

#### **SUMMER SESSION 2023 REGISTRATION**

## Member Information Member Name: (Last, First, Middle): \_\_\_\_\_\_ M/F DOB: \_\_\_/\_\_/ Age: \_\_\_\_ Address: \_\_\_\_\_ St. \_\_\_ St. \_\_\_ Zip: \_\_\_\_ Ethnicity(circle one): White Hispanic Asian African American American Indian/Alaskan Native Other Member's Cell Phone: \_\_\_\_\_ Has your child attended BP Youth Club before? Y/N School: \_\_\_\_\_ Grade (2023-2024): **Parent/Guardian Information** Parent/Guardian Name: \_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Address: \_\_\_\_\_ St. \_\_\_ Zip: Employer:\_\_\_\_\_ Work Phone:\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Address: \_\_\_\_\_\_ St. \_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_\_ Home Phone: \_\_\_\_\_ Employer:\_\_\_\_\_ Work Phone:\_\_\_\_ **Household Information** All information collected will be kept confidential. Information may be used to secure funding from government, private, and non-profit agencies that will enable the Club to maintain affordable membership and program fees for all. How many people live in your household: \_\_\_\_ How many under the age of 18: \_\_\_\_ Is the household headed by a single parent: Y/N Primary Language spoken in your household? \_\_\_\_\_ Members of the household serves in the military: Y/N If yes, which branch? \_\_\_\_\_

Eligible for free or reduced lunch? (circle one) Free Reduced N/A

\*\*\* Please submit a copy of school free/reduced lunch eligibility with your application.

### Please circle which best describes your approximate annual household income:

2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$19,600	\$22,050	\$24,500	\$28,410	\$32,570	\$36,730	\$40,890
\$32,700	\$36,800	\$40,850	\$44,150	\$47,400	\$50,700	\$53,950
\$52,300	\$58,850	\$65,350	\$70,600	\$70,600	\$81,050	\$86,300

#### **EMERGENCY CONTACT INFORMATION**

Please list two emergency contacts other than the Parent/Guardians listed above

Signature		Date	
previous arrangements h	nave not been made. l,	minate membership if payment is not received in excess if understand the terms or the agreed upon reduce rate of the Executive Director	
lack of funds, the parent different form of paymer	yment include cash, personal ch /guardian must pay a returned c nt will be needed going forward.	rment eck or credit card. If a personal check is returned due to a heck fee. If a check is returned more than one time, a	
\$325/month June July August *For discounted rate, p	olease see Executive Director		
Summer Membership	Rates		
Cell Phone:	Home Phone:	Work Phone:	
2. Contact Name:	Rel	ationship to Member:	
Cell Phone:	Home Phone:	Work Phone:	
1. Contact Name:	Relationship to Member:		

# **MEDIA RELEASE FORM**

I,, grant permission to Blooming Prairie Youth Club to use the image of my child,, (photographs and/or video) for use in Media publications including:
(Check All That Apply)
☐ - Videos ☐ - Email Blasts ☐ - Recruiting Brochures ☐ - Newsletters ☐ - Social Media ☐ - General Publications ☐ - Website and/or Affiliates ☐ - Other:
I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.
Please initial the paragraph below which is applicable to your present situation:
- I am the parent or legal guardian of the above-named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.
Signature of legal parent or guardian:
Date:
Name (please print):
Address:

## Blooming Prairie Youth Club

## Annual Health Information

Please return this form to:

