



Odyssey Early Learning and Enrichment Program

16 King St. ♦ Norwalk, CT 06851 ♦ Phone: (203) 899-2900 ext. 123 ♦ Program Cell: (203) 246-6778

May 2021

Dear Current & Future Odyssey Early Learning and Enrichment Program Families,

For us to better prepare for the upcoming 2021-2022 school year, we are now registering our current families as well as new families for our Before/After school program.

We are delighted that you are interested in enrolling your child/children in our program for the new school year. As of now, the first day of school is Monday, August 31, 2020. The before and after school program will begin on **Monday, August 30th** for all families who have submitted the **\$125.00 non-refundable** registration fee and completed all the required forms/schedules needed for their child/children to participate in our program. The required paperwork for enrollment can also be found on the Odyssey website, www.odysseyct.com. Click on the link for After-School Program.

Important Information for 2021-2022

- A \$125.00 non-refundable registration fee is required to reserve your space in our program for the upcoming school year. This fee will be used to reserve your child's space in our program and is not a deposit towards your first week of care. Only one registration fee per family is required.
- Program rates have REMAINED the same for the upcoming school year for both the BEFORE and AFTER school program. Rates can be found in the OELEP Family Handbook (Appendix A).
- The BEFORE school program will begin at 7:30am and end at 8:00am. The AFTER school program will now begin at 2:35pm and end at 6:00pm due to the new school times at Naramake.
- Tuition payments will be due on the 4th Wednesday of each month (beginning August 25th). Payments should cover both August and September tuition charges.
- There will be a minimum of 8 days per month required to use the program. Parents who sign up for less than 8 days will be assessed a \$10/day fee for each day under the minimum.
- If you do not use the program for at least 4 consecutive weeks and you have not informed Odyssey, you child/ren will be removed from the program and their spot will be filled. If necessary, you will need to re-apply and pay another registration fee.
- There will be no credits/refunds given for snow days/school closures mandated by NPS. However, due to COVID-19 we will do our best to be flexible and work with families should there be any schedule changes or closures at Naramake that are mandated by NPS due to COVID-19. No credits will be given for any absences and vacations initiated by parents.
- There will be a \$5 surcharge for each check submitted for payment. Payments should be made online via MyProcure (major credit/debit cards accepted) or by cash (receipt given by request) or money order.

We are looking forward to working with your family in the upcoming school year. Please know that we will take all necessary precautions/safety measures as outlined by the CT Office of Early Childhood to keep your child safe while they participate in our program.

Regards,

OELEP Management

Fact Sheet for Before/After School Program (2021-2022)

Contact Information

Odyssey Main Office Number – 203-899-2900 x123
Gayon Mills-Austin, Before/After School Director – (203)-246-6778 (cell)
Email: odysseyprograms@gmail.com

Please contact Johnathan Gibson at odysseectenrichment@gmail.com or (475) 215-6106 for MyProcure and/or billing questions only

Website – www.odysseeyct.com

Hours of Operation – Before School: 7:30 a.m. – 8:00 a.m.

**** We will operate the Before School program only if approved by Naramake Administration - TBD ****

If there is a delayed opening, the before school program is still available to families who were signed up for that day. It will begin 30 minutes before school is scheduled to open. Your child must have been scheduled for that day; no drop offs will be allowed. You must always sign in your child on the attendance form daily.

Hours of Operation – After School: 2:35 p.m. – 6:00 p.m.

If Norwalk Public Schools announces an early dismissal, there will be NO AFTERSCHOOL PROGRAM. ARRANGEMENTS MUST BE MADE TO PICK UP YOUR CHILD FROM SCHOOL AT THE DESIGNATED DISMISSAL TIME ANNOUNCED BY NORWALK PUBLIC SCHOOLS. YOU MAY NOT RECEIVE A PHONE CALL FROM ODYSSEY. HOWEVER, WE WILL UTILIZE TEXT MESSAGING TO COMMUNICATE WITH FAMILIES.

Late Fee – There is a \$5.00 per minute late fee for pickups after 6:01 p.m. You will be handed an invoice upon picking up your child and payment is due before your child can return.

Yearly Scheduling using MyProcure

Our program is licensed by the CT Office of Early Childhood. We must follow state guidelines regarding staff to student ratios. This applies to both the before and after school programs. When a family requests a change/addition to either of these programs after the staff schedule has been set, we must check our staff to student ratio prior to approval. Please be considerate of this policy.

Therefore, all families will be required to submit a schedule of program attendance for the ENTIRE school year. For example, if you need care 3 days/week, then your child must attend the program the SAME days each week (i.e. Mondays, Wednesdays and Fridays). There can be NO EXCEPTIONS to submitting a schedule for the whole school year. Tuition payments must be submitted by the 4th Wednesday of each month prior to the month of attendance (so tuition for September is made in August). Payment should be made online or can be made via cash (receipt provided on request) or money order the following day. We will accept checks, however there will be a \$5 surcharge for each check you submit for payment. You child may not be allowed to attend the program if tuition has not been paid. Credits will not be given if our program is closed due to snow days/weather, or by order of the school district. Also, we will not credit your account if

your child is out sick or is absent for any reason. However, we will allow one schedule change year (typically in January).

