



**Washington Park District  
R.E.A.C.H.  
Before & After School Care Program**

**Dear Parents and Students,**

Welcome to **R.E.A.C.H.** (Recreation Enrichment for Adolescents & Children). We thank you for choosing our program for your child. We are very excited about this school year! We will be having lots of fun playing, working, and learning together!

**R.E.A.C.H.** will feature a variety of activities including arts and crafts, games, outdoor activities, and much more. Our primary goal is to provide a semi-structured program where the children are safe, can have lots of fun, and develop new friendships.

Please take a few moments to review this manual. It has been designed to help with questions you may have about our program. We have included in this manual some important forms that you will need to complete before attending our program.

These include:

- **Registration Form** – required
- **Participant Information Survey** - helpful to our staff
- **Medication Dispensing & Permission Form** - required if medication is necessary
- **Parent Agreement & Behavior Management Policy** - required \* must be signed by both student & parent

**Our Philosophy:**

To ensure that all children and adolescents are given the opportunity to be involved in a quality program that meets both their recreational and social needs that will ultimately lead them to a healthy lifestyle.

**Our Goals:**

- To provide a safe, positive and semi-structured environment for children and adolescents during before and after school hours.
- To provide an opportunity to participate in a before and after school program that promotes a healthy lifestyle.
- To provide parents with a program that can include a variety of quality recreation programs for their child to participate.

**Hours of Operation:**

The Washington Park District's R.E.A.C.H. program will be open every day that school is in session. We will open at **6:30 a.m.** Students will stay with staff and be escorted to their bus. After school children will be met by staff and led to their appropriate rooms. R.E.A.C.H. will be open until **6:00 p.m.** All early dismissal days are included in our R.E.A.C.H. program fees.

On full no-school days (holidays, school improvement days, etc.) our program will be open for an additional fee. We call these our DayQuest days. We will make every attempt to make these days extra special and full of fun things to do. This program will also be offered during the Christmas Break and Spring Break. There is a minimum/maximum number of participants needed in order to make our program available. Parents will be notified at least a week in advance of the scheduled program for that day. Pre-registration is





required. Neither R.E.A.C.H. nor Day Quests will be available for major holidays (Labor Day, Thanksgiving Day, Christmas Eve, Christmas, etc.)

#### **Absences:**

If your child does not attend school, leaves early or will not be at R.E.A.C.H. During their scheduled time, **you must contact the Washington Park District at 444-9413. Chronic lack of notification (3 or more times in one month) will result in suspension of enrollment in the program.**

#### **Staffing:**

The Washington Park District is dedicated to providing only the best employees with experience working with children and adolescents. All employees will be subject to a background check and trained in CPR/AED and first aid.

#### **Environment:**

A Centers/Zone environment will be utilized that will offer designated areas of the facility and main rooms for structured and semi-structured activities such as games, homework, fitness, recreation play, art, leisure time, etc. We currently have five separate home rooms, which include a Kindergarten room, a 1<sup>st</sup> grade room, a 2<sup>nd</sup> grade room, a 3<sup>rd</sup> grade room, and a 4<sup>th</sup>-6<sup>th</sup> grade room. We try to spend some time each day doing physical activity in the gym, outside, or in the smaller activity room in the basement.

An added benefit to enrolling your child in REACH is the availability and proximity to the many seasonal programs offered by the Washington Park District. In the past, we have had many programs available during REACH hours. We have had participants attend tumbling, basketball, volleyball, and drawing programs that occur at our facility. A great convenience for those working parents who are unable to be in two places at once. For more information see our Fall Brochure.

Due to the new registration software (DaySmart Recreation), we are able to provide even more flexibility to you as you sign up for this program. You will be required to sign up for each month, individually and complete the required parent's packet available at the Washington Park District office located at 105 S. Spruce St. Washington, IL 61571. The program runs August 16, 2023 – May 22, 2024. Dayquest days are not included in the REACH program, but are available on most full days off school and holiday break days. All early dismissal days are included in the REACH program fee. School sponsored snow CANCELLATION days are offered to current REACH customers free of charge.

