



## LGSD Out of School Time at Lake County Intermediate School

### Lake County School District Out of School Programs Registration: 2019-2020

Child's Name: \_\_\_\_\_

Male  Female

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

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

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

Emergency Contacts if parents cannot be reached:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

The following people have permission to pick up my child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any additional needs your child may have:

\_\_\_\_\_

Primary Language spoken at home: English Spanish Other: \_\_\_\_\_

Are you interested in volunteering with out of school activities or events? \_\_\_ Yes \_\_\_ No

Are you interested in attending parenting classes? \_\_\_ Yes \_\_\_ No

Are you interested in attending ESL classes? \_\_\_ Yes \_\_\_ No

## After School Programming - Project Dream

### **Description of Programming**

All sites will be offering engaging, targeted, academic clubs in math and literacy in addition to the offerings of previous years. If your student is in need of academic support, we will contact you and determine a program that best suits their needs. Students who are in these programs may also attend other enrichment activities on alternate days if the capacity allows.

### **Schedule**

Please number the days that you would like your child to attend the after school program in order of preference from 1-4. After School - Project Dream will make decisions about how many days are available to your student based on the capacity of the program. If a particular day or program is full, we will keep a waitlist and call you when a spot opens for your student. A letter will be sent home informing you which days your child may attend.

How many days per week would you like your child to attend?    1    2    3    4  
(Please number preferred days from 1-4:)

___ Monday:	Note: We cannot guarantee that we will have space for your child to attend more than 2 days per week. Once registration is complete, you will receive confirmation of your child's days.
___ Tuesday:	
___ Wednesday:	
___ Thursday:	

Please number your preferred clubs from 1-5:

\_\_\_ (GOL!)/Active Club    \_\_\_ Girls Run (3rd-6th grade)    \_\_\_ Dance/Yoga  
\_\_\_ Lego Robotics    \_\_\_ Destination Imagination    \_\_\_ Theater    \_\_\_ Cooking Club  
\_\_\_ Art    \_\_\_ Bagpipes    \_\_\_ Band (5th and 6th)

\*Please note that Piano Club will be a separate sign up.

### **Transportation**

After school programs start at dismissal with snacks and recess from 3:40-4:00, then clubs are from 4:00-5:55. If your child is being picked up, please be at the school no later than 6:00. If you need to make a change in your student's transportation, or need to pick them up before 6:00 pm, please contact the After School - Project Dream site supervisor phone by 5:00pm the day of the change.

**Please select one transportation option below:**

- My child will be picked up from after-school program by 6:00
- My child will take the bus home from after-school program:

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

## **\*NEW\* Panther Days Programming**

*If your child does not plan on participating in Panther Days please continue to page 6.*

### **Description of Programming**

Panther Days, full day programs, take place on professional development days when school is not in session. These 5 days are replacing what were formerly known as Adventure Days. Panther Days will be similar to the after school programs and will include academic intervention, social-emotional learning, arts, physical activities, sciences, and outdoor learning and pursuits.

### **Schedule**

Panther Days operate from 8:30am to 3:30pm, and offer breakfast, lunch, and transportation. Similar to a school day, breakfast will be free and lunch will follow school lunch guidelines. Morning session will be run by LCSD staff and afternoon session will be conducted in partnership with Better Out of School Time (BOOST) partner organizations (Full Circle, The Rec Department, SOS, GOL!, and the Lake County Public Library).

### **Example Schedule**

7:30 AM	Buses start pick up
8:30 AM	All at school
8:40 AM	Breakfast
9:15 AM	Block 1 - academic or club
10:45 AM	Recess
11:30 AM	Lunch
12:00 PM	Block 2 - academic or club
1:30 PM	Buses depart for afternoon programs
1:30 PM	Partner activities commence (For example: hiking, swimming, basketball, technology, etc)
3:30 PM	Buses depart/Parent pick-up from School
4:30 PM	Kids arrive home

Please check the days your child will be participating in Panther Days programming below. If you are unsure of the dates, you can still sign up for programming up to 2 weeks before the date by contacting Taylor Trelka at [ttrelka@lakecountyschools.net](mailto:ttrelka@lakecountyschools.net) or 719-427-7003.

\_\_\_ Monday, October 21:

\_\_\_ Friday, November 1:

\_\_\_ Friday, January 17:

\_\_\_ Tuesday, February 18:

\_\_\_ Monday, April 13:

## **\*NEW\* Panther Days Programming**

### **Transportation**

Buses will begin morning pickup at 7:30 am. If you will be dropping your child off, please make sure they are at school by 8:30 am. Buses will depart for drop-off for afternoon programming at 1:30 pm. Students will then participate in afternoon activities until 3:30 pm when buses will depart for drop-off. If your child is being picked up, please be at the school no later than 3:45 pm. If you need to make a change in your student's transportation, or need to pick them up before 3:45 pm, please contact the Project Dream site supervisor phone by 3:00 pm the day of the change.