If you qualify for a free/reduced lunch rate, documentation must be provided to Odyssey for you to receive that rate. You will be charged the regular rate until documentation is provided.

On scheduled early dismissal/half days, Odyssey is available until 6:00 p.m. with an extra fee required in addition to your rate for that day. Charges as follows: \$10.00 – 1st child, \$16.00 – 2 or more children.

If your child leaves school early or has a change to their schedule that will affect their attendance in the after-school program, please inform the Before/After School Director as soon as possible.

There will be a minimum of 8 days per month required for attendance in the before/after school program. If you only sign up for less than the minimum, you will be charged an additional \$10 for each day below the minimum.

If you do not use the program for at least 4 consecutive weeks and you have not informed Odyssey Early Learning and Enrichment Program, your child will be removed from the program and their spot filled. If necessary, you will also need to pay another registration fee.

Emergency Contact Information

An emergency contact form is required when you register your child for our program.

If changes to your contact information occur during the school year, please inform Odyssey as soon as possible.

If you have a sibling or another authorized minor pick up your child. He/she **must be 16 years or older** to sign out a child. If you would like a sibling to pick up your child and they are under the age of 16, you must sign the release consent form giving us permission to release your child to that sibling/relative. No child will be release to any sibling under the age of 13.

Persons listed as emergency contact pickups should have some form of photo identification for Odyssey Early Learning and Enrichment Program personnel to verify.

Medical Information

All children must maintain a current physical on file. It is the parent's responsibility to keep track of physical dates for their child/ren. Any child listed as needing medication for a medical condition per their physical must supply Odyssey Early Learning and Enrichment Program with the required medication and a Consent to Administer form. All copies of the forms must be sent to Odyssey Early Learning and Enrichment Program. The school nurse is not required to provide us this information due to HIPAA laws.

Other Information

- Electronic devices are prohibited in our program and must be always kept in your child's backpack. Due to COVID-19 increased sanitation measures recommended by CT OEC and the CDC will be used as required.



I will be registering my child/children for the Odyssey Early Learning and Enrichment Program Before and After School program for the upcoming school year. Enclosed is my \$125.00 non-refundable registration fee per family to reserve space in the program for the 2021-2022 School Year.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent/Guardian: _____

Email: _____

Phone: _____

For Office Use Only
Date
Amount
Check #
Cash Receipt #
Procure
Payment



2021-2022

I have read the Odyssey Early Learning and Enrichment Program Before/After School Handbook and will adhere to the policies and procedures of the program.

Print Name

Signature

Date

* Please return completed form to OELEP



Minor Release Consent Form

2021 - 2022

The minimum age to sign a child out is 16 years of age. If you wish to have someone under the age of 16 sign your child out of the after school program, you must sign the release below and provide a photo ID for verification.

Only complete this form if you plan on having a minor pick up your child from the program.

I hereby give my permission for my son/daughter to pick up my child at the Odyssey Early Learning and Enrichment Program Before/After School Program.

Child's Name to be picked up _____

Child Picking up _____

Parent Name _____

Parent Signature _____



2021 - 2022

Media Access Policy Permission Form

Odyssey Early Learning and Enrichment Program require written consent of parent(s) or guardian(s) before students can be interviewed, filmed or photographed by media representatives. This information may be shared through various communication outlets, including but not limited to social media and brochures. We may get media coverage of Odyssey Early Learning and Enrichment Program Before and After school program during the school year. Please read and sign the release form below.

I give permission for my child to be interviewed, photographed, and/or filmed by media representatives during Odyssey Early Learning and Enrichment Program activities.

{ } YES, I GIVE PERMISSION

{ } NO, I DO NOT GIVE PERMISSION

I give permission for my child to have photo(s) and /or work samples published through the media using first name only.

{ } YES, I GIVE PERMISSION

{ } NO, I DO NOT GIVE PERMISSION

Name of student(s) _____ Grade _____

Parent Signature _____ Date _____



**Póliza de acceso a Medios de Comunicación-Formulario de
Autorización
2021-2022**

Las Escuelas Públicas de Norwalk requieren el consentimiento escrito de padre(s) o guardián(es) antes de que los estudiantes puedan ser entrevistados, filmados o fotografiados por representantes de los medios de comunicación. Podemos obtener la cobertura de los medios de comunicación para el programa de Odyssey Early Learning and Enrichment Program. Por favor, lea y firme si le da la autorización a su hijo(a) de participar.

Doy mi permiso para que mi hijo(a) pueda ser entrevistado, fotografiado y/o filmado por los representantes de los medios de comunicación durante el programa de Odyssey Early Learning and Enrichment Program.

{ } Si doy permiso

{ } No, no doy permiso

Doy permiso para que mi hijo(a) tenga fotos y/o muestras de trabajos publicadas en el sitio web de las Escuelas Públicas de Norwalk, usando solamente su primer nombre.