Blooming Prairie Youth Club

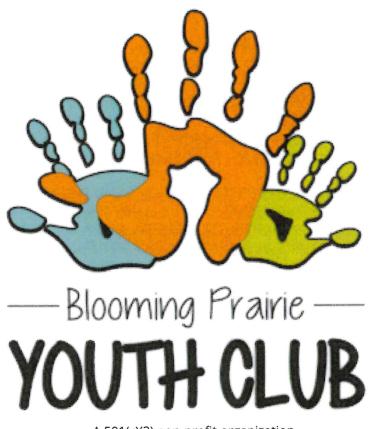
Stu	Student Name: Birth Date Grade					
D	First	Middle	Last	Dirtii Date		Grade
Dea	r Parent/Guardian:					
nlan	r child's health may affect his	or her learning or pa	rticipation in activitie	s. Therefore, health	information is	important in
Press	ning for your child's needs at as needed. Please complete t	DE LUUM CHID, HEA	In information from	thir form mass ha ab.	ared with other	BP Youth Club
	and an arrange of the state of	ms torm and return it	to BP Youth Club as	soon as possible.		
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Plea	se put a √ if your child has	any of these health	concerns:			
	No Health Concerns	,				
	A.D.H.D./A.D.D./Medication	s:				
	Allergies (to what?)					
	Asthma or other breathing pro					
	a. Has your child ever been di	agnosed by a doctor	as having asthma?		Пу Пъ	¥ .
	<ol> <li>Has your child had episode</li> </ol>	(s) of wheezing (whis	tling in the chest) in t	he last 12 months?	□Yes □N □Yes □N	
(	2. In the last 12 months have	you heard your child	wheeze or cough after	r active playing?	□Yes □N	
(	i. Other breathing problem (d	escribe)		<del>-</del>		
	Bladder problems/ Bowel problems/ Bowel problems/	olems (describe)				
- '	SHOKOHPON (LIST YEAR HE/SHE.	had disease)		······································		
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<b>]</b> F	Heart Problems (describe)	•				
	LOUTTE TOSTITUTES					
		e				
ם s	ocial/emotional/mental health	(describe)		*		
<b>]</b> (	other health concern or signifi	cant history of proble	ms (describe)			
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JVII	ERGENCIES: Does your of	child have a health pro	oblem that could resu	It in an emergency?	□Yes □N	0
r yes,	, describe:			•		
/TET	MCATIONS					
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	/IDER and PARENT. A new	v consent is needed e	ach school year. For	ms are available in t	he health offic	e or web site.
1edi	cation Name	Purpose		Dose	T.You	
		pooo		Dose	Hov	often taken?
isio	n	H	earing			
	No vision problem	4.1.		auahl		
	Glasses/contacts prescribed		□No hearing p			
	Wears glasses/contacts all of	the time	THee age to be	infections (more thats)  (s) Date inserted	ın 3 per year in	past year)
	Wears glasses in classroom of		Hearing loss	right ear left ear	***************************************	
	Glasses lost/broken	•	Hearing aid/e	i) right par laft ann		
☐Hearing aid(s) right ear left ear ☐Has (or has had) glasses but does not wear ☐Aids lost/broken						
	Other (describe)			ad) aids but does no	t wear	
	Please Turn Over and Complete Back Side					

HEALTH INSURANCE:  My child has health insurance:  Medical Assistance  Minnes  My child has no health insurance	sota Care	vork)
HEALTH CARE PROVIDERS:  Does your child have a doctor or clinic where	e they usually go for health care? □Yes □No	)
Name of Doctor or Clinic	Location and Phone	Approximate Date of Last Exam
Hospital preference:		and the second s
This health information may be shared this health information shared, please	d with Blooming Prairie Youth Club staff a contact the Executive Director by e-mail: b	s needed. If you do not want opyouthclubinfo@gmail.com
Parent/Guardian signature:Print Parent/Guardian name:	Dotos	phone

<u>Comments</u>: Use this space to describe any special health considerations.

