

VBS Aftercare Guidelines Packet
Covenant Life Presbyterian Church
June 9 -13, 2008, Noon – 5:30

Covenant Life Presbyterian Church is pleased to offer after-care for the week of VBS. This is an exciting program designed to allow children a safe place to play during the afternoons of VBS week. They will participate in games, crafts, movies, free play as well as our Covenant Life Kid's Gameroom!
Please note the following:

Forms Needed:

All participants must have the following information turned in prior to participating: Registration form, medical consent form and guidelines agreement form. Cost will be \$20 per day and checks should be payable to Covenant Life Presbyterian Church. All funds raised go towards the youth scholarship fund and the costs of running aftercare.

Pick Up Procedures:

Your child will be escorted by the VBS leader and checked into aftercare. No child will be released without the proper ID of a person on the authorized list. All children must be signed out by a person authorized on the registration form. ID and signature will be required for pick up. Please advise the authorized pick-up person that a picture ID will be required. All children must be picked up no later than 5:30 pm.

Dress/Lunch:

Please dress your child appropriately. They will need to wear closed toed shoes, and comfortable clothing. It is a good idea to pack a change of clothes for emergency use. Please pack a lunch each day. A snack will be provided. Please label ALL items clearly. **PLEASE DO NOT BRING ANY TOYS/GAMES OR PERSONAL ITEMS SUCH AS: VIDEO GAMES, CD PLAYERS, OR VIDEO GAME PLAYERS.** Covenant Life Church is not responsible for any lost, stolen, or damaged items.

Emergency Procedures:

Please make sure your emergency list is clearly listed. The staff will attempt to contact the parent's first and then the other emergency contacts as necessary. Please give ALL clearly labeled medications to the after-care program and they will store them for your child. The child must be able to self medicate. No medications can be administered by staff.

Health Policies:

We want to keep our program as healthy as possible. Please keep your child home if they have a fever, taking any antibiotics, has diarrhea or abdominal pain, a heavy nasal discharge or has any other signs of sickness. If any of the symptoms are present, parents will be called and the child will be sent home.

Conduct Guidelines:

We want to create a safe and healthy environment for your child and all the children attending. We expect all children to be courteous, honest and respectful of others and the church property.

All after-care students are expected to:

- Be a good listener
- Use appropriate language
- Be kind to others (no teasing of any kind will be allowed)
- Follow directions of all after-care staff

If a disciplinary problem arises, the child will receive a warning. If it happens again, the guardian will be contacted.

Covenant Life VBS After-care Guidelines Agreement Form

I _____ (parent/guardian) have read over the aftercare guidelines with my child _____ and discussed them. We agree to follow the guidelines and will do our best to follow the rules.

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)

I authorize the following people to pick up my child:

(Please note that only the parent/guardian listed above and the people listed below will be allowed to pick up children. Please add anyone else to the list as needed during the VBS week.)

(Name) _____
(Phone) _____
(Relationship to child)

(Name) _____
(Phone) _____
(Relationship to child)

(Name) _____
(Phone) _____
(Relationship to child)

(Name) _____
(Phone) _____
(Relationship to child)

PowerLab! Aftercare Registration
VBS June 9- 13, 2008, Noon – 5:30 PM

I would like to enroll my child in the aftercare VBS program.

Child name _____ Age _____
 Grade entering in the fall _____
 Address _____
 Parent/Guardian Name and phone # _____

In case of an emergency, please contact (give name and phone number):
 1st: _____
 2nd: _____
 3rd: _____

Days aftercare is needed (please check the appropriate one):
 _____ All Week
 Individual days: _____ Monday _____ Tuesday _____ Wednesday
 _____ Thursday _____ Friday

Any suggestions that would be helpful in working with your child?

Any allergies or dietary concerns?

Please note that the child needs to bring a lunch every day to VBS and they will eat during the aftercare time. All children must be picked up no later than 5:30. However, you may pick up your child at any time. Please be sure to sign them out at the children's desk upstairs.

~~~~~  
 For Church Use only  
 Forms:  
 VBS registration \_\_\_\_\_ VBS aftercare registration \_\_\_\_\_  
 Student Medical Consent Form \_\_\_\_\_ Parent/child contract \_\_\_\_\_  
 VBS class assigned to: \_\_\_\_\_

| Amount paid | Days Enrolled | Check # or/cash | Rec'd by |
|-------------|---------------|-----------------|----------|
|             |               |                 |          |

# STUDENT MEDICAL CONSENT FORM

Student's Full Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this student have any of the following allergies:

Penicillin \_\_\_\_\_

Other drugs \_\_\_\_\_ What \_\_\_\_\_ Other \_\_\_\_\_

Insect stings \_\_\_\_\_ What Type \_\_\_\_\_ Other \_\_\_\_\_

Food \_\_\_\_\_ What Type \_\_\_\_\_ Other \_\_\_\_\_

Ivy Poisoning, etc. \_\_\_\_\_ Other \_\_\_\_\_

Hay Fever \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Does this student have any medical or health problems, and has this student had any chronic or recurring illness or illnesses, which would have an effect on the student's participation in any activity? ( ) Yes ( ) No

Are there any activities, such as strenuous, activities to be restricted for this student? \_\_\_\_\_ If so describe:

Is this student on any medication? \_\_\_\_\_ If so, please state the medication

Will this student be bringing this medication to any activities offered by the church? \_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this student

Primary Care Physician \_\_\_\_\_

Name of Dentist \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_ If so, please indicate:

Name of Policy Holder \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

I understand that Covenant Life Presbyterian Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that my personal medical and hospitalization insurance available to my family will provide primary coverage and the church or ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the church or ministry's medical and hospital coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the event or activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give my permission to the church's sponsor or any adult counselor acting on behalf of the ministry with respect to the event or activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all activities except as noted by me.

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_