



West Irondequoit Central School District

260 Cooper Road
Rochester, New York 14617
Phone: (585) 336-3014
Fax: (585) 336 - 3154
westirondequoit.org

Welcome to the West Irondequoit CSD Community Education K-6 Extension Program

The West Irondequoit CSD Community Education Program is designed to provide students with professional, nurturing care in an educational setting that provides age appropriate activities, academic enrichment, and recreation.

Our program is open to students in grades kindergarten through grade 6 and is housed at two locations based on the child's home school.

Iroquois Middle School
150 Colebrook Drive

Rogers Middle School
219 Northfield Road

Morning hours: 7:00 am until the start of school

Afternoon hours: Dismissal time until 6:00 pm

We strive to make the K-6 Extension Program available to a diverse student population. Availability in the program is based upon individual student needs and staffing levels so we can provide the appropriate adult to student ratio and support. Safety and success for everyone guides these decisions.

Attached is all the information needed to enroll your child in the West Irondequoit CSD Community Education K-6 Extension program. Please make sure that you read and understand all of our policies before signing

If you have any concerns or questions, please feel free to call our office at 585.336.3014.

We look forward to serving your family

Sincerely,

Katie Tytler
Community Education Director



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West Irondequoit Community Education K-6 Extension Program Policies

- 1. Parent Visitation:** We welcome and encourage a scheduled visit.
- 2. Registration:** Please complete all attached forms. Submit completed forms to WICSD Community Education office.
 - If you are registering before the start of the school year a \$50 non-refundable registration fee must accompany the forms. The deposit will be applied to your first payment. Once the school year has begun registration requires full payment for the time of your child's start date.
 - There is a limit of 30 children at each site.

Check list of form to be completed and submitted

- Understanding of Policies
- Registration Form
- Student Information/Emergency Contact Form
- Application for Transportation (form available at District Office and submitted to the Transportation Department)
- Medication Authorization (3 forms)
- Permission for Emergency Transport and Medical Treatment
- Pick-Up Permission Form

3. Payments:

- This is a full week program with NO option for certain days of the week (you can choose not to attend certain days but we do not pro-rate).
- There is a 10% discount off of the total of 2 or more children in one family.
- All payments are due on the first of the month.
- There is a late fee of \$50 after the 15th of the month. Any account more than 30 days over due will result in your child's dismissal from the program.
- There is a \$20 bank fee for any bounced checks.

- 4. Hours of Operation:** At both of the Iroquois and Rogers sites the hours are as follows:
 - The morning program is from 7:00 am until the start of school
 - The afternoon program is from dismissal until 6:00 pm.
- 5. Transportation:** Arrangements must be made with the WICSD transportation department for busing needs. WICSD Transportation can be reached at 585.336.2992
- 6. Holiday Closings:** We follow the WICSD school calendar. When the schools are closed the program is also closed.
- 7. Attendance:**
 - If your child will not be attending his/her after-school program please call 585.336.3014 or 585.336.0622.
 - If your child is absent from school he/she may not be dropped off to attend the after-school program.
- 8. Pick up:** WICSD will not release a child to anyone other than the parent/guardian unless the person is listed on the Pick-Up Permission form.
 - Any person picking up a child must show a valid Id.
 - A \$10 late fee will be charged for each 15 minute interval that you arrive late (ie. 6:01 - 6:15)
- 9. Weather Emergencies:** We follow the WICSD school closings procedure. If the schools are closed due to severe weather the WICSD Community Education K-6 Extension Program will also be closed.
- 10. Suspected Child Abuse:** WICSD Community Education K-6 Extension Program employees are mandated by state licensing regulations to report any and all suspected child abuse or neglect.
- 11. Behavior:** The WICSD Community Education K-6 Extension Program's goal is to ensure the safety of every child and every staff member at all times. Any child's language or behavior that is hurtful to other children or staff, such as profanity, using sexual language, bullying, or any violent behavior, will result in an Incident Report being completed by a staff member. The site manager will review it with you to identify possible solutions. If the behavior continues, the Community Ed. Director will meet with you and your child may be asked to leave the program.

Please retain these policy pages for your records.

Please sign and return the following page with your registration.



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Please Sign Below to Verify That You Understand These Important Policies



Child(ren)'s Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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West Irondequoit Community Education K-6 Extension Program Program Activities

The WICSD Community Education K-6 Extension Program is for children in Kindergarten - Grade 6. Our objective is to provide children with a safe and secure environment both before and after school.

The children will be given a snack in the afternoon program only, participate in activities both inside and outside (weather permitting), read and be read to, work on homework, receive academic support, and use computers.

Morning Program

7:00 am until the start of school
Quiet socialization
Homework
Board Games



Afternoon Program

School dismissal until 6:00 pm
Snack
Recreation (outdoors weather permitting)
Homework
Computer time
Arts & Crafts
Board Games





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West Irondequoit Community Education K-6 Extension Program Discipline Guidelines

Discipline provides an opportunity to enable a child to develop self-control. Below are the discipline guidelines regarding the children at WICSD Community Education K-6 Extension Program.

The staff will use acceptable techniques and approaches to help the child solve the problem. These techniques include: redirecting the child to an alternate activity, rewarding acceptable behavior, encouraging the child to talk about their feelings and providing an example for children by speaking and interacting with them in a positive manner.

If a child needs to be separated from the group, a “time-away period” will be used. The time limit for this is three to five minutes depending on the child’s age. During this period, the child must be in the supervision of a staff member. The reason for the child being separated from the group will be explained to the child in a calm manner.