## BLOOMING PRAIRIE YOUTH CLUB MEDICATION ADMINISTRATION AUTHORIZATION FORM

I his order is valid only for school year (current)	including the summer session.	
Organization: Blooming Prairie Youth Club (BPYC)		
This form must be completed fully in order for BPYC to admin be completed at the beginning of each school year session, administration of a medication.	nister the required medication. Anew medica for each medication, and each time there is a	tion administration form musi change in dosage or time of
*Prescription medication must be in a container labele *Non-prescription medication must be in the original or *An adult must bring the medication to BPYC. *The BPYC Executive Director willcalltheprescriber, as medication.	ontainer with the label intact.	the child and /or the child's
Prescr	riber's Authorization	
Nameof Child:	DOB:Grad	e:
Condition for which medication is being administered:		
MedicationName:	Dose:	Route:
Time/frequency of administration:	If PRN, frequency:	
If PRN, for what symptoms:		
Relevantside effects:None expectedSpeci		
Medication shall be administered from:		
Month/Day/	to 'Year Month/D	In AV and
Prescriber's Name/Title:	Monthly	ay/rear
Telephone: (Type or print) FAX:		
Address:		
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Prescriber's Signature: Date:		
(Original signature or <u>signature</u> st	(Use for Prescribe :amp ONLY)	r's Address Stamp)
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DAPENT/CUA	RDIAN AUTHORIZATION	
/Werequest designated BPYC personnel to administer the medication to consent to medical treatment for the child medabove, including the chool year session, an adult must pick up the medication, otherwise in the health care provider as allowed by HIPAA.	nas prescribed by the above prescriber. I/We certify	rthat I/We have legal authority erstand that at the end of the frector to communicate with
arent/Guardian Signature:	Date:	
tome Phone #:Cell Phone #:_	WorkPhone#: _	
SELF CARRY/SELF ADMINISTRATION O elfcarry/selfadministration of emergency medication may be author he State medication policy.	OF EMERCENCY MEDICATION AND AND AND AND AND AND AND AND AND AN	
rescriber's authorization for self carry/self administration of emergenc		
arent or legal guardian approval for self carry/self administration of en	Signature mergency medication:	Date
	Signature	Date
rderreviewed by the Executive Director:		
Signature	D	ate



A 501(c)(3) non-profit organization

# Parent Handbook

**JANUARY 2023** 

401 4th Street SE Blooming Prairie, MN 55917
(507) 583-6699
bpyouthclubinfo@gmail.com
BPYouthclub.com



Since its inception, the Blooming Prairie Youth Club has played a vital role to our school age youth by providing quality educational and recreational opportunities before and after school, on no school days, school closure days and during the summer months. Our organization is designed to empower our youth for their future by offering a safe, nurturing and educational environment with support and programs that provide positive character building and life skills development. Blooming Prairie Youth Club helps youth of all backgrounds develop the qualities needed to become productive, responsible members and leaders of the community.

We offer school age children the opportunity to access our facility before and after school with daily homework help, hands-on learning experiences, a variety of educational programs, recreational activities, after school snacks and a caring atmosphere. We also make our facility accessible to families on no school days and school closure days. During the summer months, we provide all day care with scheduled programming, outings, homemade meals and learning experiences around the community.

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## **Hours of Operation**

Blooming Prairie Youth Club (BPYC) will operate during the school year and as a full time summer program for youth grades kindergarten through 12. Children entering kindergarten in the fall are welcome to attend the summer session prior to the upcoming school year if they are five years of age. BPYC is also open on snow days and most non-school days. The hours are as follows:

#### School Year

- Before School: 6:45 a.m. 8 a.m. | Monday Friday
- After School: 3 p.m. 5:30 p.m. | Monday Friday

#### **Summer Program**

• 6:45 a.m. - 5:30 p.m. | Monday - Friday

#### No School Days & Snow Days

• 6:45 a.m. - 5:30 p.m.

#### **Days Closed**

The Blooming Prairie Youth Club observes the following holidays:

- Labor Day
- Good Friday
- Thanksgiving and Following Day
- Memorial Day
- Christmas Eve
- Christmas Day
- Independence Day
- New Year's Day

Any other closures due to holidays will be communicated to families at least 2 weeks in advance.

It is our goal to be open for our families. However, The Blooming Prairie Youth Club reserves the right to change hours due to any emergencies that should arise that would compromise the health and safety of our members.

For No School Days & Snow Day procedures, please refer to page 6.





## **Enrollment & Registration**

Enrollment is considered complete when all enrollment forms in the registration packet are completed and returned and registration fee is paid in full. Forms and fees are required for all full-time and drop-in members:

- School Year or Summer Registration Form
- Emergency Contacts and Authorization to Pick Up Form
- · Health History Form
- Medication Request and Authorization Form
- Immunization Record
- Parent Handbook Acknowledgment of Understanding
- · Permission Form
- · Media Release Form

Registration Fee: \$25 per per child with a maximum of \$50 per family

If you are a member continuing membership from school session into summer session or vice versa, registration fees will not be required and forms will only need to be signed should any major changes occur. Should your child not attend club for the prior session when entering a new one, registration fees will apply.

