

**TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTER SCHOOL PROGRAM REGISTRATION FORM**

Student's Name (Last Name, First Name)	School attending and current grade.
Date of Birth:	
Age:	Male Female
Home Address	
Parent/Guardian 1 Name	Parent/Guardian 2 Name
Parent/Guardian 1 Phone Numbers *Circle the best number to reach during RISE	Parent/Guardian 2 Phone Numbers *Circle the best number to reach during RISE
Cell: _____	Cell: _____
Home: _____	Home: _____
Work: _____	Work: _____
Parent/Guardian Email Address	
Emergency Contact (NOT Parent/Guardian)	
Name: _____ Relationship to Student: _____	
Phone Number: _____	
Address: _____	
Medical Information RISE staff needs to be fully aware of the following.	
Allergies: _____ Current medications: _____	
Chronic or severe illnesses: _____	
Physical limitations or prior injuries: _____	
Has your child ever been stung by a bee? ____ Yes ____ No	
If yes, explain if they had a reaction: _____	

**TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTERSCHOOL PROGRAM AUTHORIZATIONS**

The following authorizations are necessary for the RISE staff to always act in your child's best interest. Please complete and sign for each child.

Pick-Up Authorization

I authorize the following individuals to pick up my child from the RISE afterschool program.

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

Parent's Signature: _____ Date: _____

Field Trips

I permit my child to participate in field trips on foot or in an authorized vehicle as scheduled and posted by the RISE afterschool program.

Parent's Signature: _____ Date: _____

First Aid Treatment

I permit my child to receive first aid treatment for minor injuries from the RISE afterschool program staff. Written permission is required for the application of any topical ointments.

Parent's Signature: _____ Date: _____

Emergency Treatment

If a significant injury occurs, I permit my child to receive basic transportation and emergency treatment at the closest hospital.

Parent's Signature: _____ Date: _____

Promotional Material

Check one: I _____ do / I _____ do not permit my child to appear in any media coverage approved by Recreation & Leisure Services.

Parent's Signature: _____ Date: _____

Payments

I acknowledge that I am responsible for payment for RISE afterschool program months and fees. I understand that if payment is not received on time, my child cannot attend until payment is received in full with a \$10.00 late fee.

Parent's Signature: _____ Date: _____

**TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTER SCHOOL PROGRAM**

DISCIPLINE POLICY

Discipline aims to help the child develop linear controls to move toward appropriate social behavior. Resolving conflicts involves positive guidance, setting clear limits, and redirection.

RISE afterschool program provides an environment where our participants are safe and encouraged to make new friends, try new things, learn, and have fun. We believe our RISE afterschool participants are entitled to a pleasant and harmonious environment while in the program. Windsor Recreation and Leisure Services cannot serve children who display disruptive behavior. RISE staff reserves the right to remove a participant at any time for inappropriate & disruptive behavior, such as:

- Ignoring or disobeying the rules of the program.
- Bullying, fighting, swearing, stealing, and lying.
- Inflicting physical or emotional harm on other children or staff.
- Graffiti. We must pass along all expenses incurred in removing or covering such graffiti.

Reasonable efforts will be made to assist the child in adjusting to the program setting. Disruptive behavior will be dealt with in the following manner:

1. The misbehaving child will be given a verbal warning and an activity break period based on the severity of the action. The behavior or behaviors will be documented in the child's behavior log.
2. If a second activity break is given to a child in a single day, the child will be removed from the program activity, and a quiet alternative will be assigned. The child may also be asked to write letters of apology and describe the events. This will be documented in the child's behavior log.
3. If a child receives three activity breaks in one day, the staff will write an incident report; this report will be given to the parent/guardian to sign, and the child may be asked to take a day of suspension. To be determined by the Program Director and or Recreation Program Supervisor.
4. If the child receives three written incident reports, the child will be suspended effective immediately. The parents, Program Director, and Recreation Program Supervisor will meet and determine the terms and conditions of reinstatement into the program. Parents/guardians will be responsible for the tuition payment during the suspension period or until the child is withdrawn from the program.
5. If a child cannot adjust to the program setting and behave appropriately, then the child will be asked to leave for the remainder of the program.

Windsor Recreation & Leisure Services programs adhere to the policy that we will not allow for any physical aggression to any program participants or staff will not be tolerated. The Program Director / Recreation Program Supervisor has the right to remove a child at any time for inappropriate behavior. In the event of inappropriate behavior that endangers the safety of the child, other children, or staff members in the program, the parents will be notified, and the child will be removed from the program effectively immediately.

