



**Safe BASE**  
**AFTERSCHOOL PROGRAMS**

**PARENT HANDBOOK**  
**2009-10**

## Welcome

Safe BASE Afterschool Programs provide a safe, caring and nurturing place for extended learning, social, recreational, and personal life skills development for students during non-school hours. Safe BASE extends, expands and enriches the opportunities for experiential learning, social development and recreation. It incorporates a strong partnership of school, family, and community members that collaboratively contribute to the growth of students as they mature into caring, competent and responsible adults.

An integral part of our curriculum is the Navigate program. It is a holistic approach in teaching social skills to children. Part of the program includes teacher directed lessons; at other times it will be “in the moment”. We will be using nationally recognized curriculum such as Don’t Laugh at Me, Adventures in Peacemaking, and the Bully Free Classroom, as well as the Nixa School District’s Character Plus! program. Our guiding principle is *helping children Navigate through life!*

→ **You will notice this symbol throughout the Handbook. Please read these items with extra care since they represent changes to past policy.**

Parents and caregivers are responsible for understanding material in this handbook. Should you have any questions regarding these policies, please contact me at 725-5486.

Welcome to Safe BASE!

Sincerely,

Ron Duncan  
Safe BASE Program Coordinator

## Mission Statement

We believe it is easier to build strong children than it is to repair broken adults.

### Philosophy

We believe that we impact the lives of our children, parents, and community. Therefore, we have subscribed to the following philosophy:

We believe that children and youth are our most precious and important resource, worthy of respect, and to be valued for their individual uniqueness.

We believe that children and youth are natural learners. When placed in a stimulating, interactive environment, each child's and youth's potential can be fully realized.

We believe that play is the most positive way children and youth can learn. Play is the process that children and youth learn to navigate through and develop an understanding of the community and world around them.

We believe that parents are the most important adults in a child's life. We want to develop a respectful partnership between Parents, Teachers, Community, and Safe BASE Staff.

### Program Goals

We have created the following Goals based on this Philosophy:

Safe BASE Staff will be Facilitators of Positive Development through the process of activities, games, spontaneous play, and one-on-one interactions.

Safe BASE will have a balance of child-centered activities, homework assistance and enrichment programming combined with choices for free time.

Safe BASE will create an atmosphere of respect for all those who interact with Safe BASE. This includes Children and Youth, Parents and Guardians, Teachers and Schools, and our Community.

## Admission

Safe BASE Afterschool Programs will not discriminate in providing services to children and youth on the basis of race, ethnicity, religion, cultural heritage, marital status, sexual orientation, or disability.

### Times and Hours of Operation

Safe BASE Afterschool Programs are offered Monday through Friday when school is in session. The hours of operation will be from 6:30 a.m. to the beginning of school and after school until 6:30 p.m. Safe BASE will not be in session on snow days or afternoons of early release days.

	Full-Time (4-5 days)	Part-Time (1-3 days) **
	Bi-weekly Fee	
AM Only	\$45.00	\$38.00
PM Only	\$75.00	\$48.00
AM & PM	\$120.00	\$86.00
FRIDAY ONLY*		\$ 7.00

Ten percent (10%) discount for each additional fulltime child per family

There is a \$25 (per family) non-refundable registration fee due at the time of enrollment. You must also pay the first two-week’s tuition at that time.

- Safe BASE Summer School is separate from the regular school year. If you are enrolled in Safe BASE, there is no additional registration fee. However, the entire summer session (4 weeks) must be paid in full.
- Nixa Parks & Recreation offers Kids Day Off for early release days and certain holidays.

If you need to change your child’s attendance status, all notification **MUST** be made two weeks in advance and in writing. Tuition cannot be prorated without two weeks notification.

\*Friday only is designed to accommodate childcare needs for the Friday Early Out Program. The \$7.00 bi-weekly fee provides care on Fridays only from 2:30 pm to 4:00 pm.

\*\*\*Due to the rapid growth of the Nixa schools, we are unable to offer drop-in care. **Please check for availability at your school for part time care!** Any changes must be made two weeks in advance, pending space availability.

### Payments are not accepted on site

The primary responsibility of the Safe BASE staff is to ensure a safe and enriching environment for your children. The Safe BASE office at The Center is here to provide assistance to the parents regarding tuition payments and other questions regarding enrollment and registration. For this reason, payments for tuition cannot be accepted at the sites. This is for the security of your payment and to ensure it is processed in a timely manner.

