



## WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

260 Cooper Road  
Rochester, New York 14617  
Telephone: (585) 336-3014  
Fax: (585) 336-3154  
[www.westirondequoit.org](http://www.westirondequoit.org)

Welcome to West Irondequoit Community Education K-6 Extension Program.

Please take a moment to read over this packet.

The West Irondequoit Community Education K-6 Extension 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:

Iroquois Middle School  
150 Colebrook Drive

Rogers Middle School  
219 Northfield Road

Morning hours are: 7:00a.m. until the start of school

Afternoon hours are: Dismissal time until 6:00 p.m.

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

If you have any questions or concerns, please feel free to call us at 336-3014. We look forward to serving your family. Thank you!

Sincerely,

Barb Reardon  
Community Education Director



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### West Irondequoit Community Education K-6 Extension Program Policies

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

Checklist of forms to be completed:

- Understanding of Policies
- Registration Form
- Student Information/Emergency Contact Form
- Application for Transportation (submit ASAP to WICSD  
Transportation Department)
- Medication Authorization (3 forms)
- Permission for Emergency Transport and Medical Treatment
- Pickup Permission

3. **Payments:** The cost of the program is \$50 per week per child AM, \$75 per week per child for PM, or \$100 per week per child for both. This includes both the morning and afternoon hours. There is a 10% discount for 2 or more children in one family. All payments are due on the first of the month once your child is enrolled. There is a \$50 late fee for any payments received after the 15<sup>th</sup> of the month. Any account more than 30 days overdue will result in your child's dismissal from the program. There is a \$20 bank fee for any bounced checks.
4. **Hours of Operation:** The morning program is 7:00 a.m. until the start of school at both Iroquois and Rogers sites. The afternoon program is dismissal time until 6:00 p.m. at both Iroquois and Rogers sites.

5. **Transportation:** Arrangements must be made with WICSD transportation for any busing needs. The transportation department may be reached at 336-2992.
6. **Holiday closings:** We follow the WICSD school calendar. When the schools are closed the program is also closed.
7. **Illness:** If your child will not be attending his/her afterschool program please call 336-0620. Please also remember to call if your child leaves school during the day due to illness. If your child is absent from school he/she may not attend his/her afterschool program.
8. **Pickup:** WI Community Education K-6 Extension Program will not release a child to anyone other than a parent unless the person is listed on the Pickup Permission form. Any person picking up a child must show a valid picture ID. A \$10 late fee will be charged for each 15 minute interval that you arrive late. (ex. 6:01-6:15)
9. **Weather Emergencies:** We follow the WICSD school closing procedure. If the schools are closed due to severe weather the WI Community Education K-6 Extension Program will also be closed.
10. **Suspected Child Abuse:** WI 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 WI Community Education K-6 Extension Program's goal is to ensure the safety of every child and every staff member at all times. A child's language or behavior which is hurtful to other children or staff, such as profanity, using sexual language, bullying or any violent behavior is inappropriate and unacceptable. If your child should display such behavior, an Incident Report will be completed by a staff member. The site manager will review it with you to identify possible solutions. If the behavior continues, you will meet with the Community Education Director and your child may be asked to leave the program.

**PLEASE RETAIN THESE POLICY PAGES FOR YOUR RECORDS. SIGN AND RETURN THE FOLLOWING PAGE WITH YOUR REGISTRATION. THANK YOU**

**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



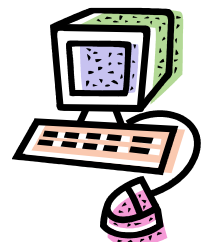
The West Irondequoit Community Education K-6 Extension Program is for children in Kindergarten to Grade 6. Our objective is to provide children with a safe and secure environment both before and after school. The children will be given a healthy snack (afternoon only), participate in active activities both inside and outside (weather permitting), read and be read to, work on homework, receive academic support and use computers.

#### Morning Program

7:00 a.m. until the start of school - Quiet socialization, homework, board games

#### Afternoon Program

Dismissal time until 6:00 p.m. - Snack, recreation,  
DEAR time (Drop Everything And Read),  
homework, computer time, enhancement opportunities





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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 the WI 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 a 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**

This registration form is only necessary with your initial registration. Once your child is registered you receive a monthly invoice. You may make payments by mailing your check to Community Education at the address above or call 336-3014 to make your payment with your credit card. Be sure to note your child's name with payment.

**REGISTRATION-COMMUNITY EDUCATION  
K-6 Extension Program**

**Fee: \$75 per week per child pm only, \$50 per week per child am only, \$100 per week per child for both**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Child's Home School: \_\_\_\_\_

Check which site your child will be attending: \_\_\_\_\_ **Iroquois** \_\_\_\_\_ **Rogers**

Check times that your child will be attending: \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Both**

**Credit Card Payment:**

**VISA**  **MASTERCARD** Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Card Holder Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

For Office Use Only

Cash/Check \_\_\_\_\_

Credit Card Auth. # \_\_\_\_\_

Receipt # \_\_\_\_\_

**Make checks payable to West Irondequoit Central School District**

**There is a \$20 bank fee for any returned check.**

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**Student Information/Emergency Contact Form-2008**

<b>1. STUDENT INFORMATION</b>		Grade:
Student Name:	Homeroom Teacher:	
Student Address:		
Home Phone:		
Student lives with:		
Alternate Contact: If you would like mail sent to a non-custodial parent, please provide the information below.		
Name:	Relationship:	
Street Address:		
City:	State:	Zip code:

