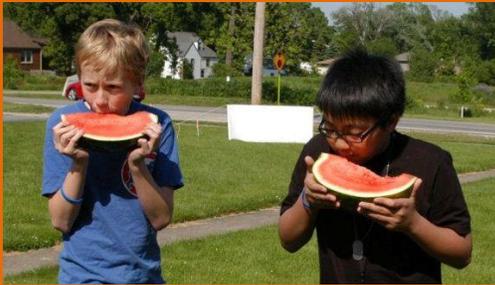
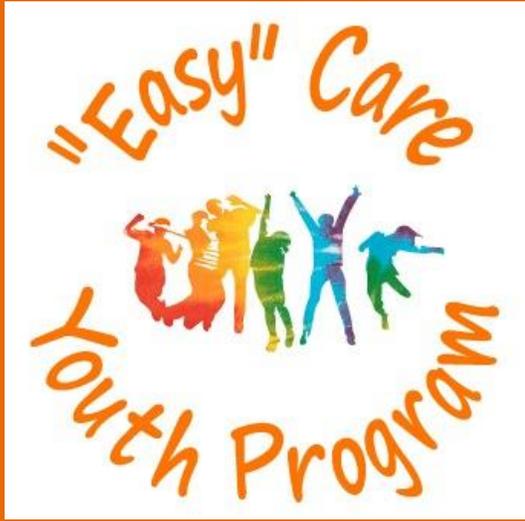
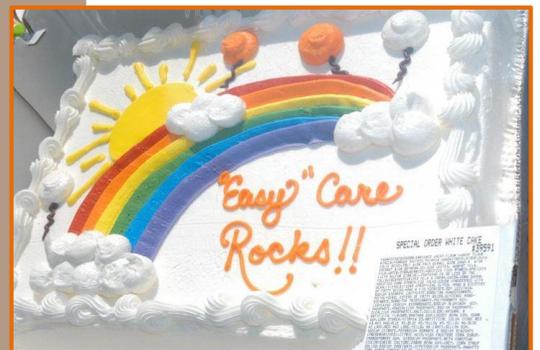


# Parent Handbook



# The First United Methodist Church of Bensenville



## Welcome to “*Easy*” Care

Dear Parent/Guardian,

The First United Methodist Church of Bensenville would like to welcome you and your youth to our Tuesday, Wednesday and Thursday afterschool program. We are looking forward to spending a wonderful school year filled with fun crafts, games, tutoring, and homework time with your youth.

If your youth is absent from school, please contact the church at (630) 766-4124 and let us know your youth will not be present in the afterschool program that day. Attached to this letter is a parent/guardian packet that includes important information regarding the afterschool program, including the “Easy” Care program policies and several forms that you will need to complete in order for your youth to participate in the program. Please review this packet closely and return it to the “Easy” Care Youth Program located in the First United Methodist Church of Bensenville by program start.

Our congregation is pleased to offer a safe space for your youth to enjoy themselves while continuing their learning, and we thank you for the opportunity to spend time with them. We look forward to having a wonderful and safe yearlong experience!

Sincerely,

Rev. So Young Kim  
Pastor  
(630) 766-4124

# **“EASY” CARE PROGRAM**

## **Philosophy of the “Easy” Care Program**

The philosophy of the “Easy” Care program is to provide a safe, structured and supervised environment for Blackhawk Middle School students whose parent/guardian is not able to be home with them during the after school hours. The program will allow working parents the opportunity to enroll their youth in a quality program instead of worrying about their welfare. A working parent/guardian will have the assurance of knowing where their youth is and that she/he is receiving well-rounded, supervised care.

The staff are aware that different individuals have different needs. It is very important not to completely structure the program, as the participants need a chance to unwind, relax and interact with their peers. The staff will make every effort to assure that the individual needs of each participant are met. The youth will have a variety of activities to choose from, including arts and crafts, indoor and outdoor play, board games, homework help, and tutoring. All staff and volunteers working in the Program are required to submit to and pass a complete background check to ensure the safety of our youth.

## **The following guidelines will be emphasized with the “Easy” Care participants:**

1. Be Ready: Arrive on time: by 3:10 on Tuesdays & Wednesdays and by 2:15 p.m. on Thursdays, unless other arrangements are made. If the youth does not arrive on time, the parent/guardian will be notified.
2. Be Respectful: Maintain personal space  
Be kind and polite to everyone  
Use appropriate volume  
Always clean-up after yourself  
Use appropriate and positive language  
Treat others the way you want to be treated  
Take the feelings of others into consideration
3. Be Safe: Walk, don't run  
Keep hands, feet and objects to yourself (even with friends)  
Come directly to “Easy” Care after school dismissal  
Keep all outside doors closed

## Dates and Times

“Easy” Care will follow the schedule established by the Bensenville School District #2. “Easy” Care will be held from 3:00-5:30 p.m. on Tuesdays & Wednesdays and 2:00-5:30 p.m. on Thursdays. **The program will begin the first week of school**, and will conclude on the last Thursday of the school year. A parent or legal guardian must pick up their youth by 5:30 p.m. **OR** authorize the youth to sign him/herself out at that time. **All participants must leave the facility by 5:30 p.m.** For guardians not able to pick up their youth from the program, there is PACE Bus transportation available for our participants at no cost.