### **Tax Information**

→ End of year tax information will be sent to all Safe BASE and Summer It Up families. For those of you who have reimbursement plans, our Tax ID number is:

44-6005734

### **Billing**

- You will receive your billing statement on Monday and payment is due on Friday for the following two weeks.
- Tuition may be paid by check, cash, or money order, payable to: **CITY OF NIXA**.
- Payments are accepted at The Center, City Hall or by mail to: City of Nixa P.O. Box 395 Nixa, MO.
- We also accept credit card payments at City Hall.
- If you wish to make regular credit card payments, please ask for the Credit Card Authorization Form at City Hall.
- Tuition payments are **not** accepted at Safe BASE sites.
- You may drop off your payment at City Utilities drop box also.
- Tuition is due for the full two weeks. Tuition payments are due regardless if your child attends each day or not. Credits will NOT be given for missed days.
- Tuition must be paid within five days of the billing date. All accounts that are not paid within the five days will be assessed a \$10.00 late fee.
- If tuition is not paid for two billing periods, your child will be dropped from the program. Tuition must be current to enroll in Kids' Day Off, Camps and other Parks programs.
- Insufficient checks must be rectified within five business days. A fee of thirty dollars (\$30.00) will be assessed and replacement funds must be in the form of cashier's check, cash, or money order. Failure to rectify the insufficient check within five working days will result in termination of childcare services.

**IF YOUR CHILD DOES NOT ATTEND FOR TWO CONSECUTIVE WEEKS, THEY WILL BE DROPPED FROM THE PROGRAM.**

→ **Tuition will continue to be charged.**

Re-enrollment will be determined by availability and requires the twenty-five dollar registration fee along with the first two weeks tuition. (This is due to high enrollment and limited space.)

If your family should have an unusual or emergency type financial problem that may affect the prompt payment of tuition, please call 725-5486 or stop by and talk to the Program Coordinator. Often we can work something out until the crisis or emergency subsides.

Safe BASE Afterschool Programs accept childcare subsidies from the FSD or Family Support Division, formerly known as DFS. They can be reached at 417-895-6000. If you are already approved for daycare assistance, you will need to contact your caseworker and let him/her know your children will be a part of Safe BASE and what school they attend.

## Safe BASE Parent Handbook

If you know that you qualify for this service, we will require you to pay the \$25.00 registration fee upon enrollment and **provide written documentation** from Family Services for approved days. In the event that you are in need of child-care services immediately, you will need to pay the first two weeks tuition. In addition, you must complete a child attendance record each month by signing the Red Book and initialing on the days your child(ren) attend.

→ Failure to do so will result in termination from the program. Finally, it is Safe BASE policy that a family who receives assistance from the state misses no more than five days a month.

→ Vendor numbers for Safe BASE:

Century Elementary - # 001587046

Espy Elementary - # 001586985

High Pointe Elementary - # 002058517

Helen Mathews Elementary - # 001587028

John Thomas Elementary - # 001587082

**The parents are responsible for the co-pay amount as determined by FSD. After FSD payment is received the remaining balance is to be paid by the student's family within fifteen days.**

We have a **limited number** of scholarships available. If you feel that you may qualify, please fill out the Income Eligibility Form in this handbook AND ask for a Tuition Scholarship application.

### **Change of Schedule**

If your child will not be attending the program as scheduled, please notify your Site Director in advance. Your cooperation in this matter is for the safety of your child. If additional changes are needed for your child, please ask your Site Director for a "Change Request Form". Tuition cannot be prorated without two weeks notification.

## **Care & Discharge of Children**

### **Signing In/Out Procedure**

It is mandatory that you, or someone approved on your child's enrollment form, bring your child to the room and sign your child in and/or out each day. This is a State Licensing requirement, plus it gives us a chance to give you any information you may need regarding your child, or the program.

→ **Confirmation of communication is the responsibility of the parent. Important information such as Kids Day off, program changes, or policy changes are made available at this time through postings, newsletters, email, or flyers.**

Your child may not be dropped off before 6:30am; this is also part of State Licensing. A child can only be released to the persons listed on the enrollment form. Persons who do not **REGULARLY** pick up your child will be asked to show a **picture ID**.

