## 2025-2026 DAY PLUS SESSION SELECTION & SCHOOL YEAR PRICING

- 1) Select Full or Part Time Status & circle what day(s) your student(s) will be attending
- 2) Choose which session your student(s) will be attending: Before School Only, After School Only, or Before and After School and put an "X" in the box
- 3) Also, please put an "X" in the box next to Full Days and/or Early Release Days if you think your student(s) will be attending those days. (Note: you will not be charged the extra full fee if you student(s) do not attend).

### Full Time Status (4-5 days per week)

|  |                                                        |                                                                  |
|--|--------------------------------------------------------|------------------------------------------------------------------|
|  | Before School Only: 6:00AM-7:45AM                      | \$45.00 per week<br>\$35 per week for 2 <sup>nd</sup> student    |
|  | After School Only: 3:30PM-6:00PM                       | \$55.00 per week<br>\$45.00 per week for 2 <sup>nd</sup> student |
|  | Before & After School: 6:00AM-7:45AM and 3:30PM-6:00PM | \$80.00 per week<br>\$70.00 per week for 2 <sup>nd</sup> student |

### Part Time Status (1-3 days per week)

What days will your student be attending (please circle)? Mon Tue Wed Thur Fri

|  |                                                        |                                                                |
|--|--------------------------------------------------------|----------------------------------------------------------------|
|  | Before School Only: 6:00AM-7:45AM                      | \$10.00 per day<br>\$8.00 per day for 2 <sup>nd</sup> student  |
|  | After School Only: 3:30PM-6:00PM                       | \$15.00 per day<br>\$13.00 per day for 2 <sup>nd</sup> student |
|  | Before & After School: 6:00AM-7:45AM and 3:30PM-6:00PM | \$20.00 per day<br>\$18.00 per day for 2 <sup>nd</sup> student |

### Additional Fees

|  |                                                                                           |                                                                |
|--|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|  | Enrollment Fee: one-time, non-refundable                                                  | \$25.00 per family                                             |
|  | Full Days: 6:00AM-6:00PM<br>(Teacher Workdays, Holiday Breaks, No School Days, Snow Days) | \$25.00 per day<br>\$20.00 per day for 2 <sup>nd</sup> student |
|  | Early Release Days: 1:15PM-6:00PM<br>School Late Start Days: 6:00AM-10:00AM               | \$5.00 per student in addition to weekly/daily fee             |

### State Assistance

|  |                                                                                                                                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Please mark if you receive state assistance. You are responsible for the copay (if applicable). Note: late pick-up fees are not covered by state assistance. |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

- I understand that there is **a non-refundable enrollment fee of \$25.00 per family.**
- I understand that weekly set fees are to be paid a week in advance.
- I understand that the weekly set fee is charged every week, regardless of attendance with the exception of the two, one-week vacations allowed for non-payment.
- I understand I am permitted two, one-week vacations (absence) of non-payment, one during the school year session and one during the summer session. These specified weeks are non-transferrable, nor can I have a credit if I do not take advantage of these specified vacation non-payment weeks.
- I am responsible to pay fees as charged for session I select. My student(s) will participate in the above-indicated Day Plus session(s).
- Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 2025-2026 MEDIA WAIVER AND RELEASE FORM

I consent to my student(s) \_\_\_\_\_, being

1. Photographed      \_\_\_\_\_yes      \_\_\_\_\_no
2. Recorded      \_\_\_\_\_yes      \_\_\_\_\_no
3. Interviewed      \_\_\_\_\_yes      \_\_\_\_\_no
4. Videotaped      \_\_\_\_\_yes      \_\_\_\_\_no

by representatives of the Holden R-III School District, Day Plus Program, and its agents and independent contractors.

Any information or images obtained may be used for advertising, publicity, educational activities, including but not limited to district and school publications, videos, print, and television news and district and/or school web sites.

I understand I may be provided with photographs of my student(s) participating in special events at Day Plus. I hereby waive any claims I may have, and release the Holden R-III School District/Day Plus Program/and its agents from liability of claims arising out of such activities.

I do understand that it is against Day Plus policy for any student to record (photos or videos) of another student within the Day Plus program via phone, camera, computer, tablet or any other electronic recording device. If a student breaks this rule the Day Plus Director will decide whether the infraction pends disenrollment.

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

## 2025-2026 HANDBOOK POLICIES AND PROCEDURES AGREEMENT FORM

I agree to sign my student(s) in and out on the tablet/attendance sheet each time I drop-off and/or pickup my student(s).

I confirm that my student(s) is in good health and able to participate in the childcare activities, unless otherwise indicated on the Student's Health & Medical Information form.

I understand that Day Plus does not provide an afternoon snack (except full days and summer school days) unless snacks are donated. If my student(s) is on a special diet I will provide my student(s) with lunch/snacks that are in line with his or her special diet.

I agree to assume full responsibility for any damage to person or Day Plus property caused by my student(s).

I agree that if it is determined that my student(s) needs emergency medical or dental treatment; I will be responsible for any such treatment deemed necessary by a hospital, physician, or dentist.

I agree that if the behavior or health of my student(s) should make it necessary to send him/her home, an emergency contact person or I will immediately pick up my student(s) from Day Plus.

I understand that if my student(s) has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my student(s) from the Day Plus Program at any time. I have read the handbook and agree to its Discipline and Termination Policies.

I understand that I must pay a late fee of \$1 per minute, per student, if my student(s) is picked up after 6 pm. I understand that after the 3<sup>rd</sup> late pickup, my student(s) will be disenrolled from the Day Plus Program.

Weekly set fees are to be paid a week in advance. I also understand that no refunds will be made due to absences. Parents may have two, one-week vacations of non-payment. These are five consecutive days of absence. One can be used during the school year session and the other during the summer session. No credits are given to any family who does not use the vacation non-payment weeks, nor can these days' weeks be moved.

I will be notified of closings, holidays, or special events by text or notes posted on the door. I also understand that the holiday schedule is subject to change due to the number of signups for days school is not in session.

I agree that I have received the Day Plus Handbook and I have read it. I understand and agree to follow the procedures and policies highlighted above, as well as all others outlined in the handbook.

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

