

BELLEVILLE PARKS & RECREATION

Alphabet Academy

EARLY CHILDHOOD DEVELOPMENT



2021/2022 Parent Handbook

NICHOLS COMMUNITY CENTER

515 East "D" Street
Belleville, IL 62220
(618) 277-9785



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Dear Parents,

Welcome to the Nichols Community Center's Alphabet Academy. Our Early Childhood Development program creates a unique environment for your child through a variety of activities.

We have developed a Parent Handbook in order to inform parents of the guidelines governing the center and to provide parents with adequate information about the program offered.

For safety reasons the following procedures have been put into place:

- Children must be signed in and out every day.
- Children may not be dropped off early or picked up late.
- ALL adults who are authorized to pick up your child(ren) should be on our list. A photo ID will be required when picking up your child(ren).
- ALL forms need to be completed.

LUNCH: Parents must supply their child(ren) a non-perishable lunch with a drink every day. In the case of severe food allergies, it is not possible for us to monitor what other children bring.

VALUABLES: Please do **NOT** allow children to bring valuables or favorite toys. The Nichols Community Center is not responsible for lost articles.

MEDICAL: The Nichols Community Center is **NOT** responsible for administering medication to children. Consult a pediatrician about altering the child's dosage so that medication can be administered outside of our hours.

EXPECTATIONS: Staff will review the expectations each day.

- 1) Listen and follow instructions.
- 2) Participate in activities.
- 3) Respect others and property.
- 5) Have fun!

In case of severe behavior problems, we will call to ask you to pick up your child. At our discretion, your child may be allowed to return the following day or possibly suspended/terminated from the program.

Please keep this handbook to use as a guide throughout the program.

Sincerely,

Patrick Minogue
Superintendent of Recreation
Nichols Community Center
(618) 277-9785

Michele Studt
Early Childhood Coordinator
Nichols Community Center
(618) 277-9785

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I. Program Description

Goals and Objectives

The Nichols Community Center provides children with a safe, secure, and fun environment. The array of activities as well as the various themes encourages self-esteem; physical, emotional, and intellectual growth; positive social skills; problem solving skills; creativity and prepares them for success in Kindergarten.

Philosophy

We focus on your child and provide opportunities to cultivate your child's lifelong love of learning, enhance character, instill social skills, create friendships and discover new interests.

II. Absences

Please call the Nichols Community Center to inform us if your child will be absent. You may email or call at any time and leave a message on the answering machine.

III. Daily Program Procedures

Child Release Policy

Picture Identification must be shown at pick-up to ensure the safety of every child in attendance. Until staff members become familiar with you and all authorized pick up persons, you will be asked for photo identification to cross reference names on your child's registration forms. Please inform all persons who will pick your child up to carry photo identification. Any changes or additions to your authorized pick up list must be in writing and dated.

Parents who have shared or joint custody must agree upon the persons allowed to pick up their child. Both parent's signatures are required on all registration forms in shared custody situations. Any changes made must have both parents' signatures. It is the responsibility of the parents to review this information together before it is handed in to the Nichols Community Center.

Parking

In the event our parking lot is full when you arrive for drop-off and/or pick-up please park on the side street.

IV. Payment Policy

Payments will be accepted within the Recreation Facility Coordinator's office. Payments, for each month, must be received by the 1st. A \$1.00 late charge will be assessed for each day the payment is late. If you cannot pay on time, please make arrangements with the Facility Coordinator.

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V. Child Guidance and Related Policies

Child Guidance Plan

The Nichols Community Center Staff and Administration provides children with guidelines for appropriate behavior while enrolled in our programs. We encourage positive actions through positive reinforcement and close supervision. Our main goal is to keep the children safely involved in activities to avoid inappropriate behavior. Special modifications may be made to adapt to a child's needs. The following steps are followed if inappropriate behavior occurs.

