



# HUB

## After School Care

### Registration Packet

#### 2023-2024

**Full Time Option:** Monday to Friday 2:30pm-5:30pm

**Wednesdays Only** 12:15pm-5:30pm

HUB starts the first day of school

# Parent Handbook

## PROGRAM AND PROCEDURES

Welcome to La Pine Park & Recreation District! We provide the youth of La Pine, Sunriver, Three Rivers area and Gilchrist with a fun curriculum encompassing a variety of different themes and activities. We are very excited to have your student(s) participate in our HUB programs this year!

### ENHANCE AND SUPPORT ACADEMIC PERFORMANCE

Students attending the HUB will enjoy time reading and learning with some hands-on fun. In addition to the program, we like to help students find new talents, develop new skills and discover themselves in ways that build a positive and healthy self-image.

### ENCOURAGE AND DEVELOP PERSONAL DISCIPLINE

Our District encourages participation in activities which promote self-confidence, responsible behavior, encourage healthy friendships/relationships and a mindfulness of community.

### HEALTHY BONUSES

Our programs promote healthy lifestyles by providing space and scheduled times for a variety of physical activities. We also offer a healthy snack provided by the Bend-La Pine School District Nutrition Services.

### REGISTRATION, FEES AND COLLECTION POLICY

Our HUB program is open to students in kindergarten to 5th grade. Registration forms are available at the La Pine Park & Recreation District office or on our website at [www.lapineparks.org](http://www.lapineparks.org). Registration must be completed by the parent or guardian caring for the student. Applicable fees must be paid prior to attendance. Registration fees are due the day of registering your child. **Payments for the program after registration must be paid by the 5th of each month. HUB bill will need to be paid in full and up to date and current to register for any sports program and for our summer program.**

### PAYMENT METHOD

La Pine Park & Recreation District accepts cash, check or credit cards for all programs. There is a \$36.00 fee for returned checks. Recurrent returned checks may result in dismissal of your student from the program. Payments can also be made online at [www.lapine.parks.org](http://www.lapine.parks.org).

## **REFUNDS**

**Any HUB program will require a 3 week notice for the last day of student attendance.** Lack of attendance without the necessary timely notifications will forfeit your refund or spot in the program.

## **PROGRAM HOURS**

Please make arrangements for students to be picked up or to exit the program by the specified closing time of 5:30 pm each day. Parents not picking up students by closing time may be subject to a late pick-up fee and possible termination from the program if tardiness persists. After two late pick ups, a \$25.00 fee will be charged for each occurrence thereafter.

## **CLOSURE DAYS**

During the school year if there is an emergency the parents will be notified of the closure through Facebook and/or email. As for the HUB program days, LPRD follows the school hours(example: if the school is closed for Thanksgiving-HUB is also closed).

## **ELECTRONIC DEVICE USAGE**

The use of cell phones are under restricted use during the program. The staff will allow the students to call parents or answer phone calls from parents. All other calls or usage of the phone is a distraction to the program. Therefore the cell phone will be confiscated if it is a distraction. All gaming devices and iPads are a distraction to the program. Please do not bring these items to the program. They will be confiscated for the day. The student will be able to pick up their property upon checking out of the facility for the day

## **STAFFING**

All staff and volunteers must undergo and pass a background check through La Pine Park & Recreation District. Training is provided for CPR and First Aid if not already certified, as well as conflict resolution, child abuse prevention and a variety of other situations that may arise in such a program.

## **CHILD ABUSE REPORTING**

Each employee is required to immediately notify the local public children services agency if they suspect that a student has been abused or neglected. The District policies are created to prevent and protect students from abuse or neglect while the student is in our care.

## **CLOTHING**

We ask that your student come dressed appropriately for the program and the weather.

## **PERSONAL BELONGINGS**

Unfortunately we are not immune to theft. We suggest valuables be left at home. LPRD will not be held responsible for lost or stolen items.

Participants and staff will respect the private property of others and with the understanding that stealing or vandalism will not be tolerated.

## **STUDENTS WITH SPECIAL NEEDS**

It is the intent of LPRD to be inclusive to all participants in our programs and activities to the greatest extent possible. Recognizing limitations due to an individual's special need is important and, with this in mind, we will make every attempt to adapt program activities, staffing and facilities through reasonable accommodation. If your student requires any special accommodations, please discuss it with our Program Director

## **SUPERVISION AND SAFETY POLICIES**

No student is to be left alone or unsupervised while under the care of the program staff.

Parents must walk their students into the building for check-in upon arrival and come into the building to check-out their student. Students are allowed to enter and exit through authorized doors only, except in the case of an emergency.

## **EMERGENCY PROCEDURES**

Emergency telephone numbers are posted at each phone. If a child is injured we follow this procedure:

1. If a child needs emergency medical attention, an ambulance will be called. A director or staff member will always accompany a child to the hospital. The child's medical forms will be brought, as they contain pertinent medical information.
2. If poisoning is suspected, poison control will be called.
3. The child's parent will be contacted. If a parent cannot be reached, we will contact the person(s) listed on the emergency form.
4. An accident report will be completed for any injury.
5. A copy of the accident report will be placed in the District office.
6. Parents will be notified of minor accidents or injuries by the Staff Supervisor.
7. When away from the program, a first aid bag will be prepared containing bandages, antiseptic, gauze, and ice packs.