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West Irondequoit Community Education K-6 Extension Program Registration Form

Please submit completed form to Community Education at the address above. **There is a \$50 deposit if registering prior to the start of the school year to hold your spot, the deposit will be applied to your first payment. If your child requires transportation an application with the District Transportation department MUST be completed EACH school year and provided to the District Office.**

Child's Name: _____ Grade _____ Date of Birth: _____

Parents Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email: _____

Child's Home School: _____

Circle which site your child will be attending: Iroquois Rogers

Circle time that your child will be attending : AM PM Both

Credit Card Information

VISA MASTERCARD

Exp. Date _____ CVC # _____

Credit Card # _____

Card Holder Name _____

Signature _____

Billing Zip Code _____

<u>For Office Use Only</u>
Cash _____
Check/Money Order # _____
Receipt # _____

**Make checks payable to West Irondequoit Central School District
Theres is a \$20 bank fee for any returned checks**



WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

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 www.westirondequoit.org

Student Information/Emergency Contact Form

1. STUDENT INFORMATION		Grade:
Student Name:	Homeroom Teacher:	
Student Address:		
Home Phone:		
Student lives with:		
Student has an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Student has a 504 Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>		
No student will be excluded on the basis of their disability		

2. HOME CONTACT INFORMATION	
Home Contact #1	
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Cell Phone:	Employer:
Email:	
Home Contact #2	
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Cell Phone:	Employer:
Email:	

3. EMERGENCY CONTACT INFORMATION – to be called if home contacts are not available.	
Name:	Relationship:
Daytime Phone:	
Name:	Relationship:
Daytime Phone:	

4. EMERGENCY NOTIFICATION SYSTEM – Please list three contacts. No pagers or phone extensions please. You may wish to use numbers listed above.	
1. Name:	Daytime Phone:
2. Name:	Daytime Phone:
3. Name:	Daytime Phone:

5. MEDICAL INFORMATION	Medical Concerns:
Physician's Name:	
Office Phone:	
Insurance:	



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West Irondequoit Community Education K-6 Extension Program Pick-up Procedure

All children must be picked up by 6:00 pm

- A \$10 late fee will be charged for each 15 minute interval that you arrive late (ie. 6:01 - 6:15 pm)

If at anytime someone other than the parent or guardian is to pick up the child that person MUST be listed on the Pick-Up Permission form.

- Any person picking up a child must show a valid Id.
- If there is any doubt or the child refuses to leave with a person we reserve the right to call the parent/guardian before allowing the child to leave.





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West Irondequoit Community Education K-6 Extension Program Pick-Up Permission

Child's Name: _____

In the event that I am unable to pick up my child, the following people are authorized to pick him/her up:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____



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West Irondequoit Community Education K-6 Extension Program Emergency Medical Treatment Policy and Procedure

In the case of an emergency requiring medical treatment, the procedure is as follows:

The lead teacher is responsible for notifying parents, and/or calling for emergency help, in the following order (depending on the severity of illness or injury):

1. 911
2. Parents or Guardians
3. WICSD Contact Nurse (if needed)
4. Community Education Director

A staff member will stay with the ill or injured child until emergency personnel arrives.

Emergency Medical Treatment and Transport forms as well as a Child's Medical form will accompany the child.

A staff member will contact any backup staff, if needed.



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West Irondequoit Community Education K-6 Extension Program Permission for Emergency Transport and Medical Treatment

Child' Name: _____ Age: _____

I authorize WICSD Community Education K-6 Extension Program staff to obtain emergency transportation for my child should the need arise and I am not able to transport him/her myself.

Signed: _____

Date: _____

I authorize the hospital staff to start emergency medical treatment as they deem necessary for my child should he/she be brought there by the staff of WICSD Community Education K-6 Extension Program or via emergency transport.

Signed: _____

Date: _____



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Parent/Guardian & Healthcare Provider's Request for Student Self - Medication

This form should be completed and signed by both parent/guardian and the child's healthcare provider

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

The above named child has been instructed in the proper use of the following medication and procedures:

Name of Medication: _____

Medication Procedures: _____

Parent/Guardian and healthcare provider request that the child be permitted to carry on his/her person and to self administer (check below):

a one day supply of medication

a prescribed inhaler

He/She understands the purpose of the medication, the appropriate method of administration and the prescribed frequency of use. He/She will assume responsibility for complying with all proper procedures. These procedures must be followed or the privilege will be rescinded.

Parent/Guardian

Healthcare Provider

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

This is a two page document - Both pages must be completed

Self Medication Release Form

Date: _____

_____ has been instructed in the proper use of the following medication procedures:
(Child's Name)

We, _____ and _____ request that _____
(Parents Signature) (Physician's Signature) (Child's Name)

be permitted to keep the medication in his/her possession, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use.

Please Note: This form must be completed in addition to routine district medications forms for those students who request permission to carry their own medication on campus



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Parent/Guardian and Health Care Provider's Authorization for Administration of Medication

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

A. To be completed by Parent/Guardian:

I request that my child receive the medication as prescribed below. The medication must be delivered to the program site supervisor by parent/guardian in the properly labeled original container from the pharmacy. I understand that a staff person will administer the medication and that this request must be renewed annually or whenever there is a change in the original prescription.

Parent/Guardian Signature: _____

Address: _____

Home Phone: _____ Work Phone: _____ Date: _____

B. To be completed by Health Care Provider:

I request that my patient as listed below, receive the following medication:

Student Name: _____ Date of Birth: _____

Diagnosis _____

Medication _____

Prescribed dosage, frequency, and route of administration: _____

Time to be taken during program hours: _____ Duration of Treatment: _____

Possible side effects/adverse reactions: _____

Other Recommendations: _____

Name of Health Care Provider (please print): _____

Address: _____

Health Care Providers Signature: _____