→ Only individuals **sixteen years** of age or older may pick up a child from the program.

## Safe BASE Parent Handbook

If your child is in tutoring or any other situation that requires them to leave Safe BASE and return, you will need to fill out the "Permission to Leave" Safe BASE form.

In the event your child will be absent from Safe BASE or when you are notifying the office or site of an alternate person picking up your child, **you will be asked to provide the last four digits of your social security number.** This is to ensure the safety of your child. Under no circumstances will Safe BASE allow a child to walk home without an authorized individual.

### **Children Not Picked Up by 6:30p.m**

Children must be picked up by 6:30 p.m. The school's clock will serve as the "official clock". If not, you will be charged a late fee of \$5.00 (per child) for the first 1-10 minutes late, with an additional \$1.00 for each additional minute. Payment must be made to City Hall within five working days of the infraction or your family may be dismissed from the program.

There will be no exceptions or warnings. If you are late for any reason (flat tire, miscommunication between parents, work-related issues, etc.) a charge will be issued. A "no exceptions" policy makes it easier for us to apply the late policy to everyone consistently and fairly. We do not want any parent to receive special treatment or favors whereas other parents may not.

A form indicating the child's name and at what time the parent arrived, has been developed with the policy clearly stated. The parent and Site Director or Assistant will sign this form for documentation of the infraction.

**After all attempts to contact parents and emergency contacts have failed, a child who is not picked up by 7:00 p.m. will be considered abandoned. The Nixa Police Department and Division of Family Services will then be called.**

**AFTER THREE LATE FEE CHARGES, YOUR CHILD MAY BE DISMISSED FROM THE PROGRAM.**

### ➤ **Custody Issues**

In cases where the child is the subject of a court order (e.g. Custody Order, Family Plan Restraining Order, or Protection from Abuse Order) Safe BASE must be provided with a Certified Copy of the most recent order and all amendments. The orders of the court will be strictly followed unless the custodial parent(s) request a more liberal variation of the order in writing and it is approved by the court.

In the absence of a court order, Safe BASE cannot limit the access of one parent (or guardian) by the request of the other parent (or guardian), regardless of the reason.

### **Parent/Guardian Visitation**

Parents/guardians are always welcome to visit the program at any time. We would love to have you come and share your job skills or hobbies with us any time. Please check with your Site Director for a date if you wish to share your skills/hobbies with Safe BASE After-school Programs.

### **Reporting of Child Abuse**

Under the Child Protective Services Act, mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. The staff of Safe BASE is considered



## Safe BASE Parent Handbook

The Center.....	725-5486
Kelly Hasner.....	830-4703
Scott Parson.....	838-6071

### Safe BASE Sites

Century Elementary.....	839-5596 or 724-3800
732 E. North St. Nixa, MO 65714	
Espy Elementary.....	839-5598 or 725-7440, 875-5696
220 S. Gregg Rd. Nixa, MO 65714	
High Pointe.....	830-5106
900 N. Cheyenne Rd.	
John Thomas Elementary.....	839-5597 or 725-7420, 875-5646
312 N. Market St. Nixa, MO 65714	
Mathews Elementary.....	830-5905 or 725-7470
605 S. Gregg Rd. Nixa, MO 65714	

## General Policies

### Confidentiality

Within Safe BASE, confidential and sensitive information will only be shared with staff of Safe BASE who have a “need to know” in order to most appropriately and safely care for you child. Confidential and sensitive information about staff, other parents and/or children will not be shared with parents, as Safe BASE strives to protect everyone’s right of privacy. Confidential information includes, but is not limited to: names, addresses, phone numbers, disability information, behavior, and health information.

Outside of Safe BASE, confidential and sensitive information about a child will only be shared when the parent of the child has given express written consent, except where otherwise provided for by law. Staff may consult with school administrators and teachers at your child’s school regarding your child’s development or behaviors.

Staff may also discuss your child if making a report of child abuse as a mandated reporter (see section entitled **Reporting of Child Abuse**) or if requested by the Department of Health and Senior Services Section for Childcare Regulations, Social Services or local authorities for an investigation or inspection.

You may observe children at Safe BASE who are disabled or who exhibit behavior that may appear inappropriate. You may be curious or concerned about the other child. Our Confidential Policy protects every child’s privacy. Staff is strictly prohibited from discussing anything about another child with you.

