Junction Elementary School District
Raider CARE Program
Handbook & Guide
(TK - 8th Grade)

NO DROP-INS ACCEPTED

Junction School
9087 Deschutes Rd
Palo Cedro, CA 96073

Director: Kim Hoyer
khoyer@junctionesd.net
(530) 547-3276 ext. 161

Dear Parents,

It is a pleasure to welcome each family to a new year at Junction School. We hope to make this year the best year yet! We have made some changes to the policies and payment process to ensure the optimum experience for both students and parents. We are dedicated to making this program the best it can be. If you have any questions, comments, or concerns, please do not hesitate to ask. We look forward to another wonderful year with you and your students!

We are the Raider CARE Program- Raider Continued Afterschool Recreation & Education Program!

Contact Information:
Our Program Director, Ms. Kim Hoyer, is available from 11:30 AM until 6:00 PM, Monday through Friday. At other times, you may call the school office for assistance. Phone number: (530)547-3276 ext 161.

Raider CARE Program Staff:
Kim Hoyer, Director
Laurie Johnson, Instructional Aide
Andrea Nation, Instructional Aide

Pricing and Fees:
Non-Refundable Registration Fees are as follows:
$20.00 per student, per year
Weekly Fees are as follows:
$52.00 per student, per week used

Due to our mission of providing our students with an after-school tutoring and activities program, there are no longer discounts offered for multi-student families. Additionally, there will be no discounted rate for students only using the program for minimum days or sports.

If you have any questions about these rates, please feel free to call.

Statements:
We will be using a program called SmartCare. All parents will have access to their balance and students' attendance hours. Additionally, you can make account payments online. Please see the Director for a packet on SmartCare to get started.

Payments:
Your payment is due by the Friday of the week before your student attends the Raider CARE program. There will be a $15.00 fee added to your account in the event of late payments. Payment options include cash, check, money order, and all major credit cards.

Late Fees:
If a payment is not received by the due date, a $15.00 fee will automatically be charged to the account. If your account remains overdue for more than two weeks, your student's aftercare privileges will be suspended until the balance is paid in full. If this occurs three times within one school year, your student(s) could be suspended from the program for the rest of the year. Further overdue balances can be sent to collections.

Return Check Policy:
Junction Elementary School District ("the District") will charge a $15.00 return check fee for every check that gets returned from the bank. Failure to pay the balance within two weeks will result in your student's suspension from the program until the balance is paid in full. The return of a second check for insufficient funds, or a closed account, will result in Raider CARE only accepting your payments by cash or money order.

Raider CARE Hours:
The Raider CARE Program is available from 1:15 PM to 6:00 PM on Wednesdays, and from 2:15 PM to 6:00 PM on Mondays, Tuesdays, Thursdays, and Fridays. All students MUST be picked up by 6:00 PM to avoid additional fees.

Late Pick-Up Policy:
All students MUST be picked up by 6:00 PM, Monday through Friday, with NO exceptions. Any student that is picked up past 6:00 PM will automatically be charged a fee of $15.00 to their account. Continued tardiness may result in the student's suspension from the program. *It is vital that you contact Raider CARE staff if you are going to be late picking up your student(s).* In the event that a parent is five minutes late, or more, an employee will call all contacts on the student's list until the student is picked up. If a student has not been picked up by 6:30 PM, and all contact attempts have failed, the Sheriff's Department will be called.

We understand that emergencies arise; however, it is the responsibility of each parent to have backup support for such instances.

Closure:
The Raider CARE Program follows all closures of the Junction Elementary School District. Please follow the school calendar to keep up to date on school closures. If the school is closed due to inclement weather, The Raider CARE Program will be closed as well. In the event of an emergency closure, all parents will be notified to pick up students.

Raider CARE Medical Procedures:
*Injuries of a minor nature (small cuts, bruises, bumps, etc):
Staff will give necessary first aid and fill out an incident report to be sent home to the parent. If the injury appears to be getting worse, the parent or guardian will be notified by phone and may decide to pick the student up early or leave the student for the remainder of the day.
*Serious injuries:
A staff member will notify contacts immediately. In the event that an ambulance is needed, the ambulance will be called first and the contact second. If necessary, a staff member will administer CPR until the ambulance arrives. All staff members are CPR certified. In the event of a head injury, a staff member will notify the contact immediately. If a concussion is suspected, the student must be seen by a physician and released before returning to activity, per school board policy. An incident report will be sent home following any serious injury.
*Health and Medication Policies:
The Raider CARE Program health policy follows the guidelines set by the school district that align with state standards. If a student has a fever, vomits, or has two or more bouts of diarrhea, they will not be permitted to stay and will need to be picked up by someone on the student's contact list within the hour. Children should be symptom-free for 24 hours before returning to school. If a student requires medication during the afterschool program, including the possible use of an Epi-Pen, medical authorization is mandatory and to be filed with the school office. The correct document must be filled out by the physician and parent in order for the medication to be administered. Please see the front office for more information and for any questions you might have.