#### **Please select one transportation option below:**

- My child will be picked up from Panther Days by 3:45 pm
- My child will take the bus home from Panther Days:

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

### **Donation**

Panther Days are supported by the Lake County School District and our Better Out of School Time (BOOST) committee. The mission of BOOST is to support diverse, high-quality out of school time offerings for youth. Part of the role of BOOST is to make sure our programs are financially sustainable. If you would like to make a donation to support these programs you can do this in a few ways.

- Mail a check to Taylor Trelka - LCSD, 328 W 5th St. Leadville, CO 80461
- Submit a donation to any Site Supervisor
- Donate online through e~Funds for Schools

## **\*NEW\* Panther Days Programming**

### **Interest Inventory**

Please have your child check any of the activities below they are interested in. This inventory will be used to place children in various offerings.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Music                    | <input type="checkbox"/> Drama          | <input type="checkbox"/> Dance           |
| <input type="checkbox"/> Ice Skating              | <input type="checkbox"/> Swimming       | <input type="checkbox"/> Hiking          |
| <input type="checkbox"/> Biking                   | <input type="checkbox"/> Soccer         | <input type="checkbox"/> Basketball      |
| <input type="checkbox"/> Skiing (Nordic & Alpine) | <input type="checkbox"/> Snowshoeing    | <input type="checkbox"/> Gym Sports      |
| <input type="checkbox"/> Hockey                   | <input type="checkbox"/> Writing        | <input type="checkbox"/> Computers       |
| <input type="checkbox"/> Science                  | <input type="checkbox"/> Social Studies | <input type="checkbox"/> World Languages |
| <input type="checkbox"/> Cooking                  | <input type="checkbox"/> Photography    | <input type="checkbox"/> Art             |

If you could learn about anything you wanted to, what would you choose to learn about? *(For example: science-fiction writing, meteorology, architecture, Shakespeare, Africa.)*

What clubs, groups, teams, or organizations do you belong to? Include both school activities and those not sponsored by the school.

## LCSD Out of School Time Policies

### **LCSD Out of School Behavior Policy**

The purpose of this program is to provide a positive, enriching environment for children. Project Dream seeks to support the behavior expectations of Lake County School District through implementation of a restorative justice approach.

If there is a behavior that needs to be addressed, the following steps will be taken. First, the student will be reminded of better choices to make as well as the expectations, the child may be asked to take a break. Then, if behavior is not improved, a one on one check in will take place between the club leader and the student to address boundaries with empathy and curiosity. If behavior continues, the student will check in with both the site director and the club leader. The student will be expected to reflect on behavior, strategize actions steps, and call home with action plan.

If problematic behavior is repeated, the student will create a behavior agreement with the site director. This plan will address the problematic behavior as well as possible consequences. Consequences may include but are not limited to in-program suspension or at-home suspension for 1-3 days. Severe behaviors, such as aggression, violence or destruction of property, will require parents/guardians to meet with program staff prior to the student returning to the program. The after school program reserves the right to dismiss a student entirely from the program if all measures have been exhausted.

### **LCSD Out of School Time Attendance Policy**

If a student has more than two unexcused absences s/he will be dropped from the club. If there is a waiting list at that time, she/he will be placed on the bottom of the waiting list if they want to rejoin the club.

**For grades K-6, Project Dream will contact a parent/guardian through text or phone call if a child is expected after school and does not arrive. Please note this has changed from last year.**

For grades 7-12, Project Dream places the responsibility for attendance on the parent and the child. Parents are welcome to call Project Dream phones at any time to check on their child's attendance.

### **LCSD Out of School Time Bus Policy**

The bus rules are in place to keep everyone safe. If a student does not follow the bus rules, they will be given one warning (parents will be called). If there is a second incident the student will be suspended from riding the bus for a determined amount of time.

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

**LAKE COUNTY SCHOOL DISTRICT  
OUT OF SCHOOL TIME PROGRAM  
PARTICIPATION AGREEMENT AND RELEASE**

Student Name:

Grade:

For the 2019-2020 school year, Lake County School District (LCSD) is partnering with community organizations to provide out of school time offerings for LCSD students, which include after school programming (Project Dream) and extended learning programs (Panther Days) (collectively, the "Out of School Time Program" or "Program"). The goal of these programs is to provide diverse, high-quality, out of school time offerings for youth. Programming will include academic intervention, social-emotional learning, arts, physical activities, sciences, and outdoor learning and pursuits. Some activities may include additional risks, such as outdoor programming. **This Participation Agreement and Release must be signed and returned to LCSD before a student may participate in the LCSD Out of School Time Programs.**

**PARTICIPATION CONSENT:** I consent to the above-named student's (Student) participation in the Program with LCSD and Community Partner (as defined below).