### Snacks

Safe BASE follows the Missouri “Eat Smart” guidelines in addition to the Missouri Day Care Licensing requirements in the design of our after school snacks. We serve nutritious, healthy snacks as part of our wellness program. Menus are posted for review by parents.

## Safe BASE Parent Handbook

Safe BASE requests that parents send healthy lunches and snacks on Kids Day Off (half and full day) unless otherwise notified. We will do our best to provide adequate storage for these lunches.

You may send a treat for a special occasion if you wish. However, we would prefer that you send healthy snacks baked chips and must be prepackaged. Please see the Site Director for ideas.

### **Personal Property**

Nixa Parks & Recreation is not responsible for any personal property brought to the Safe BASE Afterschool Programs site. We strongly discourage the use of personal electronics such as Gameboys, and iPods. If items are brought for special occasions, they must be labeled and are the responsibility of each child.

#### → **Cell Phones**

Students will not be allowed to use personal cell phones during Safe BASE. In the event a call must be made, students may use Safe BASE or School phones.

### **Clothing**

Children should dress appropriately for active play. If necessary, please send additional clothing.

### **Ill Children**

→ When any contagious disease occurs that another child has, each child's parents shall be notified immediately. Please inform the Site Director if your child develops a contagious disease, so we can notify the other parents confidentially.

Children who are suspected of having a contagious illness shall not be accepted into care. If a child becomes ill while in the school age child-care program, parents/guardians are requested to come for their child at once. The ill child having a fever of 100 degrees Fahrenheit or above, or visible symptoms of an illness, such as a rash, diarrhea, Pink Eye, head lice, yellow or green mucous, shall be isolated from the other children and will be monitored by a staff person until the parent/guardian arrives.

### **Movies**

Safe BASE Afterschool Programs view "G" and selected "PG" movies. If you have any concerns regarding movie viewing, please discuss this issue with your Site Director. We are licensed through the Motion Picture Licensing Corporation to exhibit movies.

### **Medication Policy**

A child may not receive medication of any type from the Safe BASE program unless medication is absolutely necessary and required by the doctor to be given during the program. If this is the case, we require parents/guardians to please follow these procedures:

- Fill out a School Age Child Care Medication Form, advising the Site Director of the amount and frequency of dosage.

## Safe BASE Parent Handbook

- The medication must be in the original container with the pharmacist's label marked with the prescription name, date, child's name, and the physician's name. (Your pharmacist will provide an additional container for this purpose.)
- At the end of the medication period, parents should take home any unused medication.
- The Safe BASE program is separate from the school. We cannot accept or assume instructions concerning medication from the school, **ONLY YOU**.

### Special Care Plans

Safe BASE is dedicated to serving all children and families needing our service provided that they can effectively operate within the regular staff to child ratio of 1:16. If your child has special needs as defined by the Missouri Department of Health and Senior Services, you may be asked to complete a Special Needs Plan(19 CSR 30-62.132)(or school IEP). This form (included in the Parent Handbook) will allow us to better serve the needs of your child. Safe BASE tries to accommodate the children's needs as best we can.

- If your child has an **IEP for behavioral or developmental purposes**, Safe BASE requires you have a qualified professional complete a **Safe BASE IEP Information and Special Needs Form** for your child. This form will enable Safe BASE to create a more successful environment for your child. It is required that we have this on file before he/she begins attending the program.
- As this is a licensing requirement, your child **may not attend** Safe BASE until the form is returned to the Safe BASE office.

Unfortunately, there are times our programs cannot meet the needs of all the children. In this case we will be glad to offer suggestions or resources for appropriate care through other programs. You may call Child Care Resource and Referral at **1-800-200-9017**

### Special Needs/Allergies

Besides information in the children's files, each site will post on the cabinets, the children who have special needs and allergies, with confidentiality.

