

Exodus Family Ministries & Highland Park CDC After-School Enrollment Packet 2020 - 2021

Denison Facility @ 4205 Cane Run Road

Please be advised this packet must be completed in its entirety for each student participant. Failure to complete all documents may result in the student being unable to participate until all paperwork has been completed and returned to the program.

After-School Tutoring Information- PLEASE READ IN ITS ENTIRETY

The after-school tutoring program is a (34) week program that will start on September 1st and run until the end of the school year. We will not be in session during times that JCPS are closed.

Specific Meetings days are Tuesday, Wednesday, and Thursday of each week from 3pm –

6:30pm. A dinner meal will be provided between 6pm – 6:30pm each day through Dare to Care. The cost of the tutoring is FREE of charge to students. Students may enter the program facility as early as 2:50pm and must be picked up by 6:30pm each day. The camp does NOT meet on Monday and Friday and is closed on the weekends. The camp is a partnership between Exodus Family Ministries and the Highland Park Community Development Corporation to offer educational enrichment to students in grades K-12th. The Camp site is located at the **Denison Facility 4205 Cane Run Road, Louisville, Kentucky 40216** and is directed by Shane Schlatter, President of Operations for Exodus Family Ministries and Sandra Miller, Executive Director for the Highland Park Community Development Corporation.

Each classroom is permitted to host ten (10) students and is instructed by staff of the program. Students will be enrolled in separate classrooms according the following grade levels:

Class One: Kindergarten-2nd Grade

Class Two: 3rd-5th Grade

Class Three- 6th grade and up

Students are encouraged to wear face masks for their protection. However, students are expected to utilize this protective measure appropriately by allowing the mask to remain on their face properly. Students wishing to wear masks may bring a mask from home and if unable, may be provided a mask upon request from program staff. Any student unable to manage the face covering properly may be asked to remove the mask until they are able to demonstrate the ability to wear the protective covering according to its purpose.

Students are discouraged from bringing extra items to the camp site such as toys, musical or gaming devices, and any other electronics. This does not include their Chromebooks or other

device used for NTI. At the discretion of parents/guardians, students may bring communication devices (i.e. cell phone), however, it is the expectation that cell phones will not be in use during class time or during instructional activities. Students should seek permission from program staff for such use between the hours of 3pm and 6:30pm on program days. Students who wish to bring electronic devices of any kind must be responsible for personal items at all times. This includes their Chromebooks, or any other device used for NTI. Any loss or damage to those items are the responsibility of the student/parent/guardian. The program and program staff may not be held liable for storage of items/devices, loss, or damage to items/devices.

Transportation-PLEASE READ COMPLETELY

Transportation is the responsibility of the parent/guardian unless they have chosen to utilize the free transportation offered by the Exodus Family Ministries Van driven by Mr. Shane Schlatter. If church van transportation is desired, please understand that students will need to be ready for pick-up by 2pm each afternoon.

Afternoon drop-off will occur at the close of the program and end of dinner. Students will be dropped off at the address provided on the form. Students may not be transported to alternate addresses and transportation change requests are not allowed. Utilization of the church van happens at the discretion of the parent/guardian only and with the understanding that parents/guardians waive any right to hold liable the Program, its Sponsors, Partners, Staff, Volunteers, or any affiliate in the event of automobile dysfunction and/or malfunction.

If parents/guardians opt to provide transportation to and from the program, students may enter the program site beginning at 2:50pm and must be picked up no later than 6:30pm from the program site.

Parents/Guardians are required to provide a completed list of adults (18 years and older) permitted to make pick-up of any child from the program at any time. Students will only be released to individuals included on their pick-up or emergency contact list. Any adult designated by the parents/guardians to pick-up a student must present a valid state issued identification card.

Student Expectations

Students are expected to arrive on time and prepared to be an engaging member of a safe, fun, inclusive, and respectful academic working environment. Students are expected to give focus to learning by listening and following directions, participating in classroom discussions, completion of classwork assignments, and collaborating with program mentors/tutors. Students are expected to utilize program time wisely in the effort to avoid distractions, negative behaviors,

and loss of academic benefit. Persistent negative behaviors exhibited by any student found to be contrary to the safety and well-being of any participant may be grounds for dismissal from program participation. Any student posing a physical/emotional/mental threat to the safety and well-being of any program participant, staff member, or volunteer may be removed from the program permanently. In the event of any form of disciplinary action becoming a necessary sanction, the parents/guardians will be immediately contacted and consulted for resolution of the matter.

