

BROWNS ELEMENTARY SCHOOL DISTRICT

Expanded Learning Opportunities Program

After School Program Parent Handbook

HOURS OF OPERATION:

Browns Elementary's Expanded Learning Opportunities Program (ELOP) operates from regular day dismissal to 5:30pm on all student attendance days and from 8:00am to 5:00pm on the following school holidays and student non-attendance days:

- Summer Break- June 5th-June 30th (20 days)
- Christmas Break-
- Thanksgiving Break-
- Spring Break-
- Teacher In-Service Days-
- **ELOP Professional Development Days-**TBD (3 days)

ATTENDANCE REQUIREMENTS:

There are no attendance requirements for this program.

SIGN IN/OUT PROCEDURES:

An authorized individual listed on the emergency contact list must sign all students out each day. Photo ID's will be checked when a new staff or authorized individual is facilitating the pick-up of students. FOR YOUR CHILD'S SAFETY, THESE RULES ARE STRICTLY ENFORCED.

HEALTHY SNACK/MEAL:

A healthy snack/meal program will be provided to each student based on USDA guidelines.

ACADEMIC HOUR:

Approximately 60 minutes will be set aside each day for students to complete assigned homework. This time is a priority above all other activities in our Expanded Learning Programs. Academic Hour classes offer quiet, safe environments for students to complete their homework in a timely manner. This is an independent study opportunity. Tutoring is not offered in our Expanded Learning Programs.

ENRICHMENT ACTIVITIES:

Our ELOP staff focus on making connections to the regular school day curriculum, introducing students to new ideas, and developing the talents and interests of each student. Enrichment activities encourage exploration and learning in creative ways. The activities are based on students' needs and interests. Activities include, but are not limited to, STEM, arts and theater, healthy living, crafts, music, career awareness, technology, and community service learning.

RECREATION:

SPARK and Skillastics curriculum are used for physical education activities, as well as, offering a variety of other physical activities and team sports opportunities.

BEHAVIOR MANAGEMENT/DISCIPLINE PROCEDURES:

All ELOP personnel treat students in a fair and impartial manner by modeling the appropriate behaviors of mentors and teachers when leading activities with students. "Positive discipline" protocols are used to redirect students to avoid disruptive behavior

and increase responsible choices and student cooperation. All ELOP sites have simple, clearly defined classroom agreements that align with the regular day but are flexible and accessible to ensure inclusion for all students participating in the program. ELOP staff monitor student behavior to ensure that all children are safe, treated with respect, and valued for their individuality.

PROFESSIONAL DEVELOPMENT CLOSURES DAYS:

All ELO Programs are entitled to three Professional Development days per school year. Parents will be given a minimum of two weeks notice before any site closures.

WAITLIST POLICY:

If the number of students wishing to participate in the program exceeds program capability, students shall be selected for enrollment based on the following guidelines:

- 1. First priority for enrollment shall be given to unduplicated students, which include, homeless and foster youth, English language learners, and economically disadvantaged students. The district is not required to disenroll a current student to secure the enrollment of a student who has priority for enrollment.
- 2. Second priority for enrollment shall be given to students selected on a "needs basis".
- 3. All remaining students shall be placed on a waitlist that will be established to accommodate additional students, if space becomes available.

Expanded Learning Program - After School Program Enrollment Form

| | | | , | | |
|--|-----------------------|-----------------------------|---|--|--|
| Name: | Grade: | Student ID #: | Date of Birth: | | |
| Address: | | Home Phone: | | | |
| Parent/Guardian Name: | | Parent/Guardian Cell Phone: | | | |
| Parent/Guardian Address: | | Parent/Guardian Work Phone: | | | |
| Emergency Contact #1: | Cell Phone: | Work Phone: | Home Phone: | | |
| Emergency Contact #2: | Cell Phone: | Work Phone: | Home Phone: | | |
| To ensure student safety while students attend Browns Elementary School Expanded Learning Programs, they must be signed out when leaving. In order to accommodate parent needs and student safety, the following sign-out options are available to parents. Please indicate the option that best meets your needs: I will sign my child out from the expanded learning program (K-8 th) My child may sign themselves out when leaving the school campus (4 th -8 th grade) | | | | | |
| Parent's Signature: | | Date: | | | |
| Health/Medical/Consent Information: In the event of an emergency involving my child, and listed emergency contacts are unable to be reached, I authorize site staff to arrange for any necessary emergency medical/surgical treatment or procedure on my behalf. (The district does not assume responsibility for medical expenses.) Please list any medical conditions or allergies (including food allergies): | | | | | |
| Is your child on any medication that must be taken during the expanded learning program? yes no Is your child allergic to insect bites? yes no Please list other adult/s who are authorized to pick your child up from the expanded learning program: | | | | | |
| Thease list office additis who are additionized to pick your | oning up from the exp | anded learning progr | am. | | |
| Name: | Relationship: | Work Phone: | Cell Phone: | | |
| Name: | Relationship: | Work Phone: | Cell Phone: | | |
| Name: | Relationship: | Work Phone: | Cell Phone: | | |
| I have read and understood the information in the enrollment packet. My child and I both understand that school rules remain in effect during the ELOP. My child has my permission to attend the ELOP at his/her school site and I will notify the coordinator of any changes in the contact information provided above. | | | | | |
| Parent/Guardian Name (printed) | | | | | |
| Parent/Guardian Signature | | Date: | : | | |

BROWNS ELEMENTARY SCHOOL DISTRICT Expanded Learning Programs Student Release Form

| My child has permis | ssion to: | |
|-----------------------|---|---------------------------------------|
| Walk hom | e (4 th -8 th grade) | |
| Ride his/h | ner bike home (4 th - 8 th grade) | |
| My child will be leav | ring prior to the end of program for | the following reason: |
| My child a | attends a parallel program. For exa | mple: sports, dance, communion, etc. |
| My child h | nas other non-program obligations. | For example: Doctor appointment, etc. |
| My child will leave a | t: | |
| Specify release time | 9 | |
| Specify dates of ear | ly release | to |
| My child may be pic | ked up by the following individuals | : |
| Name | | Relationship to child |
| Student's Name | | |
| District ID# | Grade Level | |
| Parent/Guardian Na | ime | |
| | | Work Phone |
| Parent/Guardian Sig | gnature | |

BROWNS ELEMENTARY SCHOOL DISTRICT Expanded Learning Program

Parent/Guardian Acknowledgement of Rules and Responsibilities

Dear Parent/Guardian,

Site Coordinator Signature

We are so pleased you have enrolled your child in the Browns Elementary School District ent 0

| | anded Learning Program. Please read the following Parent/ ules and Responsibilities. | Guardian Acknowledgment | | | |
|-------|--|-------------------------|--|--|--|
| 1. | up from the program. I also understand that my child will only be released to the persons listed in my child's emergency contact information, and that I will be contacted immediately, if any unauthorized persons attempt to pick up my child. I also understand that I am required to pick up my student by 5:30pm on each regular attendance day and by on all intersession days, and that failure to comply with this rule can result in the termination of services for my student. | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | I have read, understand and will adhere to all the above se <u>Expanded Learning Programs Parent Handbook</u> and under can result in termination of services for my student. | | | | |
| Print | Name | Relationship to child | | | |
| Sign | ature of Parent/Guardian | Date | | | |

Date