## **Attendance & Payment**

#### SCHOOL YEAR FEES - FULL TIME MEMBERS

AM Only: \$45/month
PM Only: \$180/month
AM & PM: \$225/month

Two-hour delay: \$5 per day

• No School and Snow Days: \$10 per day on top of monthly rate.

• We provide breakfast, lunch and snacks as well as educational programs and fun play throughout the entire day.

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#### **SUMMER FEES - FULL TIME MEMBERS**

• \$325/month

#### **DROP-IN FEES - NON-FULL TIME MEMBERS**

- \$30 per day
- Two-hour delay: \$10

#### **DROP-IN POLICY & PROCEDURE**

If you are not in need of care Monday through Friday and only wish to pay for the days your child is present, we recommend registering as a Drop-In Member. A schedule of care is necessary in order to guarantee appropriate staffing which in turns guarantees placement.



Drop-in members are charged a daily rate of care outlined above. The guidelines will need to be followed:

- Reduced rates will not be provided to drop-in members.
- Drop-in care can be requested at any time. However, care is not guaranteed for drop-in members. Though we want to accommodate every child, if we do not have the staff or we were not given enough notice, care requests could be denied.
- Payment will be due in advance of care at all times. This is either at the time the schedule is given should drop-in care be needed regularly, or the day the child is dropped off/picked up.

#### **ABSENCE POLICY**

If your child will be absent, please notify the Blooming Prairie Youth Club as soon as possible so staff know how to proceed with the day and are not concerned about the whereabouts of our members. Please utilize the Remind app, leave a message at 507-583-6699 or email directly at bpyouthclubinfo@gmail.com.

#### NON-ATTENDANCE POLICY

Regular tuition/fees will be charged for all absences including vacation, illness, etc. This policy has been adopted because costs for staff and programs remain the same when children are absent. Full-time tuition guarantees membership and availability.

#### INVOICING

Invoices will be sent out monthly. Invoices will be sent on or before the 25th of each month for the following month of care and are due on the 1st of the month, unless a payment plan (weekly, biweekly, etc.) has been set up with the Director. If payment is not received by the due date or by the agreed upon payment plan date, a late fee of \$15 will be assessed.

#### **PAST DUE ACCOUNT POLICIES**

- 7 Days Past Due: Account statement and reminder invoice will be sent, and the Director will make contact with the responsible party.
- 14 Days Past Due: Contact will be made with the responsible party and a certified letter will be given stating payment must be made in full or a plan established in writing and signed by the parent/guardian immediately. If a payment is not made or plan established, club membership will be suspended until paid in full.
- 30 Days Past Due: Club membership will be suspended, and collections pursued through a small claims court or agency. Parameters will be set prior to re-registering with BPYC.

#### **TERMINATION POLICY**

Parents may terminate their child's enrollment at any time, provided they give two weeks written notice in advance of the termination day. Failure to give proper notice will result in parents being responsible for the payment of those two-week fees. BPYC reserves the right to terminate care immediately if it is in the best interest of our staff and members. BPYC will not refund membership if care was terminated due to misconduct. Please see **Child Guidance& Behavior**.





#### **NO SCHOOL DAYS**

## **No School & Snow Days**

When the school district gives families the school year calendar, this includes all planned no school days. With the exception of the holidays outlined previously in this handbook, full-time members of BPYC can rest assured knowing they will have somewhere for their children to go and be with their friends. However, no school days do require planning on our part in the form of meals, programming and staff. To do this, we need to know who plans on being in attendance.

We will give families plenty of notice when we are making arrangements, typically 30 days in advance. There will be no school day sign up sheets at the front counter for families to indicate what days members will be in attendance.

#### **SNOW DAYS**

Snow days come as a surprise to us all and we are typically given very short notice when the school district plans to close. This can be the evening before, or the morning of. Either way, BPYC plans to be open for its members, however, a process will need to be followed to ensure proper planning and care.

We will guarantee spots for a minimum of **20 members.** Should additional spots be available, we will notify families as soon as possible. We ask that families communicate with BPYC via the Remind app within **1 hour** of the closure announcement. Full-time members will be given the priority and all other members will be considered thereafter. Additional slots remaining will be communicated via the Remind app and on Facebook. We will be open, so we encourage you to call should plans change for you and you end up needing care and we will communicate if we can accommodate.

