

AOK AFTER SCHOOL CAMP 2017-18

Now enrolling!

Camp starts Monday, August 14, 2017

ENROLLMENT INFORMATION

- Camp will be open until 5:30 pm daily after school and on days that school is scheduled to be out (including *most* snow days) with the exception of these holidays: Labor Day, Memorial Day, Thanksgiving Day and Friday after, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.
- Lamar Schools will transport participants from school to the Wolf Center (801 E. 12th St).
- Enrollment fee: \$50.
- Tuition is due **prior to the week of attendance**:
 - \$7 per day (includes a healthy snack)
 - Full day tuition: \$12
 - Half day tuition (when dismissed early): \$10
- Parents will be charged a late pick-up fee of \$5.00 for every 15 minutes late. No exceptions. A child may be dismissed from the program after two late pick-ups.
- No video games or electronic devices are allowed out of backpacks.
- Please complete the CREDIT/DEBIT CARD ON FILE AGREEMENT.
- Updated Parent/Guardian manuals are available.

Questions? Please contact Jerod Morey at 682-6002.

My child/children _____ **will enroll.**

My child will be there (please circle): **Full-time** or **Part-time**

Days of the week my child will attend (Please circle): **M T W T H F**

I HAVE ENCLOSED:

___ Enrollment Packet for each participant

___ Updated shot record

___ Transportation release

___ Credit/Debit Card on File Agreement

___ Enrollment Fee of **\$50**

___ Week 1 Tuition of **\$35**

Parent/Guardian Signature _____ Date _____

AOK AFTER SCHOOL CAMP POLICY

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AOK BOARD OF DIRECTORS

Kathy Jenkins, President, Brett Boice, Pat O'Neal

Mission Statement

To empower young people to make positive healthy life choices and intervene with young people that exhibit behaviors of concern.

Please return bottom signature portion to AOK

AOK YOUTH DEVELOPMENT SERVICES, INC.

AOK's goals are to: support and strengthen the family unit; assist children to develop to their fullest potential; deliver a positive program in a safe, supportive, educational environment; assist children to accept and demonstrate the values of caring, honesty, responsibility and respect.

AOK encourages active parental involvement in each child's activities and education, which has been shown to increase a child's success at school, encourage communication and promote self-esteem.

Parents/Guardians/Participants must adhere to all AOK policies, written and/or posted at AOK programs, on site and/or off site activities/programs.

In accordance with Federal law and the U.S. Department of Agriculture policy, all programs at AOK are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write, Director of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue S.W. Washington D.C. 20250-9410.

In accordance with state law, parents/guardians of participants are welcome to visit AOK facilities whether announced or unannounced, except in the case of court orders/decrees that states otherwise (Court orders must be on file with AOK).

Rules, policies or procedures may be added, changed or deleted at any time. New policies will be posted and enforced immediately.

AFTER SCHOOL PROGRAM DETAILS

Children are transported to AOK by a Lamar School bus or parents.

A nutritious dinner meal is provided every day.

After School is open to children in Kindergarten through Fifth grade.

After School Tuition (charged only on the days a child attends):

- \$7 per day (after school until 5:30 p.m.)
- \$10 per half day (A half day is defined as "when school is let out shortly after lunch")
- \$12 per full day

Children **must be** picked up by 5:30 p.m. each day. A late pick-up fee of \$5.00 for every 15 minutes late will be charged. If your child is picked up late on two separate occasions he/she may be dismissed from the program.

Prompt payment is appreciated and expected one week in advance.

Checks should be made payable to AOK and include your child's full name. A late fee of \$5 per week may be charged for late payments. A child may be dismissed from program after two weeks non-payment.

PARENT/GUARDIAN CONFERENCES

AOK encourages parents/guardians to schedule conferences as needed throughout the school year. To arrange a conference simply contact the Director to schedule a time that is mutually suitable.