COVID-19 (Coronavirus) REQUIREMENTS & PRECAUTIONS

- Each Staff person, Volunteer, and Student Participant will be given a general health questionnaire based in accordance with the CDC guidelines for COVID-19. Parents will be expected to complete the questionnaire for any student unable to complete answers.
- Each Staff person, Volunteer, and Student Participant will have their temperature taken prior to entering the program each day. If student is using program transportation, this will take place BEFORE they enter the van and before entrance into the program site.
- Each child and staff member will be required to sanitize their hands upon entering the facility and intermittently as deemed necessary.
- All surfaces, supplies, and restrooms will be sanitized each day midway through the day and after the children leave. The classroom will be sanitized at the end of tutoring session.
- There will be NO MORE than 10 children per classroom and each classroom will have a staff member of the program. Due to this restriction we can have 30 student participants enrolled for participation in the program.
- If any student develops COVID-19 symptoms listed on the CDC website, they must be placed in a separate area and parents will need to pick the child up as soon as possible.
- If a student participant, volunteer, or staff member shows any symptoms of COVID-19, they are suggested to be tested and cannot return to the program for 14 (fourteen) days pending test results.
- If any student participant, volunteer, or staff member tests positive for COVID-19, a notice will go out to all parents while still protecting that individual’s privacy.

If you have any questions, concerns, or in the case of an emergency, please contact a member of the program staff using the following information:

Shane Schlatter	(502) 544-9999	Shane.Schlatter@yahoo.com	President of Operations Exodus Family Ministries
Sandra Fay Miller	(502) 775-9584	Sandra1m1961@hotmail.com	Executive Director HPCDC

ALL SECTIONS MUST BE COMPLETED

***This form will be used for the After-School Program as well as any future programs provided by the partnership of Exodus Family Ministries and Highland Park CDC. It will be the responsibility of the Parent/Guardian to update any information that changes throughout this program or programs to follow.**

Parent/Guardian Information-Please Print

Parent/Guardian First & Last Name: _____

Relation to Student: _____ Date of Birth: _____

Age: _____ Gender: _____ Race: _____

Ethnicity: _____ Occupation: _____

Permanent Address: _____

Phone Number: (____) _____ Email: _____

Program Participant Information-Please Print

Student First & Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Race: _____ Ethnicity: _____

Grade: _____ School: _____

Address: _____

Phone Number: (____) _____ Email: _____

Emergency Contact Information

**Students should be able to be released to these individuals if necessary.*

<u>First and Last Name</u>	<u>Relationship to Student</u>	<u>Contact Number</u>
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Student Learner Profile-Please Print

Primary Language spoken in home: _____ Current IEP/504 plan on file: **YES / NO**

Please list any learning differences, special accommodations, or social preferences to be considered in providing the best possible learning experience for your student *(these may include, but are not limited to social-emotional considerations; educational accommodations for any subject; medical conditions impacting executive and cognitive functioning/development)*:

Please list any food allergies for your student: _____

Are there any dietary restrictions for your student: _____

Please list any environmental allergies for your student: _____

Please list any medical conditions for which your student is currently under the care of a physician:

Please list any medications prescribed for medical health maintenance: _____

Please check any of the following **CURRENT** diagnosis for your student: **Asthma** () **Diabetes-T1** ()

Diabetes-T2 () **Epilepsy/Seizure Disorder** () **ADD/ADHD** () **Anxiety/Depression** ()

Any type of blood disorder for which treatments/transfusions are necessary ()

Anemia/Sickle Cell () Other () Please explain:

Student's Primary Care Physician: _____ Phone: _____

Student's Dental Provider: _____ Phone: _____

Medical Health Insurance Provider: _____

- Please be advised that prescribed nor over-the-counter medications of any kind are **not allowed to be dispensed to students** by Program Staff.
- Any required medications or medical treatments **should be administered prior to** program drop off/pick-up.
- Please note that students **will only be allowed** to self-administer medications with written permission from the parent/guardian and treating physician.
- Students **will not be allowed** to self-administer in the classroom or common area and **should seek program staff authorization prior to** self-administration of any medication.
- **In the event of an emergency medical situation, Emergency Medical Services will be contacted first and the parents/guardians will be alerted immediately thereafter.**

Approved list of adult Individuals to pick-up/receive my student from the Summer Program.

First Name	Last Name	Relation to Student	Phone Number/ Address
1.			
2.			
3.			
4.			
5.			

6.			
7.			

T-SHIRT SIZE

Youth Sizes ___ SM ___ MD ___ LG ___ XL

Adult Sizes ___ SM ___ MD ___ LG ___ XL ___ 2XL ___ 3XL

Program Agreement and Signatures

All Forms are to be completed by the Parent or Legal Guardian of the student participant. The returned packet should contain all requested information complete with dated signatures provided where required.

Please be advised that dated signatures provided imply agreement with the following:

- **I have read all information in its entirety and to my reasonable understanding as it relates to COVID-19 requirements, student expectations for behavior and classroom participation, educational and medical accommodations, and student transportation responsibility.**
- **I attest to the fact that completion of the enrollment packet and provision of my signature indicates possession of my legal right and responsibility to execute decisions on behalf of the student.**
- **I agree that submission of this packet to the program indicates my intent to adhere to and respect all program guidelines.**
- **Exodus Family Ministries, Highland Park CDC and partners have permission to use photographs or videos of my student in promotional material.**

Signatures- *(please sign in BLUE or BLACK ink only)*

Parent/Legal Guardian: _____

Relationship of signature to student: _____

Date: _____

Parent/Legal Guardian: _____

Relationship of signature to student: _____

Date: _____

Student Signature: _____

Date: _____