### What we can and cannot do:

- We must have permission to administer medication form signed by the doctor and parent to administer *any* medication.
- All prescription medications will be in their original containers. No more than a daily supply is to be kept on hand.
- All medications are to be kept in locked containers. Be sure to count doses regularly.
- We can administer medication/treatments that require one-time supervision by licensed medical personnel, family member, or health care provider such as Emergency Epipen Allergy Kit.
  - We cannot administer medications and treatments such as:
    - Nebulizer treatment
    - Injectable medications
    - Gastric tube feedings
    - Catheterization
    - Blood collection for glucose monitoring

## Accidents

Throughout the course of the day, children will get the occasional bumps, cuts and scrapes associated with active play. Every effort will be made to document and notify parents of these minor accidents. We will cleanse cuts and scrapes with warm water and apply a Band-Aid. **We cannot apply any salves, ointments, or creams.**

The Nixa Parks & Recreation Department is not responsible for any personal injury incurred while the children are at the child-care program. Parents are encouraged to enroll in insurance to cover accidents.

## Staff Training and Professional Development

All staff will be required to attend twelve hours of professional growth each year. This will include four hours of CPR/First Aid. Staff will be assessed continuously for training topics.

## Behavior Guidance

Behavior guidance/discipline/management is often the most difficult part of our job. Conversely, it is the most important. It can be the tool to assist children and youth to navigate through life. Or it can shut down hope, empathy for others, and lessen their positive sense of self. Our actions and reactions can perpetuate the cycle of misbehavior and punishment that leaves children floundering and afraid.

Just as children should be active participants in the planning and programming of the after school day, so should the design of rules at each site. Staff will guide the children in determining rules for each site along with logical and natural consequences. Staff will incorporate various curriculums such as *Adventures in Peacemaking*, *Don't Laugh at Me*, and *Bully-free Classroom* to aid in this ongoing process. Please ask the Site Director for a copy of these rules. We will have yearly staff trainings in behavior guidance and make opportunities available to attend offsite trainings as well.

In the event a child has difficulty in following these guidelines, Staff will design a behavior contract with the parents, child, staff, and school site personnel. This will include developmentally appropriate rules and consequences.

No child shall be questioned, interviewed, or disciplined without a second staff member present. In the event a second staff member is unavailable, the aforementioned actions must take place in an area visible to others in the Safe BASE program. This does not give license for correction of a child in front of others. Example- discussing behavior with a child can take place in a corner of the multi-purpose room with others present, not in the hall way or in a separate room.

Documentation of anyone (staff, child, parent, or adult) that uses words in a threatening tone or speaks in a threatening manner must occur within 24 hours of said incident. This documentation will be turned in to Program Coordinator for review and follow-up. Depending on the severity of the actions by the same individual will result in termination of employment or, in the case of child/parent, termination from Safe BASE program.

## Safe BASE Parent Handbook

Safe BASE Afterschool Programs make every effort to ensure the safety of all children.

Behavior that endangers self or others will not be tolerated. A child or youth may be suspended when he or she exhibits this type of behavior (e.g., running away, fighting, verbal abuse, or deliberately hurting another child or staff). This includes bringing any potentially dangerous object to the program with them (knives, smoke bombs, firecrackers, guns, etc.)

Safe BASE is to have an atmosphere conducive to learning and to helping students grow in love, respect, self-confidence and self-discipline. We expect students to be respectful, cooperative, trustworthy and dependable. All students must respect the rights of others and become familiar with non-violent problem solving and conflict resolution. Any major infractions will result in immediate attention through discipline contracts and/or phone calls to parents at the site director's discretion.

→ At NO time is it acceptable for students to physically, threaten, or verbally abuse staff or other children.

Our policy stands at:

→ Verbal/written warning

- Behavior Write-up - Meeting with parents about the incident and how we can direct it into a positive.
- Three Write-ups - One to five day suspension or behavior contract (depending on the severity of the incident). Meeting with Program Director and Site Director.
- Three suspensions - Meeting with Program Director and Site Director. Possible termination from program.
- There is no reimbursement of tuition in these situations.

This program complies with all federal, state, and local laws that prohibit corporal or abuse punishment in child care settings. Staff is expressly prohibited from using unproductive or shaming methods of punishment.

This program believes parents and program staff must work together to deal with persistent behavioral issues such as unusually and dangerous aggressions to self or others. If a child appears to be unusually stressed, anxious, or otherwise motivated to engage in negative behaviors, parents will be consulted.

### **Outdoor Weather Safety**

Outside play gives children an opportunity to run off excess energy generated during the regular school day. However, precautions need to be taken to ensure a safe and enjoyable play period.