## **DONATIONS AND SCHOLARSHIPS**

In addition to Program fees, our program is dependent upon grants, donations, scholarships and a variety of in-kind community support. Gifts of new or slightly used supplies are always welcomed. We often accept board games, books, arts and craft supplies and any other useful donations. In return, you will receive a letter of acknowledgment for donations. Scholarships are available when funds are available. One must apply and be accepted to receive a scholarship. We do not give out full scholarships. If you are interested in donating to our scholarship fund it can be made to La Pine Park & Recreation District Foundation and is tax-deductible.

# MEDICAL POLICIES & PROCEDURES

We will do our best to make your student's experience accident and illness free. However, in the event of any injury, we are prepared. Our staff members are trained in CPR and First Aid. We treat minor cuts and scrapes, but parents and guardians will be notified in cases where a student may need more medical attention than our staff can provide. In all cases of injury, an accident form will be completed. If the medical needs are extreme and parents or guardians cannot be reached, your signature on the health form authorizes us to secure medical attention, including but not limited to calling 911. If your student has severe asthma or a potentially life-threatening allergy please speak with our staff prior to attending the program.

A student who is sick should be kept home as a courtesy and safety of the participants of the program. Participants with any form of contagious or infectious conditions or symptoms such as COVID-19, lice, conjunctivitis, chicken pox, strep, etc. will be sent home immediately. Students are welcome to return to the program when they are feeling better and are no longer contagious and can produce a doctor's note.

Any Child that has these symptoms or diseases will be sent home and will not be able to return without a doctor's release:

- **Coughs/Colds**
- **Fever**
- **Strep**
- **Rash**
- **Vomiting**
- **Diarrhea**
- **Chicken Pox:** A note from the doctor will be required.
- **Measles:** You must bring a note from your healthcare provider stating that your child does not present a health threat to others.
- **Conjunctivitis:** If your health care provider chooses not to prescribe medication, you must bring a note from him/her stating that your child does not present a health threat to others.
- **Head Lice:** Child must be free of lice for a two week period
- **Ear Infections:** note from healthcare provider to participate

## BEHAVIOR MANAGEMENT POLICY

We believe in a positive approach towards discipline. This means that our staff will work to prevent behavioral issues through positive, cooperative expectation setting, and role modeling. Our primary expectation for students is RESPECT - Respect of self, property and others. We provide a safe environment for students to grow, build relationships and have fun while learning.

Students will respect the rights and feelings of others and will avoid disruptive behaviors that would interfere with the program. Aggressive behaviors such as fighting, verbal "put-downs", swearing, and other inappropriate behaviors will be addressed appropriately. Students who continue to bully or treat others in a disrespectful way will be dismissed from participation in activities.

Students will follow all directions given by staff regarding safety procedures for all activities.

The program strictly prohibits the use or possession of alcohol, tobacco, and drugs or like substances.

Any behavior which would be classified as harassment of staff or participants will not be tolerated. Such behavior will result in dismissal or termination and, if applicable, contacting authorities.

### **BEHAVIOR MANAGEMENT PROCEDURES**

Take immediate action to stop the behavior.

Separate the individual from the situation and calm down all involved.

Discuss with each individual involved to understand all sides of the situation.

If necessary, call the parents or guardians of the individual to inform them of the incident and/or the consequences instituted.

If the severity of the inappropriate behavior warrants or the participant refuses to stop the behavior when asked, a parent or guardian will be asked to pick up the student immediately. In some cases the inability or unwillingness to conform to the standards of the program may result in temporary suspension or permanent expulsion.

I agree with the La Pine Park & Recreation District parent handbook for programs and procedures.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH HISTORY

Health history must be filled out by parents/guardians of minors. These forms must be submitted with the registration. The intent of this information is to provide our staff background information to provide appropriate care. If you need to make changes or updates to this form at any time, please contact us.

Name: \_\_\_\_\_  
*Last First Middle*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_  
*Street Address City State Zip*

Gender:

- Male
- Female
- Other

Custodial parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
*(if different from above) Street address City State Zip*

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Second parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
*(if different from above) Street address City State Zip*

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street address City State Zip*

**Insurance Information**

Is the participant covered by family medical/hospital insurance?

Yes

No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
*Street address City State Zip*

**Family Dentist/Orthodontist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
*Street address City State Zip*

**ALLERGIES** List all known and describe reaction and management of the reaction:

**Medication allergies (list)**

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**Food allergies (list)**



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**Other allergies (list)** - includes insect stings, hay fever, asthma, animal dander, etc.

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### **MEDICATIONS BEING TAKEN**

Please list all medication (including over-the-counter or nonprescription drugs) taken routinely. Our staff will handle all medications during each session. Please provide a prescription from the doctor if taken at HUB, as well as a Medication Authorization Form. Please keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

- This student takes NO medications on a routine basis.
- This student take medication as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

### **RESTRICTIONS**

The following restrictions apply to this individual.  
Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

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Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which program staff should be aware of.