**COMMUNITY PARTNER CONSENT:** I acknowledge and agree that Program activities may be provided by LCSD and/or one or more of the community partners (BOOST member organizations) listed in the Out of School Time Registration Form (each a "Community Partner"). I consent to Student's participation in each Community Partner's activities under the supervision of LCSD and/or such Community Partner.

**EDUCATION RECORDS RELEASE:** I authorize LCSD to disclose Student's education records to each Community Partner to the extent necessary for Student's participation in the Program. I understand that this consent to disclose Student's education records is in effect from the date signed below until the end of the current school year. I understand and acknowledge that I may revoke this consent in writing at any time, but that such revocation may result in Student not being able to participate in the Program.

**TRANSPORTATION CONSENT:** I understand that LCSD and/or Community Partner may provide transportation to the Student to travel to-and-from activities during the Program. I consent to LCSD and Community Partner transporting Student.

**HEALTH/MEDICAL TREATMENT CONSENT:** I confirm that Student is in good health and that Student's participation in the Program does not pose a hazard to Student's health or the health of others. I hereby give my consent to LCSD and/or Community Partner to seek emergency medical treatment in a medical facility by a physician or other licensed health care provider should the Student's condition require it in my absence. Should an emergency arise, I understand that a reasonable effort will be made, time and conditions permitting, to locate me before any action will be taken. I fully understand that neither LCSD nor Community Partner provides accident or health insurance coverage for the Student while he/she participates in the Program. I fully understand and acknowledge that it is my responsibility to provide insurance coverage for the Student. I assume financial responsibility Student's emergency transport to or treatment at a healthcare facility.

**STUDENT HANDBOOK/COMMUNITY PARTNER POLICIES:** I certify that the Student and I have been given a copy of the LCSD Conduct Code and that we have read and agree to comply with the terms thereof during participation in the Program. I understand that Student and I may receive policies, rules, and regulations from each Community Partner regarding Program activities. We agree to comply with the terms thereof during participation in the Program.

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS:**

The Program may take place away from LCSD property and will involve activities beyond the scope of traditional school functions conducted at LCSD. As the undersigned parent or legal guardian of the Student, I understand and hereby acknowledge that participation of Student in any Program activities involve INHERENT RISKS AND HAZARDS, including without limitation, dehydration, heat stroke, heat cramps, suffocation, slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, paraplegia, quadriplegia, or other serious

permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. A complete listing of inherent and other risks is not possible. There also are risks that cannot be anticipated.

I consent to Student's participation in the Program and ON BEHALF OF STUDENT AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of Student's participation in the Program.

I understand that LCSD and Community Partners cannot accept and will not have any responsibility for Student's or any third party's intentional or negligent acts or omissions occurring during Student's participation in the Program.

In consideration of LCSD and Community Partners allowing Student to participate in the Program, on behalf of Student and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on Student's behalf against LCSD, a Community Partner, or any of their successors, assigns, board members, shareholders, employees, representatives, agents and volunteers ("Released Parties"), arising directly or indirectly from Student's participation in the Program.
2. TO RELEASE AND HOLD HARMLESS THE RELEASED PARTIES from any and all liability for any claims, loss, damage, injury or expense that Student may suffer as a result of, but not limited to, Student's participation in the Program.
3. TO INDEMNIFY THE RELEASED PARTIES for any and all expenses incurred, including without limitation, attorneys' fees and costs, as the result of any claim brought against any of the Released Parties by anyone relating in any way to Student's acts or omissions or as a result of injury sustained by Student while participating in the Program.
4. THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death or incapacity.
5. THAT THE TERMS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall apply, and have priority over any previous agreement or written agreement, representation, terms or conditions to the contrary, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ABOVE, TO CONSULT WITH AN ATTORNEY TO THE EXTENT I HAVE DEEMED IT NECESSARY, BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, CONSIDER ITS EFFECTS, UNDERSTAND THIS ENTIRE DOCUMENT AND AGREE TO BE BOUND BY ITS TERMS. I ACKNOWLEDGE THAT PARTICIPATION BY STUDENT IN THE Program IS VOLUNTARY. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF STUDENT AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE RELEASED PARTIES. I SIGN IT KNOWINGLY AND VOLUNTARILY.

\_\_\_\_\_  
Parent Printed Name

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Printed Name

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

Date: \_\_\_\_\_