Our Full-Time REACH plan is 5 Days for AM, PM or AM/PM but will also have Part-Time Coverage which will have the option to choose your days individually to accommodate your schedule.

Transportation is provided to the Park District REACH program from Central Grade School, John L. Hensey, Beverly Manor, and St. Pat's for a membership fee of \$85 per child. The Lincoln Grade School and Washington Middle School buses pick up and drop off in front of our building. Parents wishing to schedule children for the Park District Transportation service should register during his/her respective school registration.

Grade: Entering Grades K-6

Location: Washington Recreational Facility

Transportation Membership Fee: \$85 due at the time of registration for students attending Districts 50, 51 and St. Pat's.

Hours of operation: Before Care opens at 6:30 am and After Care closes at 6:00 pm



### Full-Time REACH Program

5 Day AM \$8/day

5 Day PM \$12/day

5 Day AM/PM \$17/day

*10% discount for each subsequent sibling.*

### Part Time Coverage: Pick your Days!

AM \$10/day

PM \$12/day

AM/PM \$20/day

Billed for per day of coverage.

No further discounts for part time coverage.

### Refunds:

Please note: Refunds are not possible due to circumstances out of our control (child sickness, changes in your schedule, etc.) We plan staff and activities based on the number of children signed up. If your before or after care needs changed, please contact Megan at [Meganv@washingtonparkdistrict.com](mailto:Meganv@washingtonparkdistrict.com).

**Scheduling/Inclement Weather: We follow Central District 51 for our school schedule. If school is cancelled we will make all attempts to be open during the snow day for an all-day program. Please remember to send a sack lunch with your child on these days.**

**We update FACEBOOK (Washington Park District) with our status.**

We look forward to spending the school year with your child. If you have any questions you may call the park district office at 444-9413. Thank you.

Sincerely,

Megan Vanderheydt - R.E.A.C.H. Coordinator

[meganv@washingtonparkdistrict.com](mailto:meganv@washingtonparkdistrict.com)

(309) 444-9413 ext.108



## Behavior Management Policy 2023/2024

The following rules must be followed at all times, both at the Park District Recreation Facility and on Field Trips.

1. Participants must follow staff directions the first time asked.
2. Participants must respect their teachers and other participants. Talking back to the teachers will not be tolerated.
3. Participants must respect park district property. Any damage to toys, supplies, or other people's projects will be seen as a serious offense and may require you to pay for replacement equipment.
4. Participants must keep their hands to themselves. Kicking, punching, pushing, spitting, biting, or hitting will absolutely not be allowed.
5. Profanity (spoken or written) and other disruptive behaviors are not allowed.
6. Participants must participate in scheduled activities.
7. When riding the bus, participants must keep their bottoms seated, their hands to themselves and use inside voices.
8. When in the gym, participants must follow the rules to the game being played and play safely.
9. We do not allow toys or electronics to be brought from home.

Each participant will begin each day with three colored cards. If a participant violates any of the rules, or misbehaves in any way, a teacher will pull their card (The color circled on the card is dependent upon the severity of the situation). Each card has a consequence of different severity. The teacher will document the behavior, date, and time on the pulled card form for parents to sign at pick up. For participants coming in the morning and the afternoon the cards will not start over after school. All pulled cards will carry over into the afternoon. If a child does not follow the REACH rules, discipline will be as follows:

- |                                 |   |
|---------------------------------|---|
| 1 <sup>st</sup> Card (Yellow) - | The child will receive an age appropriate time out.   |
| 2 <sup>nd</sup> Card (Orange) - | The child will be removed from the activity for the remainder of the day and will sit out with the REACH coordinator for 15-30 minutes depending on age and severity of the offense. If needed the parents will be called and informed of the inappropriate behavior. |
| 3 <sup>rd</sup> Card (Red) -    | The child will sit out for the remainder of the day and the parents will be called. The parents may have to pick up the child depending on the severity of the behavior **  |

If anyone is caught fighting, using profanity, destroying park district property, or being disrespectful, they will be asked to sit out the rest of the day along with a staff member calling the parent of the participant or sent home immediately.