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Please describe your child's swimming ability and/or level of last completed swim lesson:

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Parent/Guardian Authorization:

This health history is correct and complete to the best of my knowledge. The student herein has permission to engage in all program activities except as noted.

In the event I cannot be reached in an emergency, I hereby give my permission for treatment, emergency transportation to a healthcare facility, referral, billing, or insurance purposes.

I give permission to arrange necessary related emergency transportation for me/my child.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZED PICK UP FORM

The following people are authorized to pick up my child, \_\_\_\_\_ from La Pine Park & Recreation District Programs. I understand that La Pine Park and Recreation District is not responsible for any occurrences and/or accidents taking place outside of the program location. A sibling of 12 years and older may be added to the authorized pick up form. Please include any adults over age 18 living in your household (including yourself).

\*Please remember that all people listed as **Authorized Pick Ups MUST come with a valid photo ID.**

## Adults authorized to pick up my child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Please list any individual(s) who is LEGALLY DENIED access to your child:

\_\_\_\_\_

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pick up by anyone not on this list. Please remember to include carpool members.

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

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

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

Any other information that we may need to know \_\_\_\_\_



## Out-of-School Programming

### 2023-2024 Registration and Release Form

Registrations and Fees are taken on a first come first serve basis

Please Select School Site: **LPE** \_\_\_\_\_ **Rosland** \_\_\_\_\_ **Three Rivers** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

MailingAddress: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Street Address: \_\_\_\_\_

MailingAddress: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Street Address: \_\_\_\_\_

MailingAddress: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

Please list any special considerations and/or medical concerns that may affect student's ability to participate in activities:

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### Enrollment options include:

#### LPE/Rosland HUB

- Full-time enrollment:** \$160/month-space limited
- Wednesdays only:** \$50/month-space limited

#### Three Rivers HUB

- Full-time enrollment:** \$190/month-space limited
- Wednesdays only:** \$80/month-space limited

**\*Out of District Fees apply**

For more information or turning in registration

Email: [shannon.palmer@lapineparks.org](mailto:shannon.palmer@lapineparks.org) or call 541-536-2223

\*Options to turn in registration: Drop off at office, outside black drop box, or scan pictures to Shannon Palmer's email

AUTHORIZATION– WAIVER – RELEASE	
	INITIAL
<p><b>GENERAL RELEASE</b></p> <p>I hereby register my child for The HUB, a community school program offered by La Pine Park &amp; Recreation District. I authorize the staff and volunteers of the program to direct my student in participation of activities during regular HUB hours as well as all special HUB events my student may wish to attend.</p>	
<p><b>MEDICAL RELEASE</b></p> <p>I know of no mental or physical problems that may affect my child's ability to safely participate in activities offered except as indicated under special considerations. I authorize the staff and/or volunteers to attend any health problem or injury to my child that may occur while participating. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury.</p>	
<p><b>MEDIA RELEASE</b></p> <p>I authorize La Pine Parks &amp; Recreation District representatives to take and use photographs and/or digital images of your child for use in news releases, social media and/or educational materials associated with our program. Your student's name and identity may be revealed in a descriptive test or commentary associated with our program. All rights to negatives, prints, digital reproductions and their use are the property of La Pine Park &amp; Recreation District.</p>	
<p><b>INTERNET AUTHORIZATION</b></p> <p>I hereby authorize my student access to the internet in the HUB'S computer lab. I understand that the viewing or downloading of explicit and or illicit materials is forbidden and that such access will lead to my student being banned from the computer lab. I also understand that by initialing this box I am authorizing the use of the internet for educational purposes only.</p> <p><b>Electronic Device Authorization: I understand that the use of any or all electronic devices, such as I-Pads, cell phones and /or gaming devices be restricted to the computer lab. Use of said devices outside of the computer lab will result in confiscation of the device for the day. The student will be able to pick up their property upon checking out of the facility for the day.</b></p>	
<p><b>SOCIAL MEDIA AUTHORIZATION</b></p> <p>I hereby authorize my student to access social media and/or gaming sites in the HUB'S computer lab. Social media includes, but is not limited to, Facebook, Twitter etc. Under no circumstances will bullying or the use of inappropriate language on these sites be tolerated. I also understand that gaming sites will be limited to age appropriate ratings.</p>	
<p><b>LIABILITY WAIVER</b></p> <p>I hereby release and hold harmless the Bend La Pine School District, volunteers of the La Pine Parks &amp; Recreation District program, La Pine Parks &amp; Recreation District players, instructors, agents and board of directors, from any liability that may arise from my student's participation in activities offered through the district</p>	
<p>Parent /Guardian Signature:</p>	<p>Date:</p>

**For Office Use**

Amount \_\_\_\_\_
  Cash  Credit  Check # \_\_\_\_\_
 Date Received \_\_\_\_\_
 By \_\_\_\_\_