<b>2. HOME CONTACT INFORMATION</b>		
Home Contact #1		
Name:	Relationship:	
Address:		
Home Phone:	Work Phone:	
Cell Phone:	Employer:	
Home Contact #2		
Name:	Relationship:	
Address:		
Home Phone:	Work Phone:	
Cell Phone:	Employer:	

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

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

<b>5. MEDICAL INFORMATION</b>	Medical Concerns:
Physician's Name:	
Office Phone:	
Insurance:	

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT  
2009-10 SCHOOL TRANSPORTATION  
APPLICATION FOR TRANSPORTATION TO AND FROM A CHILDCARE PROVIDER**

2009-10 school transportation is scheduled to be provided for eligible district pupils as follows:

Distance between home and school legally attended; as measured by the nearest available route (public highway) must meet these minimums:

GRADES K-3	.....	All Students
GRADES 4-6	.....	More than 1 1/2 Miles

**Applications for 2009-10 school transportation *MUST* be submitted no later than April 1, 2009 except in the case of persons who move into the district after April 1, 2009. In this case, application must be made within 30 days after establishing residence in the district, and proof of residence must accompany application.**

Pupils applying for transportation to and/or from a childcare provider must meet eligibility as stated above. The childcare provider must be located within West Irondequoit School District boundaries. The District reserves the right to require proof of New York State Certification of the childcare provider. Requests for transportation to a place of parental employment will not be honored, unless the employer maintains a registered childcare provider service and is located within the West Irondequoit School District boundaries.

**Children must ride the same bus every day and be dropped at the same bus stop every day; requests for transportation to alternate addresses on alternate days will not be honored.**

***TO APPLY FOR 2009-10 SCHOOL TRANSPORTATION TO AND/OR FROM A CHILDCARE PROVIDER,  
PLEASE COMPLETE FORM BELOW***

**2009-10 SCHOOL TRANSPORTATION APPLICATION FOR TRANSPORTATION TO AND /OR FROM A  
CHILDCARE PROVIDER**

**Please complete both sides of application.**

To Board of Education, West Irondequoit Central School District:

I request that school transportation be provided for my child to and/or from a childcare provider in West Irondequoit during the 2009-10 school year.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
Parent Work No: \_\_\_\_\_

Childcare Provider's Address & Phone # \_\_\_\_\_ (indicate Home or Sitter)  
AM Pickup Home or Sitter \_\_\_\_\_  
PM Drop Home or Sitter \_\_\_\_\_

Child's school & grade enrollment as of September 2009: if Kindergarten: \_\_\_\_\_ AM or \_\_\_\_\_ PM

Signature of parent or guardian: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**SUBMIT APPLICATION FORM NO LATER THAN APRIL 1, 2009 TO:**

WICSD Board of Education  
321 List Ave, Rochester, NY 14617

ATTN: TRANSPORTATION DEPARTMENT  
Or FAX to: 336-3023

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**CERTIFICATION**

We \_\_\_\_\_ certify that \_\_\_\_\_  
(Name of parent/legal guardian) (Name of childcare provider)

assumes full legal responsibility for the care, custody and protection of the before named child from the time of drop off by the child's parent until picked up by the school bus and/or from the time the child is dropped off by the school bus at the above childcare provider's address, until the parent picks the child up. The childcare provider and the parent each individually agree that if the childcare arrangements described herein are terminated or altered, each will assume responsibility to notify the West Irondequoit Central School District Transportation Department at 336-2992.

This certification applies to:

**Before** school pick-up \_\_\_\_\_

**After** school drop off \_\_\_\_\_

**Both** before and after school \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Childcare Provider \_\_\_\_\_ Date \_\_\_\_\_



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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.

Signature (parent or guardian): \_\_\_\_\_

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:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of 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): \_\_\_\_\_ Title: \_\_\_\_\_

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

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent/Guardian and Health Care Provider's Request for Student Self-Medication

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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 Health Care 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

Health Care Provider

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

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

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

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

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

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

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

## Self-Medication Release Form

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

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

has been instructed in the proper use of the following medication procedures: \_\_\_\_\_

\_\_\_\_\_

We, (Physician's signature) \_\_\_\_\_

and (Parent or Guardian's signature) \_\_\_\_\_,

request that (Child's name) \_\_\_\_\_ be permitted to keep the medication in his/her person possession, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

NOTE: This form must be completed *in addition* to routine district medication form for those students who request permission to carry their own medication on campus.

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



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### **West Irondequoit Community Education K-6 Extension Program Emergency Medical Treatment Policy & Procedure**

In the case of emergency requiring medical treatment, 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. Deb Hanss RN, WICSD Health Services Coordinator (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 Child's Medical form will accompany 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's Name: \_\_\_\_\_ Age: \_\_\_\_\_

I authorize WI 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 WI Community Education K-6 Extension Program or via emergency transport.

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

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



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### West Irondequoit Community Education K-6 Extension Program Pickup Procedures



- All children must be picked up by 6:00 p.m. A \$10 late fee will be charged for each 15 minute interval that you arrive late. (ex. 6:01-6:15 p.m.)
- If at anytime someone other than the parent or guardian is to pick up the child that person must listed on the Pickup Permission form. Any person picking up a child must show a valid picture 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**

**Pickup 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 for me:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_