

Vacation Program Policies and Documents (for parents of all children attending vacation programs)

Drop Off and Pick Up Policy:

- Drop-off is between 8:45-9:00am.
- Please drive to the backside of our building with our new drop off designed parking lot. ArtSpan staff will greet you inside the building.
- The day ends promptly at 3:15. Children not picked up by 3:15 will be automatically placed in our Extended Day program and charged a fee. Late pick-ups from Extended Day will also be charged a fee.

What to Bring:

- Comfortable clothes and shoes that can get messy. (Please label all clothes and belongings.)
- Snack and lunch. Please bring a PEANUT-FREE morning snack and lunch with your child's name on each packed in a paper or grocery bag. We ask for the paper bag because our space is limited in the refrigerators here, and it is easier to store all lunches and snacks if they are packed in collapsible bags, rather than lunch boxes. It is also recommended to bring a water bottle, clearly labeled, which can be refilled throughout the day. A snack will be provided during the Extended Day Program.
- A change of clothes for young children.
- PLEASE DO NOT BRING ELECTRONIC DEVICES INCLUDING, VIDEO GAMES, CELL PHONES, OR TOYS TO THE PROGRAM. There is a Lost & Found located in the Munroe Office on the first floor. Program staff will make every effort to help children keep track of items brought from home, but we cannot be responsible for any lost or misplaced items.

Necessary Forms to be Submitted By June 1st (All forms are below, except Pediatric Health Form, which comes from your doctor's office):

- 1) PARENT/GUARDIAN AGREEMENT FORM: Please include health insurance information, sign and date.
 - 2) RELEASE FORM: Please provide the names of those individuals to whom your child may be released at the end of the day. You may add names to the release form at any time during the program session with a written request. Please complete a separate form for each child.
 - 3) Pediatric Health Form (from your doctor's office): Please supply us with a copy of your Health Care Providers Examination Form. This form lists all immunizations, allergies, medications and any special health circumstances pertaining to your child. This form must contain a physician's signature. (If you feel there are special circumstances regarding your child's health that we should have detailed information about, please describe them clearly on a separate sheet of paper and attach it to Health Care Provider Examination Form.) These are valid for one year from the date signed.
- OPTIONAL MEDICATION POLICY FORM: If your child needs to take any medication (i.e. inhalers, antibiotics etc) you will need to have this medication form completed. If your child requires other medication while attending our program, please give the medication in the original container to the Education Director or Health Supervisor with a permission note. Prescription medications must be in a child-proof bottle with an original pharmacy label attached. These medications can be administered in the Munroe Center Office under the supervision of our health supervisor. Under no circumstances should a child be carrying medications around with them while in attendance at our program.

PEANUT-FREE POLICY

Dear Parent,

Due to the increase in the number of children with peanut allergies, we ask that you pack peanut-free lunches and snacks for your children while they are attending our Vacation Arts Programs. Many Lexington Public Schools have implemented similar policies; as a local organization that serves the Lexington Community and beyond, we feel that this policy will make the Munroe Center for the Arts a safer facility for everyone. Please be cautious in the types of foods you pack for your child and make an attempt to read food labels to ensure that the food your child brings does not contain peanuts or traces of peanuts.

As always, whenever food is being consumed (snack and lunch times), our Health Supervisor will be in close vicinity to the children. The Health Supervisor is prepared and trained to administer medication as needed and specified by your child's physician in the event of an allergic reaction. We ask that if your child has food (or other allergies) you provide us with an Emergency Treatment Plan signed by your child's health care provider. This plan must detail how your child's allergies are to be managed. Any medications required to execute the plan must also be provided in accordance with our medication policy and picked up from the Health Supervisor when your child's Art Span session is completed. All medications not picked up by the close of Art Span's Vacation session will be disposed of by our Health Supervisor.

Please be advised that although we are implementing a Peanut-Free policy, we cannot guarantee our premises will be completely peanut free. This is an effort to reduce the risk of any peanut exposures.

The Munroe Center for the Arts appreciates you being a part of our Arts Programs and our staff looks forward to spending a fantastic, fun, creative,

and safe time with your child!
Sincerely,
Barbara Simkowski, Education Director

Vacation Arts Program Parent Agreement Form

CHILD'S NAME(s): _____

IN CASE OF ILLNESS, I understand that my child will be attended to in the ArtSpan's first aid area in the office. In the event of apparent serious illness or injury, I authorize ArtSpan to send him/her to the nearest medical facility for emergency care. Artspan uses Lexington Fire Department Ambulance Service to transport any child in need of emergency care.

LIABILITY – ArtSpan and the ArtSpan staff are not liable for personal injuries, loss or damage to personal property where there has been no obvious negligence. Since ArtSpan deals with physical activities, each registrant may decline to participate in any activity which may be personally harmful by informing the staff in writing of any physical limitations which may prevent full participation in ArtSpan programs. I further agree to indemnify and hold harmless the Munroe Center for the Arts and ArtSpan Program and its agents and servants against all claims as a result of any and all acts performed under this authority.