When a parent/guardian arrives to pick up their youth, they will be required to immediately sign their youth out and promptly leave the premises.

## Room Location

“Easy” Care will be held in the Fellowship Hall of the basement of the First United Methodist Church of Bensenville located at 328 S. Church Road, Bensenville, IL 60106.

## Sign Out/Authorization For Pick Up

Parents/guardians may choose whether to allow their youth to sign him/herself out of the Program, choose to only allow their youth to leave the program when an authorized adult arrives to sign him/her out, or use transportation provided by PACE to the participant’s home address. You will be given a place to indicate your preference on the **Pick-Up Information** form.

**\* If consent is given for a youth to self-sign out of the program, please be aware that once they have signed out and left the building, they will not be allowed to return.\***

## Late Pick Up Policy

The doors close at 5:30 p.m. If a participant is not allowed to sign him/herself out, a parent, guardian or authorized individual must arrive and pick up the youth by 5:30 p.m. If an authorized adult does not arrive to pick up the youth, staff will wait five minutes (5:35 p.m.) and then call the emergency contact number. If the parent, guardian or authorized individual fails to arrive, the “Easy” Care staff will wait an additional five minutes and then call the police to pick up the youth. ***It is imperative that you pick up youth by 5:30 p.m. if you do not provide authorization to sign him or herself out.***

***\*\*On the third incident, the youth will be removed from the program.\*\****

## Absences

If for any reason your youth will be absent from the “Easy” Care program, please notify us. If it is a planned absence, please inform the staff in advance. If the absence is due to an illness or is a last minute decision, call (630) 766-4124 during program hours or contact us via email at [easycareyouth@comcast.net](mailto:easycareyouth@comcast.net).

### **Items From Home**

We ask that if your youth brings personal items from home please make sure that they are labeled with the participant's name. "Easy" Care cannot be held responsible for any personal items brought to the program. For that reason, staff will not attend to any items that participants have with them during the program. Each participant is responsible for his or her own belongings.

We recommend that they do not bring items that will get lost or broken during play. **No toy guns, electronics, pocketknives or weapons will be allowed.** All other items or devices will be at the sole discretion of the "Easy" Care supervisor.

*\*\*Cell phones usage is allowed ONLY to contact a parent/guardian after staff permission has been granted. Cell phones will be confiscated if this policy is not followed and will be returned at end of day. Continued violation will result in removal from the program.\*\**

### **Dress**

Youth must follow the Bensenville School District #2 dress code and wear appropriate attire. Failure to adhere to the dress code may result in your youth being removed from the program. For the Bensenville District #2 dress code, please visit their website at <http://www.bsd2.org>, or contact Blackhawk Middle School at 630-766-2601.

### **Snacks**

The participants will be offered a super cold snack provided by the Northern Illinois Food Bank each day. With the help of the Illinois State Board of Education and the USDA, the Northern Illinois Food Bank is able to provide after-school programs with food for hungry kids throughout northern Illinois. There is no cost to our participants.

### **Emergency Medical and Health Policy**

We will always try to provide a safe environment for your youth. However, participants may get hurt or injured. In the unlikely event of such an occurrence, the following procedures will be followed:

1. Paramedics will be called to handle serious accidents.
2. A call will be made to you to inform you of the situation. If you cannot be reached, we will call the emergency numbers you provided on the information form. Please feel free to revise this list as frequently as necessary.
3. If your youth requires emergency medical care, "911" will be called. If transport to a medical facility is deemed necessary by the responding emergency personnel, the youth's parent/guardian will be contacted and an "Easy" Care staff member will accompany the youth to the medical facility and remain with him/her until a parent/guardian arrives.
4. If your youth becomes ill while at "Easy" Care, we will call you to notify you of the situation. If your youth has a fever, is vomiting, or experiencing diarrhea, we will request that you or an authorized adult pick up your youth as soon as possible. The "Easy" Care supervisor will determine whether or not the youth should be removed for that day due to the illness. **A PARENT OR GUARDIAN MUST PICK THE YOUTH UP FROM THE PROGRAM.**

### Medication

All medication must be in its original container with the participant's name and the times he/she is required to take the medication labeled clearly on the container. We must receive a signed permission form to dispense any medication. *No over-the-counter medications will be permitted.*

### Behavior

All rules and regulations of the Bensenville School District #2 are in effect and followed at the "Easy" Care Youth Program. Every youth is expected to use **appropriate language at all times**. There will be no hitting, biting, fighting, kicking, etc.

