

North Hampton

PARKS and RECREATION AFTER SCHOOL CLUBHOUSE

2021-22 School Year

Open to grades K-5. Open each school day till 6pm.

Daily, weekly and monthly options are available

**We will follow any current CDC and/or State Covid
guidelines as well as any North Hampton
School use policies**



We offer a Safe, Fun & Affordable place for your child to spend their afterschool hours. They will build friendships, explore their creativity, develop skills, get exercise, participate in the study lab, and most of all have fun.

Welcome to the North Hampton Parks and Recreation After School Clubhouse.

Payment and registration information

To register please go to Northhamptonnh.recdesk.com

You must first register and complete all necessary paperwork for the After-School Clubhouse membership at a cost of \$30. This will ensure you a spot with the program for the school year regardless of how often your child attends. We must have the signed registration packet and registration payment no later than one week prior to the first day your child will participate in the program. This registration allows us to guarantee you a spot in the program for the entire school year and helps us to monitor our overall numbers. It also covers all administrative costs throughout the school year.

After you complete the membership, you may choose any daily, weekly or monthly option. You must register by Thursday each week for the week that follows.

Daily option is \$10 per day. Weekly or four-day option is \$40 per week.

The Monthly option is the number of weeks in any particular month times \$40.

North Hampton Parks and Recreation After School Clubhouse Behavior Management

We use a positive discipline approach including timeouts, "learning tasks" and other age and child specific methods. Those children who through their actions at the after-school program threaten safety in any way may not be allowed to stay in the program. This includes, but is not limited to, verbal abuse and/or profane language, any physical destruction or harm, or chronic failure to follow staff direction.

Parents will be informed with if there are any behavioral concerns, so that we may be proactive and develop any necessary action plan.

Pick-up location

The primary pickup location will be in the North Hampton School Cafeteria. There will be notifications and signs if there is another location. Pick-up is by 6pm.

Refund policy

No refunds will be given for missed days. Make up days are allowed, if it is requested for the same week, and as space allows.

If school is cancelled, or in the event of early release and no after school program you will be credited if you had chosen a three day or less option.

Sign out policy

All children must be signed out each day by the parent/guardian (or a prearranged and approved alternate pickup) and a North Hampton Parks and Recreation Staff member, Whoever is picking up your child must be prepared to present photo identification.

If you need someone other than those listed to pick up your child, you must send in a note, email, or call us to give permission. That person will need to provide identification at pick-up.

After School medical policy

Parents will be contacted immediately when your child has received an injury requiring medical attention, is ill or is complaining about any potential medical situation. Parents may or may not be asked to come to pick up their child at that time.

Parents must contact the camp if they are aware of any contagious disease (head lice, pink eye, chicken pox, etc.) that their child has contracted. Parents should also report any changes to their child's medical information or insurance.

Medications

North Hampton Parks and Recreation will hold and administer any prescribed medications, provided we have signed permission.

What students should bring

Snacks & drinks, any schoolwork, or table hobbies that they wish to work on, sneakers for play.

No personal electronics will not be used during the program, with the exception of school related work or study during study lab time

After School Clubhouse Staff

Our staff is a group of fun, caring, outgoing professionals who work together to provide the best quality active supervision.

Keeping with our overall theme the primary concern of our staff is the safety and well-being of each child. We take the responsibility of caring for someone else's child very seriously. We hire only high-energy people who are truly interested in making a positive impact and who understand appropriate boundaries, positive discipline and how to have fun!

First Aid, CPR/AED certification, background and driving checks are required for all adult staff. Staff Aids (those under 18 years of age are never put in a position of sole responsibility for the students.

Our mission is to provide a caring environment where creativity, curiosity and acceptance are encouraged.

Contacts

Joe Manzi, Parks and Recreation Director

Office 603-463-964-3170 Email: jmanzi@northhampton-nh.gov

After School Clubhouse Phone: 603-570-8169 this is the best number to reach staff during program hours.

Medical Information & Emergency Contacts

Minors Name: _____

Address: _____

DOB/AGE: _____ Grade 2021/22 school year _____

Name of Parents/Legal Guardian: _____

Parents/Guardian Phone Numbers:

Name Cell # _____ Name Cell # _____

Name Work # _____ Name Work# _____

Email Address # 1 _____

Email address #2 _____

In the event of an emergency please list the 1st number to call

Name and phone # _____

Please list two relatives or friends who may assume temporary care of your child if you cannot be reached:

Name and phone # _____

Name and phone # _____

Any emergency contact picking your child up must show proper identification.

Medical information

Please list any known medical issues including allergies and medications

Has your child ever been stung by a bee?

Medications: _____ I/we, the undersigned, give the North Hampton Parks and Recreation Department permission to administer to my child (Name of Minor) _____

The prescribed medication _____

I/we understand the medication will be given as prescribed only in accordance with the prescription label which is current.

I/We understand it is my responsibility to notify North Hampton Parks and Recreation if there is any change or discontinuation in medication

Allergies: _____

Family Physician Name: _____ Phone # _____

Hospital of Choice: _____

Insurance Provider: _____ Policy # _____

Signature of Parent or Guardian

Date

Waiver of Liability and Indemnity Agreement

Minors Name: _____

Name of Parents/Legal Guardian: _____

In consideration of the permission granted to the minor named above to participate in the North Hampton Parks & Recreation programs, I/We SHALL RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Town of North Hampton, the North Hampton Parks & Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Deerfield, its agents and employees or otherwise while the named participant participates in its programs.

I/We further agree to indemnify the Town of North Hampton Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the North Hampton Parks & Recreation Department, their agents, and its employees become legally obligated to pay including reasonable attorney fees and costs, as a result of claims, demands, costs, or judgments, against the Town of North Hampton Parks & Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the Deerfield Parks & Recreation Department, their agents and employees and whether or not such liability is sole, joint or several.

I/We are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to North Hampton Parks & Recreation that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I /we assume the risk of participation.

I/We understand that in the case of injury or illness, I/we will be notified. If it is impossible to contact me, and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize and administer anesthesia, or order injections or surgery for the safety of my child.

I/We the parent/legal guardian, the undersigned, have read this release and understand all of its terms.

I/We have executed this release on this date indicated next to my/our names.

Signature of Parent or Guardian

Date

We are a Licensed Exempt Recreational Program under RSA 170