



SCHOOL BREAK WEEK PROGRAMMING

HANDBOOK

Dear Parent or Guardian:

Thank you for choosing to send your child to school break week programming at the Rensselaer County Historical Society (RCHS). We are looking forward to a fun and educational time here at the museum. This handbook will provide information about what you and your child can expect.

Included with this handbook are several medical and emergency contact forms. It is important that we have current information in case of an emergency.

MEDICAL FORMS

- All forms included must be completed and returned to RCHS on or before the first day of the program in order for your child to attend. These forms are required for the safety and security of your child.
- If your child requires medication for a medical condition, they must be able to self-administer their dosage. RCHS staff does not administer medication under any circumstances.

SNACK/FOOD

- Children will be provided a snack
- Children should come with plenty of water and a peanut-free lunch.

PROGRAM TIMES

- All programs begin at 9:00 AM and finish at 4:00 PM
- Before care is available from 8:00 AM – 9:00 AM for an additional \$6 per day. Pre-registration is required for this service.
- After care is available from 4:00 PM – 5:00 PM for an additional \$6 per day. Pre-registration is required for this service.

ARRIVAL/DEPARTURE

- An authorized adult needs to escort their child to and from the program.
- Children who are not enrolled in Before Care can arrive starting at 8:50 and not any earlier.
- Adults are required to sign children in and out of the program daily. ***All authorized adults will need to present a current Photo ID to RCHS staff at time of dismissal in order to sign out children.***
- Program departure is 4:00 PM. Please pick up your child promptly.
- Children enrolled in after care may be picked up anytime between 4:00 PM and 5:00 PM.
- Children will be released only to those individuals who have been listed by you as authorized to pick up your child. ***Parents or others who are not listed on your Emergency Contact form will be unable to pick up your child.***

LATE POLICY

- There are some occasions when parents are late to pick up their children. RCHS has strict policies for such cases. You will be given a 5 minute grace period at pickup time and if a child is not picked up within those five minutes a late pick-up fee of \$5 for every 5 minutes, or portion thereof, will be assessed. Late pick up fees are assessed immediately and payment is required for your child's continued enrollment in the program.

CANCELLATION, PROGRAM CHANGE & REFUND POLICY

- You may cancel your registration, in writing up to two (2) weeks prior to your program start date. The cover administrative costs, you will be refunded 70% of the pre-paid program fee. No refund will be made in cancellation is received less than two weeks prior to start date (determined by post-mark on the envelope).
- RCHS reserves the right to cancel any program for any reason. You will receive a credit towards a future program or a full refund in the amount of the pre-paid program fee.
- Children dismissed due to discipline, behavioral or similar situation will not be entitled to a refund.
- Children absent from any day of program will not be entitled to a refund, credit or exchange of dates.
- Any request to change program session (if available) is subject to a \$20 administrative fee in addition to any other applicable program fees.

MISC. ITEMS

- IF you child will not be attending the program due to sickness or any other reason, please contact RCHS immediately at 518-272-7232 x10 so staff knows not to expect them.
- Gameboys, mp3 players, and other electronic devices are not allowed.

If you have questions that are not covered in this letter, please call Ilene Frank at 518-272-7232 x13 or email at ilenefrank@rchsonline.org

Sincerely,

Ilene Frank
Executive Director
Rensselaer County Historical Society
57 Second Street
Troy, NY 12180

EMERGENCY CONTACT FORM

Child's Name: _____

Parent/Guardian's Name: _____

Numbers where you can be reached during program hours, circle which one we should try first:

Home: _____ Work: _____

Cell: _____

In case you cannot be reached, whom should we contact?

Emergency Contact's Name (other than parent): _____

Relation to Child: _____

Address: _____

Home: _____ Work: _____

Cell: _____ **Circle which number we should try first**

Is this person authorized to make decisions concerning your child in case of emergency when we cannot contact you? Yes _____ No _____

Please list the names of all people authorized to pick up your child.

NAME: _____	NAME: _____
RELATION TO CHILD: _____	RELATION TO CHILD: _____
PHONE: _____	PHONE: _____

Does your child have any special needs that we should be aware of? _____

In cases of extreme emergency, we will go to the hospital with your child. Please list your hospital of choice, knowing we cannot guarantee that Emergency Medical Response will comply.

Parent's Signature and Date: _____

MEDICAL HISTORY AND RELEASE

Name of Child: _____ Birth date _____

Sex: M / F Age: _____

Parent/Guardian: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

HEALTH HISTORY (check if your child has ever had any of the following medical complications)

_____ TB	ALLERGIES:
_____ Diabetes	_____ hay fever _____ asthma
_____ Epilepsy	_____ poison ivy _____ penicillin
_____ Other	_____ insect stings _____ other drug

Additional Allergies / Illnesses:

Dietary modifications/Restrictions:

Current Medications:

Child's Pediatrician: _____

Phone: _____

Medical Insurance Company: _____

Policy/Group #: _____

Other Information: _____

IMPORTANT – THIS SECTION MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Name of Parent/Guardian or adult: _____

Signature of Parent/Guardian or adult: _____

Date: _____

PERMISSION SLIP AND RELEASE OF LIABILITY

I give my child _____ (name) permission to participate in all program activities at the Rensselaer County Historical Society (RCHS).

I also give permission for any and all medical attention necessary to be administered to my child, (named above) in the event of an accident, injury, sickness, etc., under the direction of RCHS staff.

I hereby release, discharge, acquit and forgive from any and all claims, actions, suits, demands, agreements, liabilities, judgments and proceedings against the Rensselaer County Historical Society and agree to hold the Rensselaer County Historical Society harmless for any injury to my child which may occur on this date or any other, as a result of my child's participation in the museum related activity listed above.

Name of Parent/Guardian or adult: _____

Signature of Parent/Guardian or adult: _____

Date: _____