#### **FEES**

- Full-Time Members: \$10 per day on top of monthly tuition
- Drop-In: \$30 per day

## **Illness & Medications**

#### **ILLNESS/HEALTH PRACTICES**

Blooming Prairie Youth Club has the following practice regarding ill children:

- Children who are ill must not be brought to BPYC. This includes children with the following symptoms: fever, diarrhea, an undiagnosed rash, inflamed eyes, severe cold, or sore throat.
- A child is sent home if displaying signs of physical illness and/or has a temperature of 99.6 degrees or higher.
- A child should be fever-free without medication for at least 24 hours before returning to BPYC
- When taking antibiotics, a child must be on the medication for at least 24 hours before returning to BPYC.
- If a child has been vomiting during the night, he/she should not attend BPYC the following day.





If a child becomes ill at BPYC, staff will have the child rest apart from the other children, and will contact you to pick up your child. If you cannot be reached, the staff will contact the emergency back-up people listed on your child's emergency form.

If your child comes down with a communicable disease specified in MN Rules, Part 4605.7040, such as chicken pox, ring worm, scabies, impetigo, head lice, pink eye, or strep throat, CONTACT BPYC IMMEDIATELY. When a communicable disease is reported, a note will be posted to inform other parents of exposure. A child with a communicable disease will not be allowed back into the program for 24 hours after treatment has begun or as instructed by a doctor.

#### **IMMUNIZATIONS**

Youth are required to have the proper updated immunizations. Please return proof of immunizations with your enrollment/registration packet.

#### **ACCIDENTS**

If your child has a minor injury (i.e. scrapes, minor bumps, and bruises), you will be notified when you pick up your child through an accident report form in their family folder. If a serious injury should occur which might need medical attention (i.e. deep cut, sprains, chipped tooth), the staff will call you immediately so you can take your child to a doctor or dentist. In an emergency situation, the staff will call 911 and then contact you. After 911 has been called, it is up to the 911 team responding to the emergency to decide which actions will be taken. You will be responsible for medical charges.

#### ALLERGIES

Please inform the BPYC Executive Director or Program Coordinator of any allergies your child has. You will need to provide proper documentation if your child needs medication for allergies. Be sure to fill out the documentation on the registration packet so all staff are aware of all procedures needed if an allergic reaction were to happen. You will need to inform staff of any changes and bring new documentation if needed. We will notify all staff of your child's allergy once we have proper documentation. If medication is necessary, a BPYC staff member will carry it with on all field trips or outings. We will carry documentation of all allergies with us at all times in our emergency folder. We will post allergies for all staff to see.

#### **MEDICATION**

In order for BPYC staff to dispense medication for your child on a daily basis, please become familiar with the following guidelines. All medications administered by BPYC staff will be documented and kept with our records.

- Prescription medications require a "Medication Request and Authorization" form that is completed and signed by both the parent and physician.
- Staff cannot dispense medication without this form on file and/or without a doctor's signature.
- Prescription medication must come to BPYC in the original prescription container appropriately labeled for the student by the pharmacy or physician.



- Mixed dosage in a single container or dosage that needs to be altered will not be accepted.
- Medication in envelopes, baggies, etc. will not be administered.
- Prescriptions that are expired will not be administered. Non-prescription/over-the-counter medications follow the same requirements as prescription medication if the parents want them administered at BPYC.
- Medications are generally not to be carried by the child. If an exception is to be made (i.e. bronchial inhalers, bee sting kits, etc.), there must be a "Medication Request and Authorization" form on file with BPYC.
- Medication should be brought to BPYC by the parent or guardian and left with the appropriate BPYC staff member.
- BPYC must be notified immediately of any change in the student's medication or if the medication is no longer required. For medication dosage changes, BPYC must receive notification from the physician.
- All medications will be returned to the child's parent or legal guardian if unused. All medications will be stored according to directions on the container.
- Planning for students who require medication on field trips must be done prior to the day of the field trip. It is the parents' responsibility to inform the staff of medication needs in advance of the field trip.

## **Health & Safety**

Blooming Prairie Youth Club has implemented several policies to ensure the health and safety of our staff, our community and those that we serve. Outlined below are several precautions that our staff and families must take or corrective actions will be taken.