I GRANT PERMISSION for my child to participate in all program activities involved in ArtSpan. I understand that children not picked up by 3:15 PM will

automatically be put into the Extended Day Program and charged a late fee to cover staffing and snack expenses.

I AUTHORIZE ArtSpan to take and use photographs, slides and recordings of my child as may be needed for records or public relations.

I UNDERSTAND that full tuition refunds will only be given if written notice is provided more than 14 business days before the first date of the program, less a \$100 administrative fee. Withdrawal within 7 business days of the first date of the program will result in a 50% refund, less a \$100 administrative fee. Extended day tuition is non refundable.

I UNDERSTAND that ArtSpan reserves the right to decline acceptance of an application or to dismiss a child from programs/classes if attempts to remedy unsatisfactory situations and behavior cannot be resolved.

I CERTIFY that my child is covered by health and accident insurance.

Insurance Carrier/Policy _____

Policy #: _____

Parent/Guardian Name with Insurance: _____

Signature: _____ Date: _____

Vacation Arts Program Release Form

(This form tells us who may take your child from Munroe Center.)

CHILD'S NAME(s): _____

Please provide us with the names of people to whom your child may be released during and/or at the end of the day. In case of a request for the release of your child to a person not listed, your child will remain at Munroe until you have been contacted and have given us permission to release your child. If one of the people below is late for pick up, your child will be put into our Extended Day Program, which runs from 3:15 PM – 5:30 PM. A fee will be charged for late pick ups.

Please include your name and phone number, as well as those of any family members.

1) Name: _____ Phone # _____

2) Name: _____ Phone # _____

3) Name: _____ Phone # _____

4) Name: _____ Phone # _____

Please tell us if it is okay for your child to be released without being signed out by an adult. (For example, your child lives next door and can walk home. You give your child permission to sign him/herself out.) YES or NO

I give permission for the people above to pick up and sign out my child anytime they are at the ArtSpan Program.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

OPTIONAL HEALTH, LEARNING & BEHAVIOR FORM

CHILD'S NAME(s): _____

IMPORTANT: Please submit your child's health record as completed by your child's Health Care Provider. This form does not substitute for that one. Your child will not be able to attend our program without that documentation from your pediatrician. These forms will remain on file with us for one year. **The following form should be used only if there are conditions or issues you'd like to inform us about prior to the start of the program.**

If your child has life-threatening Allergies, please also submit an Emergency Action Plan, as designated by your child's physician.

If there are any health, learning, or behavioral concerns pertaining to your child that you feel need extra attention or consideration, please indicate them below (use as many pages as you need):

MEDICATION POLICY – PART I

(to be used when your child needs to bring medications with him or her to the program)

CHILD'S NAME(s): _____

You will need to complete this form only if your child needs to take any medication (i.e. inhalers, Epi-Pens, Tylenol etc.)

All medications will be kept in the ArtSpan office, under the supervision of our Health Supervisor.

Parents must make sure that any medications taken by your child while in attendance at our program are given directly to our Health Supervisor upon morning check-in. Under no circumstances will children be carry medications around with them while in attendance at our program.

ROUTINE MEDICATIONS may be self-administered (with our supervision) prior to lunch and when absolutely necessary after 3:15 PM for Extended Day children. Parents may assume responsibility for administering medications that need to be given at other times of the day.

Medication prescribed shall be kept in the original containers, bearing the pharmacy label. All over the counter medications for the children shall be kept in the original containers with directions for use.

ArtSpan and any ArtSpan staff thereof will be held harmless in the event of reactions of any kind illness, or death resulting from the child's use of any medication while attending ArtSpan programs. ArtSpan reserves the right to refuse to administer medications. In such an event all deposits and tuition paid will be refunded in full.

TO BE SIGNED BY PARENT OR GUARDIAN

I, the undersigned, give permission to the ArtSpan Program to store medication for my child to self-administer (with supervision). I understand that the ArtSpan staff are not responsible for any problem arising from the effects of the medication or the omission of the medication. I further agree to indemnify and hold harmless the Munroe Center for the Arts and its agents and servants against all claims as a result of any and all acts performed under its authority.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

MEDICATION FORM – PART II

This form, to be completed by your pediatrician's office, is for those children coming to ArtSpan with medications to be administered at the program.

Please complete this form after reading part I.

Today's Date: _____ Child's name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Emergency Phone #: _____

TO BE COMPLETED BY CHILD'S PHYSICIAN

Name of Licensed Prescriber: _____

Diagnosis: _____

Name of Medication: _____

Dosage to be given at the Munroe Center: _____

Route of Administration: _____

Frequency of Dosage: _____ Duration of Order: _____

Date Ordered: _____ Expiration date of Medication Received: _____

Quantity Received: _____

Special Storage Requirements: _____

Date Medication is to begin: _____ Date to discontinue: _____

Specific Instructions (e.g. to be given on empty stomach or with water): _____

Possible Side Effects: _____

Has the child been instructed to self-administer and may he/she do so? Yes ____ or No ____

Physician's Name and Office: _____

Physician's Signature: _____ Date: _____