Staff shall not be abusive, neglectful, or use physical, corporal, humiliating, or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

Parent's Signature: _____

Date: _____

**TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTER SCHOOL PROGRAM**

SIGN OUT PROCEDURE

Children can only be signed out and dismissed by individuals indicated on this packet's "Pick-Up Authorization" form. If you would like to add or remove an individual from the list, you must submit a request in writing to the Program Director.

CLOSING TIME PLAN

If a child has not been picked up within fifteen (15) minutes of our closing time, a staff member will attempt to contact the parent/guardian at their cell, home, and work numbers. If a parent/guardian cannot be reached, a staff member will call the emergency contact and alternate people listed on the registration forms. If we cannot get the parent/guardian, emergency contact, and alternate people listed on the registration form, the police will be contacted after thirty (30) minutes. At that time, the child may be released to the police. Two RISE staff members will remain with the child.

Parent's Signature: _____

Date: _____

**TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTER SCHOOL PROGRAM**

HEALTH & SAFETY POLICY

- If your child has a known medical condition (i.e., allergies, asthma, etc.), please be sure the Program Director knows what to do if a problem occurs during program hours. Staff are NOT allowed to administer medication.
- Children who have contracted a contagious illness (i.e., pinkeye, ringworm, etc.) should not attend the program. Parents must notify staff in such a case, and a physician's note will be required before the child is allowed to return to the program.
- If a child develops one of the following conditions while at the program, the following will be implemented: The parents will be notified to pick up the child immediately: contagious disease, vomiting or diarrhea, or an accident requiring medical attention.
- If the illness persists for three days, the parents will be called for regular health problems (i.e., sore throat, infected ears, slight fever, etc.).
- In the case of an accident or illness during the day, the parent/guardian of the child will be contacted immediately. In severe cases, the child will be taken to one of the local hospitals by emergency vehicle for treatment.

INCLEMENT WEATHER & CANCELLATION POLICY

RISE afterschool program adheres to the Windsor Board of Education cancellation policies. The program will be canceled if school is cancelled due to inclement weather.

Early Dismissal Procedure: The RISE afterschool program will still operate if school is closed early due to inclement weather. RISE afterschool participants will still be transported to the RISE afterschool program at 330 Windsor Ave Community Center. We ask parents and guardians to pick up their children as soon as possible to ensure the safety of all involved.

Parent's Signature: _____ Date: _____

If you have any questions or concerns, please contact:

330 Windsor Ave. (location of RISE Afterschool): 860-285-1480

RISE After school Cell Phone: 860-324-5622

Windsor Recreation and Leisure Services Main Office: 860-285-1990

Shannon Blenis, Recreation Supervisor: 860.285.1991

**WINDSOR PUBLIC SCHOOLS
TOWN OF WINDSOR RECREATION AND LEISURE SERVICES
RISE AFTER SCHOOL PROGRAM TRANSPORTATION REQUEST**

Provider: Town of Windsor Recreation & Leisure Services
Address: 330 Windsor Avenue, Windsor, CT 06095
Phone #: 860-285-1990

Student's Name (Last Name, First Name)
School attending and current grade

My child will be participating in RISE afterschool program from the provider listed above during the 2024-2025 school year. I am requesting transportation to the:

Community Center at 330 Windsor Avenue, Windsor, CT 06095

Parent/Guardian Contact Information

Name: _____ Phone #: _____

Parent's Signature: _____ Date: _____

Return To: Shannon Blenis, Recreation Supervisor
Town of Windsor Recreation & Leisure Services
599 Matianuck Avenue
Windsor, CT 06095

Email: Blenis@townofwindsorct.com
Telephone: 860-285-1990
Fax: 860-285-1950

**Windsor Recreation Department
RISE 2024 - 2025 Registration Packet**

ADA

American Disabilities Act

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Department upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.

Child Name:

Does your child have an IEP or a 504 Plan?(Special Education Plan) Please check/circle one.

Yes

No

If yes, please provide details

Does your child have a behavioral plan or a behavior management plan? Please check/circle one.

Yes

No

If yes, please provide the following: School Attended, Teacher's Name, and Teacher's Contact Information

Does your child have any medical conditions that could interfere with RISE activities? Please check/circle one.

Yes

No

If yes, please provide details

I hereby certify that all information provided in the registration for the RISE After School registration form is accurate and true to the best of my knowledge. I understand that this information is essential for the well-being and safety of my child during the program activities. I have read and understood the terms and conditions outlined in the camp's rules and regulations.

Parent/Guardian Print Name

Signature