#### SIGN IN/OUT

All families are required to sign in and upon pick up highlight the member's name and initial by who is signing out the member. Parents are required to come in to pick up their child and sign them out. A copy of daily attendance hours is available upon request. This document allows us to ensure our children make it to BPYC safely and are picked up daily. Staff will make every effort to greet parents as they come on site. In the event a staff member is involved in an activity with the children, please alert them of your presence.

#### **AUTHORIZATIONS**

When registering your child for our program, please name all persons authorized to pick-up your child and anyone who is not allowed to pick up your child. In order for us to legally stop a custodial parent from taking a child, a copy of the court order must be on file. Please inform the staff in advance, in writing, or by email if someone other than a parent or guardian is to pick up your child. A picture ID will be requested when someone other than a parent or guardian picks up a child. Children can only be picked up by contacts provided on enrollment/registration forms that include a parent signature. If you want to add additional adults to these forms, please speak to the Director.



In addition to parents, please list at least two people with local phone numbers on the Emergency Contacts Form who can pick your child up from BPYC in case of an emergency. Unfortunately, people with out-of-town phone numbers are too far away to help in emergency situations. It is very important to keep the staff at BPYC informed about changes on the Emergency Contacts Form.

#### **STAFF**

Requirements of the staff at BPYC:

- Undergo and successfully complete a background check.
- Participate in Mandated Reporter training.
- Must have two staff on site at all times.
- One individual over the age of 18 must be on site at all times.
- One individual who is CPR certified must be on site at all times.
- Read and understand the Privacy Policies & Procedures at BPYC.
- Undergo a Drug Test if deemed necessary.
- Participate in all assigned trainings.
- Get to know our members and their needs and treat all members with dignity and respect.

#### LATE PICK UP

BPYC closes promptly at 5:30 p.m. A late fee of \$1 per minute will be assessed beginning at 5:31 p.m. If you are unable to pick up your child by 5:30 p.m., you must notify the Club as soon as possible and make arrangements for someone else to pick up your child. Late pick ups can compromise the well-being of our members and staff. If late pick ups becomes a regular issue, action may be taken up to termination of care.

#### MANDATED REPORTERS

BPYC staff may report abuse or neglect and are legally required or mandated to report the situation in question. It is each staff member's responsibility to report it. If there is a reason to believe that a child is being or has been neglected or physically or sexually abused within the proceeding three years, staff will immediately (within 24 hours) make a report to an outside agency. Guidelines and procedures can be found posted at our entrance.

#### VISITORS, VOLUNTEERS, AND OBSERVATIONS

Parents and community members who are screened by the Executive Director in advance are welcome to observe, volunteer at, and/or visit the program. For liability and supervision purposes, it is not possible for children who visit the program to take part in activities. All parents and legal guardians are able to access their child any time throughout their time at BPYC. For individuals planning to have extended time in our building, doing hands-on activities or supervision of our members, a background check will be required.

#### **INSURANCE**

BPYC carries liability insurance. Families are encouraged to provide their own insurance coverage. In the event that an accident should occur during your child's care on or off premises, parents take full financial responsibility for any medical expenses their child may incur as a result of participating in BPYC activities.





#### **ACCIDENT**

Should an accident occur, a parent will be notified and given an Accident/Injury Report.

#### **EMERGENCY PLAN**

BPYC has an emergency plan in place and all staff are trained on what to do in the case of emergencies, such as severe weather, fire, flooding, and intruders.

#### SAFE AND CIVIL ENVIRONMENT

BPYC is committed to a safe and civil environment for all students, employees, board members, parents/guardians, volunteers and community members that is free from harassment, intimidation, bullying, discrimination, or bullying. Through a child's attendance at BPYC, families must adhere to the policy and understand children will be subject to implementation of this policy during attendance at all Club functions and sessions. Any and all minor acts of harassment, intimidations, discrimination or bullying could result in immediate dismissal from BPYC at the discretion of the Board of Directors and Director.

#### CLOTHING

Children should dress appropriately for the activities of the day. Children will be taken outside often, except when it rains or wind-chill/temperatures are below 0 degrees Fahrenheit. Please send your child with the appropriate shoes, hats, mittens, scarves, boots, snow pants, and coat.