- 1) The child's focus will be redirected to reinforce a positive outcome.
- 2) The child is spoken to privately in a firm but gentle manner regarding the unacceptable behavior.
- 3) If the said behavior continues, the child is removed from the activity for a cool down until both the staff and the child feel the child is ready to return.
- 4) If the said behavior still continues, the child's parent will be called or spoken with before departing for the day.
- 5) An Incident Report will be filed when there is evidence of property destruction, injury to an individual, foul language, and other inappropriate behavior on a consistent basis.
- 6) A child may be terminated from our programs without prior notice to the parents under the following conditions:
 - a) A child injures another individual requiring medical attention.
 - b) A child displays violent, uncontrollable behavior that will put others in the program at risk.
 - c) Any tendencies the Recreation Facility Coordinator perceives as a negative situation.
 - No child will be suspended without the consent of the Recreation Facility Coordinator. All efforts will be made to work with the parents and the children on all behavior issues.
 - Staff members shall not be subject to verbal or physical abuse by a child enrolled in our programs, or by their parent, including but not limited to, cruelty, humiliation, foul language, and ridicule.

Equipment Replacement Policy

If a child breaks or damages the Nichols Community Center's property (toys, games, furniture, doors, windows, etc.) through improper use, the Recreation Facility Coordinator will meet with the parents.

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V. Health, Safety, Clothing and Nutrition

Please ensure that your child is properly clothed for each day.

Illness Policy

Parents/Legal Guardians are required to keep your child(ren) at home if there is evidence of any of the following symptoms:

- ✓ Fever (over 100 degrees)
- ✓ Vomiting
- ✓ Redness/Weeping Eyes
- ✓ Diarrhea
- ✓ Skin Eruptions
- ✓ Redness/Swelling of Throat

Should any of the above symptoms develop while your child is at the center, we will immediately call you to pick up your child. If we are unable to contact you, we will call your Emergency Contact(s). Your child will rest in the Office or designated area until he/she is picked up. Please pick-up your child in a timely manner, not to exceed one hour after notification.

What to Bring to Alphabet Academy

- a) Your child will need a non-perishable lunch with a drink, each day. Please note that microwaveable lunches are NOT permitted.
- b) A change of clothes in a zip-lock freezer baggie in case of an “accident” of any kind.

What **NOT** to Bring to Alphabet Academy

- a) Electronic Devices.
- b) Anything that you do not want to lose or share.
- c) A weapon of any kind.

VI. Parent Involvement and Communication Open Door Policy

The Nichols Community Center has an Open-Door Policy that allows children to be dropped off or picked up at any time. Photo identification will be required.

Parent Communication

Please feel free to make an appointment to discuss questions, concerns, or suggestions you may have about our program or your child’s participation in our program with the Early Childhood Coordinator and/or Recreation Facility Coordinator. Announcements and items of general interest are either handed out to you at the end of the day or emailed. It is the parent’s responsibility to provide a correct and current email address. Please check with the staff each day to see if there is information to go home. You may also check us out on Facebook!

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Alphabet Academy Parent's Contract

I, _____, the parent/guardian of _____
have read and agreed to the following mandatory responsibilities on ____/____/____.

In the spaces provided, **PLEASE INITIAL** each item, showing that the following agreement has been read and is understood.

- _____ I have received the **ALPHABET ACADEMY PARENT'S HANDBOOK**.
- _____ I acknowledge that my child **must be** fully potty trained to attend Alphabet Academy.
- _____ I confirm that my child has the current immunizations and will be maintained up to date throughout the year. I agree to provide a copy of my child's immunization record.
- _____ I understand that if I am unable to pick up my child by the scheduled time, I will be charged a late pickup fee. The fee will be \$5.00 per every 15 minutes from the scheduled pick up until the time I arrive. Late fees accumulated in one week must be paid in full before attending another week.
- _____ I will ensure that my child is dressed appropriately and has all necessary gear for the program each day.
- _____ I will provide a non-perishable lunch and a drink every day. Please note that microwaveable lunches are not permitted.
- _____ I am aware that inappropriate behaviors will not be tolerated. Depending on the severity of the offense my child may be suspended or terminated from the program. Upon notification I will immediately pick up my child.
- _____ I will ensure that my child follows all rules and directions of the program.
- _____ I will check my child's belongings each day before drop off and pick up so no personal items are brought, lost or misplaced. Due to the volume of lost and found, we will hold unclaimed, unidentifiable items for one week only.
- _____ I will follow the normal check in and checkout procedure, making certain my child is signed in/out the building and taken safely to the classroom before departure. I will never leave my child unattended in the parking lot or grounds, nor will I take them from the property early without notifying staff.
- _____ I will make certain that any changes in my child's medical records/emergency phone numbers will be updated immediately to ensure the safety of my child.
- _____ I understand that there will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.
- _____ I hereby release and discharge from and waive any and all claims which might arise from injury the aforementioned may sustain while participating in this program within the Belleville Parks and Recreation Department.

