As the 2021-2022 school year approaches, we are anticipating that some Covid-19 protocols will still be in place. Children and staff will be wearing masks when inside but do not need to wear them outside. Parents will still need to ring buzzer, wait outside and we will bring children out to you. On the playground we ask parents to stay outside the fence and again, we will bring children to you.

Please check your email regularly for updates. Subject line will always indicate “EXTENDED DAY”.

Dear Parents,

Welcome (or welcome back!) to our Extended Day family for the 2021-2022 school year. Attached please find 2021-2022 registration forms.

Registration begins on July 6 and is ongoing throughout the school year as long as openings exist.

We highly recommend that you complete the registration process at your earliest convenience to have the best chance of a spot when school begins.

As we await more specific 2021-2022 enrollment parameters, all registrations will be on a first come, first served basis.
You will need to complete and return all the applicable paperwork which includes:

1. **Registration form** *(required)*
2. "**Important Information**" form *(required)*
3. **Behavior Agreement** that you need to review with your child. Both the child and parent need to sign this form *(required)*
4. **September sign-up calendar** form where you choose the days you wish to reserve. *(Highly recommended...remember 2021-22 attendance is first come, first served.)*
5. **Payment** of annual, one time per child registration fee ($30) plus total due for days you are reserving.
6. *If your child needs medication administered while at Extended Day, we must have an updated Administration of Medication form and detailed “Action Plan” from the doctor along with current medications in their original containers. Please have all the meds and forms in the P&R office at least a full week before your child’s first day with us. Please call us to make arrangements for medication drop off. (203-938-2551).*
7. **Please keep in mind that any special accommodations or extra support your child might need will take extra time to put into place so please contact us as early as possible, preferably 3-4 weeks in advance of desired attendance. This should also be noted clearly on “Important Information” form of your registration packet.**

Our **Extended Day 2021-2022 Owner’s Manual** will be on the Town’s website soon but for returning families’ convenience, it will be emailed to you. Please take 10 minutes to read through it and give us a call with any questions you may have. Very soon all of the Extended Day forms for 2021-2022, including all calendar sign-up forms, will be on the website. Townofreddingct.org

*As you can imagine, the COVID-19 pandemic guidelines are being adjusted often and may affect many facets of our program. You will be notified of any necessary changes or updates via email once you are registered.*

Thank you for your anticipated understanding, patience and adherence to whatever our “new normal” has to be for 2021-2022.

Mary Jo Dix
Director of Extended Day Programs
EXTENDED DAY REGISTRATION 2021-2022 *(required!)*

Child’s name: ________________________________ Birth date: ________
Bus: _____ Teacher: ___________________________ Grade: _____ Sex: M F
Family’s mailing address: ________________________

Parent #1: ________________________________ Home#: ____________________________
Work phone (__) - ______-______-__________ Extension: ____________________________
Cell__________________________________ Workplace: ____________________________
E-mail address______________________________________________________________

Parent #2: ________________________________ Home#: ____________________________
Work phone (__) - ______-______-__________ Extension: ____________________________
Cell__________________________________ Workplace: ____________________________
E-mail address______________________________________________________________

Marital status: _________ Custody status: _______________________
Siblings/ages______________________________________________________________

IF PARENTS CANNOT BE REACHED, CONTACT:
Name: ________________________________ Relationship: ______________________
Home: ________________________________ Cell: ____________________________
Allergies: Yes__ No__ If “yes”, please list all details on next page!
AUTHORIZED PICK UP LIST: ________________________________________________

The above child has my permission to participate in the Extended Day Program. I will carefully read the 2020-2021 Extended Day Owner’s Manual and have read the Behavior Agreement and agree to follow the program’s policies and procedures. I understand that the Town of Redding has no accident insurance and that costs incurred due to injury to the child listed above while participating in the Extended Day program are my responsibility. I release and hold the Town harmless from any injuries incurred in Town recreational activities. I understand photos of my child may be used by the Park and Recreation Department for promotional materials or advertising unless I notify Park and Recreation in writing. ____________________________ / ____________________________ / __________
(Parent’s signature) (Printed name) (Date)
EXTENDED DAY IMPORTANT INFORMATION *(required!)*

This information is confidential to Extended Day staff unless it is needed for medical reasons.

Child’s full name: ______________________________ Date of birth: _________________

Name of child’s doctor ______________________________ Phone # ______________________

*Any Extended Day participant who needs medication administered during program hours must have Redding Park and Recreation’s “Authorization for the Administration of Medicines Form” filled out by the child’s doctor and turned in to the P&R office with the medicine in its original container one full week before attending Extended Day. Forms available at P&R office or the town’s website, www.townofreddingct.org.