Any child receiving an orange or red card will not be allowed to participate in the special activity that day; gym, outside, craft, etc. If we are having a field trip they will not be able to go on the field trip. If the card is pulled during the field trip they will be unable to attend the next scheduled field trip.

**\*This is also given if a child was involved in an incident where there was no physical harm and they did not break any rules. Our top priority after safety is communication. We feel it is important to keep parents up to date on what is happening involving their child.**

**\*\* Fighting and dangerous activity that threatens the safety of the participant and others may result in immediate suspension or expulsion from REACH to be determined by the staff and the Recreation Manager. The Washington Park District reserves the right to make this decision as necessary.**

If three red cards are accumulated by one child they will be put on probation and a meeting will be scheduled with the parents and staff to try to remedy the situation. If things do not improve at that time and/or the student receives another red card the child will be removed from the REACH program to ensure the safety and wellbeing of the other participants.



## Parent Agreement Form

Please read the following agreement. The conditions of this agreement provide protection for you as well as the Washington Park District. As the parent/legal guardian, I agree to the following conditions:

- To complete and turn in all necessary paperwork for enrollment in the REACH Program **BEFORE** the first day of REACH, including the Student Information Form, the Approved Pick-up list, the Behavior Management policy, the Medication forms if necessary and the participant information survey.
- To read the Parent's Packet so I am familiar with the policies and procedures of REACH and the Washington Park District.
- That should my child's program staff and the REACH Coordinator determine that my child cannot adjust to the program, my child may be denied care, and this agreement may be terminated with notification.
- That when my child is picked up or dropped off, by an authorized person, this person will make sure that a staff person is aware of my child's arrival or departure, and will sign my child in and out. I will abide by the pick-up policy as stated in the parent information. I understand that I will be charged a fee of \$1 per minute past 6:00 PM. This is a per child fee. I understand that, in the event my child is not picked by one hour after the program closes, and all emergency contact attempts have been exhausted, the local police will be notified and my child may be immediately terminated from the program.
- To not send a sick child to the program. **Your child MUST be fever free for 72 hours without any fever reducing medication before being allowed to return to REACH.**
- Any medication (prescription and non-prescription) given requires written permission.
- If my child attends any dayquest days, the daily rate will be due prior to attendance. My child will not be admitted to the program unless this fee is paid in the office.
- To pay the non-refundable registration fee for each child registered and my monthly fee by the date and time designated by Washington Park District. I agree to pay promptly the \$10 late fee for any payments made after this time.
- That for any returned check or nonsufficient fund, I will promptly pay a \$25 fee to the Washington Park District and after the first offense, I may be required to pay all future fees in cash or money order.
- This program adheres with many of the DCFS guidelines, but is not licensed or regulated by DCFS with the state of Illinois.
- We are a "NO FIREARMS" facility.





**PLEASE TAKE THE TIME TO FILL OUT THESE FEW QUESTIONS AS THEY CAN BE BENEFICIAL TO OUR STAFF**

1. PLAY HABITS: (Describe indoor and outdoor interests and experiences, favorite play materials, etc.)  
\_\_\_\_\_
2. LANGUAGE ABILITY: (Such as general speech development, language other than English used in the home.)  
\_\_\_\_\_
3. EATING HABITS: (List special problems, allergies, etc.)  
\_\_\_\_\_
4. PERSONALITY: (Temperament, behavior, and special problems with adults or other children.)  
\_\_\_\_\_
5. Are there any known allergies or physical problems that we should know about?  
\_\_\_\_\_
6. What type of discipline is most preferred for your child, or what type of discipline do you employ when necessary in your home? \_\_\_\_\_
7. List distinguishing characteristics of your child such as:  
 Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Distinguishing birth marks: \_\_\_\_\_  
 Glasses: \_\_\_\_\_
8. Any other important information?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**PERMISSION TO DISPENSE MEDICATION  
WAIVER & RELEASE OF ALL CLAIMS**

The Washington Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The Washington Park District's internal procedures on dispensing medication are available for review.