I have read, understand and will follow these policies. In addition, I have completed and signed all Alphabet Academy forms (Registration, Photo/Video Release, Medical Consent, etc...).

Signature of parent or legal guardian

____/____/____
Today's Date

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PHOTO/VIDEO RELEASE

I give permission for photographs, images, video, or audio recordings of myself/my child/my family, captured via still photography, video or audio recording, to be used at no charge in connection with activities of the Belleville Parks & Recreation Department. All images and names may be used in educational and promotional publications, newspaper, television and video programs, recordings, presentations, and the Belleville Parks & Recreation Department and/or media websites, etc.

I do not give permission for photographs, images, video, or audio recordings of myself/my child/my family, captured via still photography, video or audio recording, to be used at no charge in connection with activities of the Belleville Parks & Recreation Department.

I understand and agree to the above-stated conditions.

Print Name of Parent / Guardian

Print Name of Student

Parent / Guardian Signature

_____/_____/_____
Today's Date

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2021 / 2022 Alphabet Academy Registration Form

CHILD (Please Print)

| | | | | |
|-----------|------------|------|--|--------------------------|
| Last Name | First Name | M.I. | Birthdate (mm / dd / yyyy) ____ / ____ / ____ | Gender Male Female |
|-----------|------------|------|--|--------------------------|

PARENT(S) / GUARDIAN(S) INFORMATION (Please Print)

| | | | | |
|-------------------|-------------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Work Number (direct) | | |
| Email Address | Employer | Employer Phone Number | | |

| | | | | |
|-------------------|-------------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Work Number (direct) | | |
| Email Address | Employer | Employer Phone Number | | |

AUTHORIZATION FOR PICKUP (Please Print)

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of any unforeseen circumstance, please indicate the following information who you authorize to pick up your child on your behalf (photo ID will be required to pick up your child):

| | | | | |
|------------------|------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home/Cell Number | Employer | Work Number | | |

| | | | | |
|------------------|------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home/Cell Number | Employer | Work Number | | |

2021 / 2022 Alphabet Academy Registration Form

(continued)

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will eventually be released to the proper authorities.

EMERGENCY CONTACT(S) INFORMATION (Please Print)

| | | | | |
|------------------|------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home/Cell Number | Employer | Work Number | | |

| | | | | |
|------------------|------------|-----------------------|-------|----------|
| Last Name | First Name | Relationship to Child | | |
| Address | | City | State | Zip Code |
| Home/Cell Number | Employer | Work Number | | |

MEDICAL INFORMATION (Please Print Child's Information below)

| | | | | |
|---|--------------------------|----------------------------|-------|----------|
| Doctor's - Last Name | Doctor's - First Name | Medical Facility | | |
| Address | | City | State | Zip Code |
| Office Phone Number | Medical Insurance Number | Child's Personal ID Number | | |
| Child's Medical Condition (Example; Asthma, etc.) | Child's Allergies | Child's Medication | | |

How did you become aware of this program _____?

AUTHORIZATION FOR TREATMENT

I hereby authorize the physicians of Memorial or St. Elizabeth's Hospital to prescribe such treatment and /or perform such medical and/or surgical procedures as may be deemed advisable or necessary in the diagnosis and treatment of my son/daughter or the child named above in case of emergency. (Selected St. Louis Hospitals if necessary)

Signature of Parent/Guardian (This signature is required by hospital officials before they will treat any emergency case).

____/____/____
Today's Date