List the order in which you want calls made in case of an emergency:

1. ________________________________ Relationship ________________________________ phone number(s) ________________________________

2. ________________________________ Relationship ________________________________ phone number(s) ________________________________

3. ________________________________ Relationship ________________________________ phone number(s) ________________________________

Please help us serve your child better by updating this information in writing if it changes. Again, thanks!

1. Is there any special information that you would like to share that would enable us to serve your child better?  
   No □ Yes* □
   *If Yes, the appropriate person from the department will call you or you may simply tell us in writing below:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Is your child allergic to ANYTHING? If yes, list allergens, symptoms and treatment:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

3. Is your child under medical care for any illness or condition? Describe.
   ___________________________________________________________
   ___________________________________________________________

4. What medications is he/she taking NOW and for what condition? (Please include any medications he/she has taken regularly or recently discontinued.)
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

5. Does your child wear eyeglasses? _____ At all times? ______ For close work only? __________

6. Other information: ________________________________

I give my permission for the Extended Day Supervisors or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency.

Parent’s signature __________________________________________ Date ________________
Parent’s printed name _________________________________________
EXTENDED DAY BEHAVIOR AGREEMENT *(required!)*

Parents: Please complete this form with your child, making sure that your child understands the contents before you both sign it.

Thank you! Extended Day

I, __________________________________________________, understand that Extended Day is a place where children can be safe, have fun, learn and make friends. I will try to behave in a way that helps this happen for me and everyone else in Extended Day.

I will try to learn and follow the rules of Extended Day.

I will try to be respectful of others, both children and grown-ups. This means having respect for other’s feelings, their bodies, their belongings and their health.

This also means using my very best manners every day. I will try to say “Hello”, “Goodbye”, “Please”, “Thank You” and “Excuse me” a lot! I will try to say “Goodbye” to the Extended Day supervisor and staff every day before I leave.

I will try to make eye contact with grown-ups and my friends when I talk to them.

I will try **not** to bring any toys, games or extra personal belongings from home to Extended Day. They have lots for me to play with at Extended Day.

I will try **to never bring nuts** of any kind to Extended Day because some of my friends there have very bad allergies. Extended Day is a “NO- NUT ZONE.”

I will try to wash my hands for at least 20 seconds of suds when near a sink or with hand sanitizer. I will try to do this as often as needed and always before I eat snack and after using the bathroom or sneezing or coughing.

I understand that the grown-ups and my parents will do what they can to help me understand and keep this agreement. I also understand that there will be consequences for me if I do not keep this agreement. The consequences could be: writing letters about my behavior; having meetings with my parents and Extended Day Directors, and if all else fails, even being asked to leave Extended Day.

Child’s signature____________________________________________________

Parent’s signature________________________________Date________________
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES
BY REDDING PARK AND RECREATION PERSONNEL

The Connecticut State Law and Regulations require a physician’s or dentist’s written order and parent or guardian’s authorization for a Park and Recreation Department employee, or nurse employed by the Park and Recreation Department to administer medications. Medications must be in the original, pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician’s or dentist’s name, and date of original prescription.

PHYSICIAN’S OR DENTIST’S ORDER

Name of Child ___________________________ Date __________________
Address ___________________________ Date of birth __________________
Conditions for which drug is being administered during hours of Park and Rec. activity __________________

________________________________________________________________________

DRUG: (Name, dose and method of administration) ___________________________
________________________________________________________________________

Time of Administration ___________________________
Medication shall be administered from _____________ to _____________
Date ___________________________ date ___________________________

Relevant side effects to be observed, if any ___________________________
________________________________________________________________________

If there are any side effects, plan for management ___________________________
________________________________________________________________________

Is this a controlled drug? _______________ If yes, DEA number _______________________

Physician’s/Dentist’s Name ___________________________ Telephone # _______________________
Address ___________________________

Physician’s or Dentist’s Signature ___________________________
Park & Rec. Employee ___________________________

To Redding Park & Rec. Personnel:
I hereby request that the above medication, ordered by the physician/dentist for my child,
______________________________, be administered by Park & Rec. personnel. I understand that I must supply Park & Rec. with the prescribed medication in the original container dispensed and supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school for the summer.

Name (print) ___________________________
Signature ___________________________ Relationship to child ___________________________
Address ___________________________ Telephone ___________________________