Children will have 15-30 minutes of outside exercise/play each day.

If the temperature is:

- Above 32 degrees Fahrenheit, all children will go outside.\*
- Between 20 and 32 degrees, outside time is optional for children.\*
- Below 20 degrees, no option.
- If the heat index is between 90-100, outside time is optional for children.\*
- Over 100 degrees, no option.
- Less than 90 degrees, all children will go outside.
- Tornado drills are conducted on a monthly basis, both AM and PM.
- Ask Site Director for evacuation procedures and routes.

At the first indication of lightning or severe weather, staff will bring children in. Program Coordinator monitors the weather during these conditions. Children shall be given and encouraged to drink plenty of water during hot weather conditions.

**\* If parents request their children be excused from participating during these conditions, a doctor's note must be on file.**

### **Program Changes**

Safe BASE reserves the right to cancel, combine, change dates, times, fees, change staff or make any other revisions in the program, that may become necessary during the school year.

## Safe Base Afterschool Programs Tuition Payment Schedule

<u>Invoice Date</u>	<u>Payment Due Date</u>	<u>Dates Covered</u>
Upon Enrollment	prior to August 19	August 19 - 28
August 24	August 28	August 31 - Sept. 11
September 7	September 11	September 14-25
September 21	September 25	September 28 - October 9
October 5	October 9	October 12-23
October 19	October 23	October 26 - November 6
November 2	November 6	November 9 - 20
November 16	November 20	November 23 - December 4
November 30	December 4	December 7 - 23
December 14	December 18	January 5 - 15
January 11	January 15	January 18 - 29
January 25	January 29	February 1 - 12
February 8	February 12	February 15 - 26
February 22	February 26	March 1 - 12
March 8	March 12	March 15 - April 2
March 29	April 2	April 5 - 16
April 12	April 16	April 19 - 30
April 26	April 30	May 3 - 14
May 10	May 14	May 17 - 21*

\* pro-rated

**Fees:**

AM Full Time.....\$45.00                      PM Full Time.....\$75.00 First child

➤ **AM Full Time.....\$40.50                      PM Full Time.....\$67.50 (each additional full time child)**

AM Part Time.....\$38.00                      PM Part Time.....\$48.00 (1-3 days) no part time discount

Friday Early Out (FEO).....\$7.00  
(Based on availability)

**Additional Fees:**

\$25.00 non-refundable Registration Fee per family

## Kids Day Off

Kids Day Off (KDO) is the program offered by City of Nixa Parks & Recreation when the Nixa R-II School District is not in session during the school year. It does not operate when the schools are closed due to weather (i.e. snow days) or for late start days.

- **Registration is available two weeks prior to the date and closes at twelve noon the Wednesday before (except for Monday KDOs when the registration closes Friday twelve noon). We must have minimum 48 hours prior to the KDO to schedule staff and arrange any field trips.**
- **If you must register late (after twelve noon and we haven't exceeded our maximum enrollment), there will be a \$15.00 late registration fee.**

**We have minimum (25 per day) and maximum (120 per day) enrollment for these dates.**

### Rates

Full day program Safe BASE students	\$14.00
Non-Safe BASE students	\$20.00
Half day program Safe BASE students	\$8.00
Non-Safe BASE students	\$14.00
Winter and Spring camps	\$20.00 per day

### Scheduled Kids Day Off 2009-10

October 16, 2009 ½ day	January 18, 2010
November 2, 2009	February 12, 2010
November 3, 2009	February 15, 2010
November 25, 2009 ½ day	March 12, 2010 ½ day
<u>No program November 26, 27</u>	April 2, 2010
December 23, 2009 ½ day	May 21, 2010 ½ day

### Winter Camp

December 28, 29, 30, 31, January 4  
No camp December 24, 25, Jan. 1

### Spring Break

March 25, 26, 27, 28, 29

**Kids Days Off and all Camps are subject to change due to enrollment, weather, and changes in the Nixa School District calendar!**

## **Safe BASE Afterschool Programs**

**School Year: 2009 - 2010**

### *Policy Acknowledgement*

I have read the written policies in the Safe BASE After-school Programs Parent handbook.

I agree with and fully understand all of the policies set forth by Nixa Parks & Recreation for the before/after school child-care program for the 2009-2010 school year.