Raider CARE Discipline Policy:
A student causing disciplinary problems such as but not limited to; bullying, causing injury, refusing to follow rules, or cannot be redirected, will be considered in violation of our discipline policy. Each incident will be documented and signed by a parent/guardian and kept for student records. The first offense will result in a warning and possible loss of activity. The second offense will result in a loss of activity and meeting with parents.

The third offense will result in loss of activity, parent meeting, and possible suspension from the program. If the problem persists, the principal will be notified and further action will be taken, including possible suspension from the program for the remainder of the year.

All discipline problems of a serious nature will result in the parents being called and may result in a first offense meeting with the principal, as well as suspension from the program. *Suspension from the Raider CARE Program does not automatically result in suspension from Junction School. Please reach out to the School Office for clarification if your student has been suspended from Raider CARE.*

Cell Phone/Tablet & Internet Policy:

*Cell Phone/Tablet Policy:

Due to issues arising from improper use of cell phones, no personal cell phone use or tablet use is permitted during Raider CARE hours. Raider CARE is still an extension of Junction Elementary School District and should be treated as such. All cell phone use policies on the District Cell Phone Use Contract will apply in Raider CARE. If you have questions or would like a copy of the contract, you may request one at any time. Disciplinary action for violating the policy will follow the same guidelines set forth in the cell phone use contract.

*Internet Policy:

Raider CARE does have access to the internet, and it can be used by students as long as it is in accordance with the internet policy already in place by the District. Internet use in Raider CARE will only be permitted for homework use and must be done on school computers/tablets only. If the student is caught abusing this privilege, all of the student's aftercare internet privileges will be revoked for the remainder of the year.

AFTER YOU HAVE READ AND REVIEWED THE INFORMATION IN THIS PACKET, PLEASE FILL OUT THE FOLLOWING ENROLLMENT PAGES, INCLUDING YOUR SIGNATURE AND THE DATE. TURN IN TO THE DIRECTOR OR TO THE SCHOOL OFFICE WITH YOUR REGISTRATION FEE.

INTENTIONALLY BLANK

JUNCTION ELEMENTARY SCHOOL DISTRICT
RAIDER CARE PROGRAM ENROLLMENT FORM

Student Enrollment and Billing Info:

Student's Name:_____ Grade:_____ DOB:_____

Physical Address:_____

Mailing Address:_____

Parent/Guardian:_____ Email:_____

Place of Employment:_____ Phone:_____

Parent/Guardian:_____ Email:_____

Place of Employment:_____ Phone:_____

Billing Email:_____ Billing Phone:_____

Allergies or Health Concerns:_____

Primary Physician:_____ Phone Number:_____

Additional Emergency Contacts:

Name: _____ Phone:_____

Relationship:_____ Authorized to Pick Up? YES or NO

Name: _____ Phone:_____

Relationship:_____ Authorized to Pick Up? YES or NO

Name: _____ Phone:_____

Relationship:_____ Authorized to Pick Up? YES or NO

Please note that all students must be picked up by someone 18 years of age or older, or must have a signed note from a parent/guardian on file with RaiderCARE.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE RAIDER CARE PROGRAM HANDBOOK AND AGREE TO ABIDE BY ALL POLICIES.

_____

PARENT/GUARDIAN SIGNATURE **DATE**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Junction Elementary School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that the Junction Elementary School District does not provide medical insurance for student injuries, but does offer student accident/health insurance for voluntary purchase. I have received the information and application for this program.

PERMISSION FOR EMERGENCY CARE

If I cannot be reached at my home or work number, contact any of the following individuals:

1. Name: _____Phone:_____ Relationship:_____
2. Name: _____Phone:_____ Relationship:_____
3. Name: _____Phone:_____ Relationship:_____

In the event of an emergency, you have my permission to attempt to obtain treatment from:
Physician: _____ Phone: _____
OR any physician by the school who will provide treatment.

SPECIAL INFORMATION

If your child has any of the following health concerns, please circle or state:

Hemophilia Allergy:_____ Asthma Heat Seizures Diabetes
Emotional Tuberculosis Nosebleeds Chronic Dizziness Sensitivity to Certain Drugs*
Other: _____

**Please Note: Junction School Staff cannot administer medication to your child without a Medication Release Form signed by doctor and parent.*

I have read, reviewed, and understood the above information, and believe it to be true and correct.

_____

Parent/Guardian Signature **Printed Name** **Date**