Participants **must listen** to staff at all times. If any youth is not listening to staff, the parent/guardian will be informed by the "Easy" Care supervisor to pick the youth up from the program, or in the case that the youth is allowed to sign him/herself out, a parent or guardian will be informed that the youth has been asked to leave the facility.

### Discipline

A caring, positive approach will be taken regarding discipline. Rules consistent with Blackhawk Middle School will be used. Three basic overall principles will be expected from all participants:

1. A participant may not disturb or hurt others verbally, physically, or emotionally.
2. A participant may not damage equipment or the facility.
3. A participant may not place him or herself in a dangerous situation.

The purpose of discipline is to help our participants develop self-control and learn to assume responsibility for their own actions. We use positive statements and reinforcement to redirect negative behavior. If further action is needed, a "time-out" period may be initiated. Problems will be discussed with the parent/guardian. If necessary, a disciplinary "write-up" of the incident will be sent home. We ask that the parent/legal guardian and youth sign and return the disciplinary "write-up". One copy will be kept for our records. After three "write-ups", the youth may be asked to leave the program. Reoccurring or severe behavior problems may lead to suspension or dismissal from the program. **(See the behavior management policy in the back of this manual.)**

### Concerns/Problems

Any trouble your youth has at school or at home may affect behavior during the program. Please keep us informed of any unusual circumstances so that we can be sensitive to your youth's needs. The staff would like to work as a team with family and the school. Your input is vital to accomplishing this goal.

### Cancellations

If Bensenville District #2 is not in session, or classes are canceled for the day, "Easy" Care Youth Program will be closed.

## **Code of Conduct**

To ensure a safe and enjoyable environment, “Easy” Care has developed the following Code of Conduct. “Easy” Care asks that all participants adhere strictly to its terms while on the property of the First United Methodist Church of Bensenville.

1. Show respect to all participants and staff.
2. Refrain from using foul language.
3. Refrain from causing bodily or emotional harm to participants and staff.
4. Refrain from communicating threats, inappropriate comments or actions that can be considered as any type of harassment, direct threat, or actions that poses a threat by gesture, words or actions.
5. Exhibit tolerance and courtesies and commonly accepted behavior towards our diverse community.
6. Show respect to equipment, supplies and facilities.
7. Exhibit good sportsmanship whether an active participant or observer.
8. The use, suspected use, or consumption of alcohol, tobacco or illegal substances on First United Methodist Church of Bensenville property is strictly prohibited.

## **“Easy” Care Behavior Management Administrative Policy**

To ensure safety and a positive recreational experience for all participants, “Easy” Care has adopted a behavior management policy for all program participants. This policy is designed to take the appropriate steps or action if a youth displays disruptive or disrespectful behavior. This policy is not designed to discourage or diminish the youth, but merely to serve as a guideline to maintain a strong, well-organized and safe environment. UNDER NO CIRCUMSTANCES WILL A PARTICIPANT BE HIT, NOR WILL THEY BE PHYSICALLY RESTRAINED UNLESS THEY ARE CAUSING HARM TO SELF OR OTHERS.

A variety of methods are used in behavior management. These would include keeping the participant engaged in stimulating activities, providing encouragement, praising good behavior, substituting one activity for another (when possible), providing opportunities for earning awards and privileges, and providing programs that encourage good behavior. If these methods do not eliminate or decrease the undesired behavior, the following steps will be taken when necessary. **These will be determined by the discretion of the “Easy” Care Youth Program supervisor.**

1. First a verbal warning will be given explaining to the youth what behaviors will not be allowed and why they will not be tolerated.
2. The second step will be a time-out. This means that the participant will be removed from the activity and not allowed to participate for a suitable amount of time as determined by “Easy” Care staff.
3. If a time-out is deemed necessary for the youth’s infraction, a disciplinary “write-up” of the incident will be sent home as well as a preliminary warning e-mail of the upcoming “write-up”. We ask the parent/legal guardian to sign, date, and return the “write-up” to the “Easy” Care staff.
4. If the unacceptable behavior continues, the “Easy” Care supervisor will schedule a meeting with the youth. The supervisor will tell the participant which behaviors are not acceptable and if the behavior continues, the youth’s parent/guardian will be notified. This is the first report.
5. If after a second report is made to the parent/guardian and the problem still persists, the “Easy” Care supervisor and parent/guardian will discuss the behavior and try to work out possible solution. This communication will take place in the form of a meeting. If the behavior is severe enough, the youth will not be allowed back into the program until the meeting has taken place.
6. If the problem continues to persist, the “Easy” Care supervisor will contact the parent/guardian to notify them that a written letter will be sent outlining the problems that have been occurring. This will serve as a last warning.
7. If unacceptable behaviors are still occurring, the “Easy” Care supervisor will begin the arrangements necessary to have the participant removed from the program.