AOK AFTER SCHOOL CAMP POLICY

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DRESS CODE

Shorts/skirts must reach bottom of finger tips when hands are held straight down at one's side. Tops must cover belly button, come to top of pants and be at least 1 inch across at each top of shoulder (no strapless, no ties).

Clothing that displays profanity or pictures or slogans regarding tobacco/alcohol/drugs is not allowed.

Determination of appropriate dress is at the discretion of Director.

Dress for field trips will depend on the nature of the trip and activity. For some occasions jeans and other clothing may be more appropriate for the activity planned. For these occasions, dress will be specified by the staff or sponsor.

Campers who violate the dress code will not be allowed to participate in activities until offending clothing has been changed.

Repeated violations may result in loss privileges or dismissal from the program.

INJURIES

Minor injuries will be treated at AOK by a staff member and a report will be filed. In the case of an emergency, parent/guardian will be contacted and, if requested, medical personnel will transport the injured child to the closest emergency room or hospital.

LOST AND FOUND

AOK encourages parents/guardians to see that all items, including clothing, are identified with the camper's first and last name.

MEDICAL

All participants are required by law to submit an immunization record and keep it current.

A medical history report is to be on file for any student with specific health conditions.

Parents are encouraged to arrange for yearly medical, dental and eye checkups at their own expense by their private physician.

Participants should be kept at home if:

- A. If the child has a contagious disease (AOK should be notified of exposure to any contagious disease).
- B. If the child has a temperature of 100 degrees or more. The temperature should be normal for at least 24 hours before allowing the student to return to school.
- C. If a general condition exists, such as discharge from nose or eyes, persistent cough, sore throat, or nausea.

Campers who become ill during the school day will be placed in isolation and parents/guardians or designated emergency contact will be notified to pick up the child immediately.

MEDICATION

A child may not receive medication of any type from AOK staff unless absolutely necessary and required by a doctor to be given on a scheduled basis. Parent/guardians must fill out a medical authorization form including name, medication, amount and frequency of dosage. Medication must be provided in original container with pharmacy/doctor instructions and unused medication taken home at end of prescription period.

*AOK staff will strive to give medication as requested, but cannot be held responsible for giving medication.

RELEASE OF INFORMATION/RECORDS

Parents with joint custody arrangement have the right to request information regarding their children by written request.

AOK and Lamar School District communicate and share program information.

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RELEASE OF PARTICIPANTS

All children must be signed-in and signed-out each day.

Only persons designated by parent/guardian on the enrollment form will be allowed to pick-up a child at any scheduled activity.

Participants must sign-out with a group leader. Staff may ask for identification if they do not know persons or child acts suspiciously.

***If there is a legal document/custody order in place for your child, AOK must have a copy on file in order to deny a parent access to their child.

STAFF

AOK staff is directly accountable to the Director or AOK Board depending on position and situation.

All staff and volunteers are trained according to AOK policy and have ongoing training and/or staff meetings.

After School staff are trained to lead activities and ensure the safety of the After School participants.

AOK Director is directly accountable to the AOK Board and is responsible for the overall administration of About Our Kids, Inc. programs.

SAFETY DRILLS & DISASTER PREPAREDNESS

Monthly fire drills and tornado drills are practiced. A disaster plan is on file and is available for review.

SCHOOL CLOSINGS

If Lamar Schools close early or dismiss because of bad weather or an emergency situation, AOK will be open.

TOBACCO-FREE

All AOK facilities are tobacco-free, and the use of any tobacco products in the AOK buildings or on AOK grounds by any person, including campers, parents or visitors is prohibited.

TRANSPORTATION

Participants enrolled in AOK may be transported by bus (or approved staff vehicle) to and from Lamar Schools and AOK activities/events only.

DONATIONS

AOK is a non-profit organization and welcomes donations or money or supplies or volunteering of time.

Please return this portion to AOK

About Our Kids, Inc.
After School Camp 2017-2018

I have read and understand the rules and guidelines for AOK 2017-2018 After School Camp.