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**Parent/Guardian Signature**

## Safe BASE

### Afterschool Programs

#### ENROLLMENT PACKET

2009-10

Dear Parent or Guardian,

Thank you for registering your child in Safe BASE. Please take the time and carefully go through each document and fill out completely. This will help us to serve you and your child in the coming school year.

→ Failure to complete the enrollment packet, in its entirety, will delay your child's enrollment.

1. Safe BASE Enrollment Form
2. Bureau of Child Care Enrollment Form
3. Parent's Health Statement
4. IEP Information Form
5. Special Needs Plan
6. Income Eligibility Forms

Start Date \_\_\_\_\_

### Safe BASE Enrollment 2009-2010

Please circle:  
Full time AM PM

Part time AM PM

M T W Th F

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ M \_\_\_\_\_ or F \_\_\_\_\_

D.O.B \_\_\_\_\_ Enrollment Date \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Parent/Guardian Information

Mother/Guardian name \_\_\_\_\_

Last four (4) digits of the primary  
parent/caregiver's Social Security  
number:  
\_\_\_\_\_

Father/Guardian name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email \_\_\_\_\_

I GIVE NIXA PARKS AND RECREATION AND ITS REPRESENTATIVES PERMISSION TO PHOTOGRAPH ME AND OR MY FAMILY MEMBERS TO BE USED AT THEIR DISCRETION. I ALSO UNDERSTAND THAT PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION OR AS DIRECTED BY THE CITY OF NIXA PARKS AND RECREATION DEPARTMENT.

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

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

**Additional Authorized / Not-Authorized Pickup List**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Authorized to Pickup Y\_\_\_\_\_ or N\_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Authorized to Pickup Y\_\_\_\_\_ or N\_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Authorized to Pickup Y\_\_\_\_\_ or N\_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Authorized to Pickup Y\_\_\_\_\_ or N\_\_\_\_\_

# Safe BASE Parent Handbook



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF CHILD CARE  
**CHILD ENROLLMENT**

CHILD'S NAME		SEX	BIRTH DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME TELEPHONE NUMBER ( )	
<b>SCHOOL CHILD ATTENDS</b>			
NAME		TELEPHONE NUMBER ( )	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>IDENTIFYING INFORMATION</b>			
MOTHER'S OR GUARDIAN NAME		HOME TELEPHONE NUMBER ( )	
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS CHILD. (OR LIST STREET, CITY, STATE, ZIP CODE.)		CELL PHONE NUMBER (OPTIONAL) ( )	
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE..)		BUSINESS TELEPHONE NUMBER ( )	
FATHER'S OR GUARDIAN'S NAME		HOME TELEPHONE NUMBER ( )	
ADDRESS <input type="checkbox"/> CHECK HERE IF SAME AS CHILD. (OR LIST STREET, CITY, STATE, ZIP CODE.)		CELL PHONE NUMBER (OPTIONAL) ( )	
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ( )	
<b>EMERGENCY CONTACT(S) (ONE REQUIRED)</b>			
NAME		TELEPHONE NUMBER ( )	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
NAME		TELEPHONE NUMBER ( )	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
<b>PERSONS AUTHORIZED TO TAKE CHILD FROM CHILD CARE FACILITY (ONE REQUIRED)</b>			
NAME		NAME	
<b>COMMENTS ON CHILD'S DEVELOPMENT</b> (NOTE ALLERGIES, HABITS, SPECIAL LANGUAGE, ETC.)			
<b>TO BE COMPLETED BY CHILD CARE FACILITY (FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE)</b>			
FACILITY NAME		ADMISSION DATE	
ENROLLED FOR (DAYS OF THE WEEK)		FULL TIME/PART TIME	
HOURS PER DAY FROM TO			
DISCHARGE DATE			