#### **TRANSPORTATION**

All transportation is provided by licensed transportation/bus companies. Youth and staff will walk to local field trip events (i.e. library, pool, fire station, etc.).

## **Programming & Meals**

#### **SCHOOL SESSION - AM**

A small grab-and-go breakfast will be offered at BPYC in conjunction with homework help and free play. Free bussing will be provided to the elementary school as well.

#### **SCHOOL SESSION - PM**

Free bussing is provided to BPYC after school and all members will receive an after school snack. Snack menus will be distributed to families monthly. We offer homework help and daily tests as well as hands-on learning experiences, a variety of educational programs, recreational activities an community involvement opportunities.

#### SUMMER SESSION

We provide homemade breakfast and lunch as well as a snack to all members during out all-day summer session. Monthly snack and lunch menus will be sent in advance. Our summer program builds upon our school program and helps eliminate the "summer slide" by providing positive summer experiences that lead to a great start of the school year. We provide our members with opportunities that give them the confidence to learn, explore, grow and discover their passion. Pool membership is complimentary to all BPYC members. We provide a summer filled with learning and activities!



#### **FIELD TRIPS**

Families will receive information about events as they come up. Families must preregister for each scheduled field trip so we have accurate event numbers. This excludes local field trips, such as the pool and library.

#### **LOCAL FIELD TRIPS**

Through enrollment, parents give BPYC permission to have their child attend local field trips within five miles of the Club. These include the library, pool, golf course, vacation Bible school, and others.

## **Child Guidance & Behavior**

#### PROCESS FOR PROMOTING SUCCESS IN ALL CHILDREN

Our staff encourage appropriate behavior through clear guidelines, consistent consequences and positive staff interaction. When working with children, BPYC staff remain proactive, guiding children to make appropriate choices and redirecting them as needed.

#### **PARENTS AS PARTNERS**

To be more effective in working with children, BPYC staff team up with parents to work on issues together. Ongoing communication between home, school and BPYC promotes success for children. When staff understand children's needs, they can respond appropriately. We have developed standard procedures that will apply to all members. We will not adopt home punishments at club. This is to maintain consistency and fairness among all members.

#### PROMOTING SAFETY AND SELF-ESTEEM FOR ALL STUDENTS

In order to maintain a safe and nurturing environment for all children, BPYC will not tolerate any form of behavior that hurts or intends to hurt others: physically, verbally, or emotionally. Children deserve a positive and safe environment that helps them feel secure, fosters their selfesteem, and provides an opportunity to develop new skills.

## **Plans for Success**

#### **INCIDENT NOTICES**

When a child demonstrates consistent, inappropriate behavior or needs that go beyond program expectations, staff will make every effort to remediate the problem. If their efforts don't bring success, a behavior notice will be issued and signed by the staff and parent/guardian.

An "Incident Notice" is issued when behavior is:

- **Unwanted/Offensive:** intended to hurt others physically or emotionally or is intended to damage property.
- Repeated: intervention doesn't work.
- Disrupts the site: impacts the well-being of other children and/or staff.



- First Notice: Warning to alert parents about behavior issues at BPYC.
- **Second Notice:** A meeting with parent, child, and Director will be scheduled to discuss the behavior issues. An action plan will be developed at the meeting to promote the child's success at BPYC.
- **Third Notice:** Three-day "behavior leave of absence" from BPYC will be implemented. The child may return to BPYC after the leave of absence as long as he/she follows the appropriate program guidelines and an action plan is set into place.
- **Fourth Notice:** Childcare services are discontinued until the end of the session, either School Year or Summer. A child may return during the next session if an action plan is set in place and the child agrees to follow program guidelines.

#### **IMMEDIATE SUSPENSION**

For the safety and benefit of all children in the program, BPYC reserves the right to immediately suspend a child for five program days any child who:

- Causes or attempts to cause physical injury to self or others
- Causes or attempts to cause destruction of property
- Leaves the designated BPYC area with the intent to runaway or hide from the staff

Parents will be notified IMMEDIATELY to come pick up their child. A meeting will be scheduled between parents/guardians, child, and BPYC staff to discuss the child's behavior and the consequence of the behavior. The child may return to BPYC after a five day leave of absence providing the child continues to follow BPYC guidelines.