Parent/Guardian Signature

Child's Name

Date

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY			
	<input type="checkbox"/> NEW YEARS'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE				
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.				
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE				
DAY CARE PROVIDER OR HOME PROVIDER				
TO CONTACT THE FOLLOWING:				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGEMENTS				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

- My child is in good health, is able to participate in group care, has no special health or medical requirements.

- My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

AOK AFTER SCHOOL CAMP 2017-18

PERMISSION FOR CHILD TO LEAVE

(Child's name, please print)

Activity: About Our Kids, Inc.

Location: To and/or from Lamar R-1 Schools, Lamar City Park, Lamar Aquatic Park, Mary K. Finley Public Library and/or any other AOK activity.

Method of Transportation: Walk, bus or approved AOK Staff vehicle

Transported by: Lamar R-1 Schools and/or AOK Staff

Time of Leaving: Any

Time of Return: Any

Date of Activity: Any (permission granted from 08/14/2017 to 05/30/2017)

Signed _____ Date _____

(Signature of parent or guardian)

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PERMISSION FOR CHILD TO LEAVE

(Child's name, please print)

Activity: About Our Kids, Inc.

Location: To and/or from Lamar R-1 Schools, Lamar City Park, Lamar Aquatic Park, Mary K. Finley Public Library and/or any other AOK activity.

Method of Transportation: Walk, bus or approved AOK Staff vehicle

Transported by: Lamar R-1 Schools and/or AOK Staff

Time of Leaving: Any

Time of Return: Any

Date of Activity: Any (permission granted from 08/14/2017 to 05/30/2017)

Signed _____ Date _____

(Signature of parent or guardian)

CREDIT/DEBIT CARD ON FILE AGREEMENT

AOK policy requires all AOK clients to keep a Credit or Debit Card on file for payment purposes. Your Credit/Debit Card information will be secure and can only be accessed under the terms you specify below.

By providing us with your Credit/Debit Card information, you are giving AOK permission to automatically charge your credit card on a weekly, monthly or as-needed basis (if payment is not made by you within 30 days of an invoice) for the amounts due for services received.

If the credit or debit card information we have on file changes for any reason, you must notify AOK as soon as possible. If you have questions about a charge, please notify us within 10 days. After 30 days, all charges will be assumed to be correct.

We will maintain a clear record of all payments and charges. However in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you no longer bring your child to AOK, a reimbursement can be put back on the same Credit/Debit Card. A receipt will be sent to you and you will receive a paid invoice from AOK showing your payment.

In the event of a declined charge, you will be asked for a new credit/debit card number and/or payment before your child can return to AOK.

I HAVE READ AND UNDERSTAND THE CREDIT/DEBIT CARD ON FILE AGREEMENT AND AUTHORIZE ABOUT OUR KIDS, INC, TO CHARGE MY CREDIT/DEBIT CARD AS STATED ABOVE.

Visa MasterCard Discover Other _____

Card Number: _____

Expiration Date: ____/____ Security Code: _____ Billing Zip: _____

Name on Card: _____

Child's Name: _____

Email Address that you would like receipts sent to: _____

Billing Address on Card (if different from our records):

Street: _____

City: _____ Zip: _____

Signature: _____ Date: _____

AOK Corp. Office

208 W. 10th St
Lamar, MO 64759

Wolf Building

801 E. 12th St
Lamar, MO 64759

Nathan's Place

1005 Gulf St
Lamar, MO 64759

F 417.681.0514



Wolf Building

801 E. 12th St
Lamar, MO 64759

P 417.681.0559
F 417.681.0514

aokyouth.org

AUTHORIZATION FOR THE RELEASE OF IMMUNIZATION RECORDS

I, _____
(Parent/guardian name, please print)

Give Lamar R-1 School District permission to release the immunization records for

_____ to About Our Kids, Inc.
(Child's name, please print)

Signed _____ Date _____
(Parent/guardian signature)