Safe BASE Parent Handbook

CHILD'S NAME	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>	
<p>I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.</p> <p>If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">PROVIDER/LICENSEE</p> <p>to contact the following:</p> <p style="text-align: center;"><b>PHYSICIAN OR CLINIC</b> (Please list name and phone number of physician and/or clinic.)</p>	
NAME	TELEPHONE (    )
ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL	
<p><b>PREFERRED HOSPITAL</b> (Please list name and phone number of hospital.)</p>	
NAME	TELEPHONE (    )
ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL	
<b>TRANSPORTATION TO AND FROM SCHOOL</b>	
<p>I <input type="checkbox"/> (DO)    <input type="checkbox"/> (DO NOT) GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD TO AND FROM SCHOOL.</p>	
<b>FIELD TRIPS</b>	
<p>I UNDERSTAND THAT I MUST GIVE WRITTEN PERMISSION FOR FIELD TRIPS/EXCURSIONS AND THAT I WILL BE NOTIFIED WHEN THEY ARE PLANNED.</p>	
<b>ACKNOWLEDGEMENTS</b>	
A)	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.
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 CHILD CARE CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.
C)	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.
D)	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.
PARENT/LEGAL GUARDIAN SIGNATURE	DATE
▶	



Safe BASE Parent Handbook

Parents,

In an attempt to make sure that every child has all that is needed for our staff to provide quality childcare, we would like some assistance in determining their needs. Therefore, we are asking you to complete the following few questions and return to our staff with your complete paperwork packet.

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

Parent(s) Name: \_\_\_\_\_

Are there any reasonable accommodations due to a disability needed to participate?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been diagnosed with ADD, ADHD, mental disability, physical handicap, or related disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, please provide written documentation from your current physician.

Does your child currently have an IEP through the Nixa R-II School System?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of your child's current IEP. We need only those areas pertinent to your child's before and after school care.

In advance, we thank you for your continued support and cooperation with this matter. Should you have questions or concerns please contact me at 725-5486.

Sincerely,

Ron Duncan  
Safe BASE Program Coordinator

Safe BASE Parent Handbook  
Safe Base Afterschool Programs Special Needs Plan

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School

Address

**TO BE COMPLETED BY PARENTS/GUARDIAN**

Dear Specialist/Dr. \_\_\_\_\_,

My child \_\_\_\_\_, attends Safe BASE Afterschool Program. Because he/she has been diagnosed with a special need, Safe BASE is required to have on file a written special needs plan from a professional source. The following are the "special instructions" I am asking Safe BASE to follow:

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Your signature to verify this plan will satisfy the requirements for the Safe BASE special needs plan for my child. If there are any adjustments or further instructions please attach them to this letter.

Signed: \_\_\_\_\_  
Parent/guardian

Date \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIALIST/PHYSICIAN**

Diagnosis: \_\_\_\_\_

Treatment required while child is in attendance at Safe BASE:

- \_\_\_\_\_ As indicated by parents/guardian
- \_\_\_\_\_ No special care while at Safe BASE
- \_\_\_\_\_ Other:

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Signed: \_\_\_\_\_

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

Physician/Specialist

**Child and Adult Care Food Program  
Parent Letter – Nonpricing Child Care Centers**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If your income is higher than the amount listed for your family size, you do not need to complete the income application.

<b>Family Size</b>	<b>Yearly Income</b>	<b>Family Size</b>	<b>Yearly Income</b>
1	\$19,240	5	\$45,880
2	\$25,900	6	\$52,540
3	\$32,560	7	\$59,200
4	\$39,220	8	\$65,860
		For each additional	+6,660

To apply for free or reduced-price meal benefits for your children, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You should notify the center if any member(s) of the household becomes unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment. This application is valid for twelve months from the date it is signed by the center representative.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,

## **Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)**

### **PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER**

- List all children that you are applying for in the household.
- List each child's birth date.
- If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or food stamps, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you do not have a food stamp or Temporary Assistance case number for all of your children enrolled at the center, you must complete parts 2 and 4.

### **PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # provided above**

- List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- A foster child, defined as a ward of the court or welfare agency, is to be listed in both Part 1 and Part 2 of the IEF. Only the foster child's "personal use" income is listed. Personal use income includes:
  1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
  2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

### **PART 3: RACIAL ETHNIC INFORMATION-COMPLETION IS VOLUNTARY**

### **PART 4: SIGNATURE**

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or food stamp recipient, the adult signing the application must provide a social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the social security number, if you have one, will make the income application invalid if the child(ren) is not a food stamp or Temporary Assistance recipient.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC INFORMATION** (You are not required to answer this section)

Are you of Hispanic or Latino origin?  yes  no

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	FOOD STAMP	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid			DATE	
SIGNATURE OF CENTER REPRESENTATIVE			DATE	