#### **UNABLE TO CONTINUE SERVICE**

BPYC strives to meet the needs of all children enrolled, however:

- Occasionally our program is not in the best interest of a child. Children are required to
  function in an active environment with several options. We are not able to care for a child
  who is unable or unwilling to follow BPYC guidelines (i.e. wandering/running out of
  designated BPYC areas, consistently acting out against staff, destruction of property, and/or
  hurting others physically verbally, or emotionally).
- Occasionally BPYC must weigh the welfare of the group against the interest of the individual. We are unable to care for a child who demonstrates behavior that can do harm to students, staff, or self (i.e. throwing objects at others, striking out with the intent to harm, exploding temper that has the potential of causing physical injury.

These behavior procedures are intended to maintain a positive environment where children and staff can feel safe, respected, and accepted. To promote success for your child at BPYC, please review these procedures with your child before your child joins the program.





## Communication

Communication is essential to the success of our program. We have many ways to get in touch with a BPYC staff or the Director including via in person, calling our mainline, sending requests through the Remind app, sending us an email at bpyouthclubinfo@gmail.com or as easy as sending us a message through Facebook. Additionally, our organization is run by a largely local Board of Directors who all are committed to providing the best care and service. A copy of our current Board of Directors contacts can be made available at request.

We are active on our website at BPYouthclub.com as well as on Facebook so you and your families, local or distant, can see what your child has been up to! We send email reminders, emergency notifications through the Remind app as well as monthly newsletters and updates.

We are committed to you and your child. Please do not hesitate to reach out with any questions or concerns.

## **General Policies & Procedures**

#### **LOST AND STOLEN ITEMS**

BPYC staff and volunteers are not responsible for lost or stolen personal items while members are in attendance. Parents and member youth accept the risk involved in bringing personal items to BPYC and will not hold BPYC accountable for any reimbursement of lost or stolen items. BPYC also discourages our members to regularly bring items from home such as toys or fidgets. This can cause behavioral issues and lead to lost or stolen items, to which we are not responsible for.

#### **SUNSCREEN**

BPYC staff and volunteers with permission can physically apply sunscreen. If a child is in need of assistance while applying sunscreen, it is the responsibility of the parent to provide a type of sunscreen in which skin-to-skin contact is not necessary. Parents are required to sign a permission statement for sunscreen to be applied to their child. This will be located at the end of this handbook.

#### **MEASUREMENT DATA**

BPYC is committed to working with parents/guardians and educators to encourage and measure the success and involvement of children in our care. Through enrollment in our programs, parents give BPYC staff and volunteers permission to administer quarterly surveys to measure each child's success and involvement in BPYC activities and programs. Students will also be encouraged to share report card data and school awards/recognition with BPYC staff and volunteers for data tracking. This information assists BPYC in our pursuit of third source funding opportunities, which help improve our facility and programs and keep our membership fees affordable for families.

#### **CELL PHONES**

While in attendance at BPYC, children will not be allowed to use their cell phones. All cell phones must remain in the child's cubby during participation in Club programs.





## **General Policies & Procedures**

#### **Inclusion Policy**

At the Blooming Prairie Youth Club, we actively promote inclusive practices in order to meet the needs of our members, staff, and families. All are welcome to attend the Youth Club regardless of their background, ability, ethnicity, culture, religion, or gender. We aim to meet the needs of our community and to promote positive attitudes to both similarities and differences in each other. We provide activities, lessons, and books to reflect the diversity of all children at the Youth Club. When necessary, we will provide additional resources to help all children achieve success in our program.





# Acknowledgement

I have read and understand all policies in the Blooming Prairie Youth Club Parent Handbook. I understand BPYC has the right to discontinue care for my child because of account delinquency or behavior issues with my child. I will raise any questions or concerns with Blooming Prairie Youth Club staff as I feel necessary.

Parent/Guardian Name Print:				
Parent/Guardian Signature:	Date:			
Sunscreen				
I give the staff of BPYC the permission to apply sunscreen to my child in accordance with the policy outlined in this handbook.				
Parent/Guardian Name Print:				
Parent/Guardian Signature:	Date:			