Three disciplinary reports will be issued before the youth is removed. Every attempt will be made to work with the youth and the parent or guardian. However, if the behavior of the youth endangers self or others, and it is in the best interest of the rest of the participants in the program to remove the youth from the program, “Easy” Care will do so.

# "Easy" Care Emergency Information Form

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

Participant: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Participant Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
If applicable

Birth date: \_\_\_\_\_ BMS Team: 6-1 6-2 7-1 7-2 8-1 8-2

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent e-mail address(s): \_\_\_\_\_

**1<sup>st</sup> Phone Call Made To:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ \_\_\_\_\_  
Phone Number Name

Participant Lives With:      Mother: \_\_\_\_\_      Father: \_\_\_\_\_  
   Both: \_\_\_\_\_      Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

In Case of Emergency, Contact (Other than Parent/Guardian):

Name/Relationship	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Sign-out Information

Participant: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Parents/guardians may choose whether to allow their youth to sign him or herself out of the Program, choose to only allow their youth to leave the program when an authorized adult arrives to sign him or her out, or use transportation provided by PACE to the home address listed above.

Option 1: I grant my youth permission to sign him or herself out of the program.  
YES\_\_\_ NO\_\_\_

Option 2: My youth is only allowed to leave the program when I, or another authorized adult, arrives to sign him or her out. YES\_\_\_ NO\_\_\_

*If you selected Option 2, please complete the following:*

People **allowed** to pick up my youth from "Easy" Care. (Identification may be required):

1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

3. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

People **not** allowed to pick up my youth from "Easy" Care.:

1. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

2. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

3. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Option 3: I authorize my youth to sign (him/her)self out of the program for the purpose of taking PACE Dial-a-Ride transportation home. I understand that PACE will only take my youth to the home address listed above. YES\_\_\_ NO\_\_\_

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

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



## Medical Information

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Allergies or Special Medical Problems: \_\_\_\_\_

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### Medications

The following procedures will be followed in the administering of any/all medications:

1. Only prescription medications will be administered and must be in the participant's name in the original container and given directly to the "Easy" Care supervisor.
2. Medication must be accompanied with a signed written note from the Doctor who prescribed the medication with detailed instructions for administering the medication.
3. No over-the-counter medications will be administered by the "Easy" Care staff.

### "Easy" Care Emergency Treatment Authorization

**Emergency Treatment:** A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18, and men under 21 except in cases of extreme emergency.

**To Whom It May Concern:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the listed minor in the event of medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

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

Relationship: \_\_\_\_\_

**“Easy” Care Youth Program  
Photo Release**

I, \_\_\_\_\_, Parent/Guardian of  
\_\_\_\_\_ hereby authorize and  
consent to the use of his/her visual image by “Easy” Care Youth Program  
for appropriate purposes, including but not limited to: still photography,  
videotape, electronic and print publications and websites. I give this  
consent with no claim for payment.

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

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

Email: \_\_\_\_\_

**“Easy” Care Youth Program  
Permission to Release Information**

I, \_\_\_\_\_, Parent/Guardian of  
\_\_\_\_\_ hereby provide my  
authorization and consent to Blackhawk Middle School to release  
information to “Easy” Care Youth Program staff, for the sole purpose of  
ensuring my youth’s safety, regarding my child’s absence from school  
and/or attendance at Blackhawk Middle School afterschool activities, that  
may cause my youth to arrive late to the “Easy” Care Youth Program. I  
hereby agree to hold harmless Blackhawk Middle School for the release of  
such information.

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

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

Email: \_\_\_\_\_

# “Easy” Care Youth Program Statement of Understanding

**THIS FORM MUST BE SIGNED AND TURNED IN WITH YOUR YOUTH’S COMPLETED REGISTRATION FORM.**

I, \_\_\_\_\_, have read and fully understand the procedures, policies, rules and regulations outlined in the Parent Handbook that are required of me and my youth while enrolled in the “Easy” Care Program. I am also aware that there are certain consequences that may affect me or my youth for not following these policies and procedures.

*Please initial each item where indicated and sign at bottom.*

I understand the consequences of picking my youth up late from the program described in detail in this handbook. \_\_\_\_\_  
Parent/Guardian Initials

I have fully read and understand the “Easy” Care program behavior policy. \_\_\_\_\_  
Parent/Guardian Initials

I understand that only the people I have listed on my pickup list will be allowed to take my youth from the “Easy” Care Program, unless I have given permission for my youth to sign him or herself out from the program. \_\_\_\_\_  
Parent/Guardian Initials

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please list participant’s name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_