**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print your name) (Print Child's Name)

give permission to the staff of the Washington Park District to administer to my child:

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

I understand it is my **daily** responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

- 1. PARTICIPANTS NAME**
- 2. NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS**

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Washington Park District to provide emergency care by Park District staff, medical personnel and/or licensed hospital physician deemed necessary. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Washington Park District administering medication to my minor child, I do hereby fully release or discharge the Washington Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Washington Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with administering of medication.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



Recreation Enrichment for Adolescents & Children

# PARENT AGREEMENT FORM

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of the Recreation Enrichment for Adolescents and Children Program.

Childs Name

Parent/Guardian Signature Date

# BEHAVIOR MANAGEMENT POLICY

Please sign and date the following statement.  
I have read and understood the REACH discipline policy.  
I will abide by this policy.

Childs Signature Date

Parent/Guardian Signature Date







Recreation Enrichment for Adolescents & Children

Child's Name	Child's Age	Birthdate
School Attending	Grade Entering in Fall	Nickname
Mothers Name	Child Lives With	
Home Address		
Place of Employment & Contact Number	Mother's Birthdate	
Fathers Name	Mother's Phone Number	
Home Address	Father's Birthdate	
Place of Employment & Contact Number	Father's Phone Number	
Additional persons that your child may be released to and that we can call in case of emergency. We must have at least two names and numbers.		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

**Custody Information:** Please list any conditions for custody, if applicable:

Copy of legal papers on file      Yes      No

Physician's Name		Phone
Preferred Hospital		Other Info
List any medications that your child takes: even if we will not be administering the medication to your child in case of emergency.	List any medications/times in which your child will be taking at Camp Adventurers. Doctor's note required as well as original prescription bottle.	I give permission to the Washington Park District staff to administer the listed medications to my child.
		Parent Signature
		Date
<b>List any other allergies/medical conditions/pertinent medical info:</b>		

**Photo Agreement:** I hereby consent to the use of my minor/ward photograph in the Washington Park District brochures, publications, Washington Park District Facebook.

- Yes, I agree that my child's photos may be used.
- No, I do not want my child in any photos to be used for WPD

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





Recreation Enrichment for Adolescents & Children

**Participant Information**

Does your child have any allergies? (Please list) Any special diet?

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Please let us help your child by listing what your child likes to do, special needs, services, etc.  
(Hearing impaired, pertinent medical info, post traumatic disorder, etc.)

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**PLEASE READ CAREFULLY BEFORE SIGNING LIABILITY WAIVER FOR PARTICIPATION**

Medical or accident insurance does not cover participation in Washington Park District activities. Each participant must furnish his/her own personal coverage. Many sport activities and programs have inherent elements of danger. Parent permission is granted to provide emergency care by Park District staff, medical personnel or notification of emergency personnel when necessary.

As a parent/guardian of a participant under 18 years of age, I hereby agree to hold harmless and indemnify the Washington Park District, its' trustees, employees and Board of Commissioners from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of an accident or sickness, I consent to such emergency care noted above.

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

**These records are maintained at the REACH desk (lower level across from the bathrooms) and locked each evening following the program. Records are transferred to locked storage following the end of each program season and stored on site until participants turn 18 years of age.**

**The Washington Park District engages and complies with the background check and clearance requirements to obtain criminal history checks through the Illinois State Police, FBI, and checks of the Illinois Sex Offender Registry, and Child Abuse and Neglect Tracking System for employees and volunteers who work directly with children.**