{ } Si doy permiso

{ } No, no doy permiso

Nombre del estudiante(s): _____

Firma del padre: _____



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
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School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other

Health Insurance Company/Number* or Medicaid/Number*

Does your child have health insurance? Y N

Does your child have dental insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N			Diabetes	Y	N
Any immediate family members have high cholesterol			Y N			ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in school**:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Part 2 — Medical Evaluation

HAR-3 REV. 7/2018

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*HCT/HGB:	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	*Speech (school entry only)	
		Other:	

TB: High-risk group? No Yes
 PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
 If yes, please provide a copy of the **Asthma Action Plan** to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies If yes, please provide a copy of the **Emergency Allergy Plan** to School

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:**

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
 Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider	MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

HAR-3 REV. 7/2018

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Risk Assessment <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Describe Risk Factors <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____				

Recommendation(s) by health care provider: _____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____

Date _____

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*					
IPV/OPV	*	*	*			Required 7th-12th grade
MMR	*	*				Required K-12th grade
Measles	*	*				Required K-12th grade
Mumps	*	*				Required K-12th grade
Rubella	*	*				Required K-12th grade
HIB	*					PK and K (Students under age 5)
Hep A	*	*				See below for specific grade requirement
Hep B	*	*	*			Required PK-12th grade
Varicella	*	*				Required K-12th grade
PCV	*					PK and K (Students under age 5)
Meningococcal	*					Required 7th-12th grade
HPV						
Flu	*					PK students 24-59 months old – given annually
Other						

Disease Hx _____
of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____

Renew Date: _____

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.**

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

I request that medication be self-administered to my child as described and directed above.

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

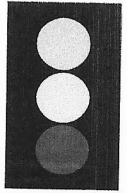
Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

Asthma Action Plan & School Medication Authorization



Name: _____ DOB: _____ Date: _____

Important! Things that make your asthma worse (Triggers): smoke pets mold dust-mites
 pollen/trees colds/viruses exercise seasons: _____ other: _____

Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

GO ZONE – You're Doing Well!

USE THESE MEDICINES EVERYDAY TO PREVENT SYMPTOMS

If you have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



CONTROLLER MEDICINE (Dose/Route) HOW MUCH HOW OFTEN/WHEN

1. _____	_____ Puffs Inhaled <input type="checkbox"/> with spacer	AM/PM
2. _____	_____	AM/PM
3. _____	_____	AM/PM
4. Albuterol MDI 90	_____ Puffs Inhaled with spacer	

➤ Please order a VHC Spacer to use with any MDIs Every 4 hours as needed before exercise

CAUTION ZONE – Slow Down!

CONTINUE WITH GO ZONE MEDICINE and ADD:

If you have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night



RESCUE MEDICINE HOW MUCH HOW OFTEN/WHEN

1. Albuterol MDI 90	_____ Puffs Inhaled with spacer	Every _____ hours
OR		<input type="checkbox"/> May Repeat x 1 in 20 minutes if needed
2. Nebulized Albuterol 2.5mg	_____ Vial inhaled	Every _____ hours
3. _____	_____	<input type="checkbox"/> May repeat x 1 in 20 minutes if needed

➤ **If getting worse follow directions in DANGER ZONE and Call your Health Care Provider**
 ➤ **If not improved in 2 days or any asthma questions/concerns - Call your Health Care Provider**

School Nurse: Call parent or provider if using PRN medication more than 2 days/week for asthma symptoms or for control concerns

DANGER ZONE – Get Help!

TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW

If your Asthma is **getting worse fast:**

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



MEDICINE HOW MUCH HOW OFTEN/WHEN

1. Albuterol MDI 90	_____ Puffs Inhaled with spacer	NOW!
OR		<input type="checkbox"/> Repeat x 1 in 20 minutes if needed
2. Nebulized Albuterol 2.5mg	_____ 1 vial inhaled	NOW!
		<input type="checkbox"/> Repeat x 1 in 20 minutes if needed

➤ **Call your Health Care Provider now! If they are not available, go directly to the emergency room or call 911 and bring this form with you. Make an appointment after all E.R. visits.**

HEALTH CARE PROVIDER SCHOOL MEDICATION AUTHORIZATION REQUIRED FOR Albuterol as stated in above plan, and in accordance with CT State Law and Regulations 10-212a * Not to exceed **6 puffs** within regular school hrs (6hrs), without notifying provider **Office Stamp**

Side effects: Not expected, or _____ Medication Allergies: NKDA, or _____

Self-Administration: This student **is** capable to safely and properly self-administer this medication **OR**
 This student **is not** approved to self-administer this medication

Signature: _____ Date: _____ Duration: One school year /365 days

Parent/Guardian Consent: REQUIRED

I authorize the student to **possess** and **self-administer** medication **OR** I authorize this medication to be **administered** by school personnel
 ➤ I authorize exchange of information between the prescribing health care provider and school nurse to ensure the safe administration of this medication plan

Signature: _____ Date: _____ *** Bring asthma meds and spacer to all visits**

Nurse Signature: _____ Date: _____ **Acknowledges review of Medication Plan**



Name: _____ D.O.B.: _____

Allergic to: _____








Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____
THEREFORE:
 If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
 If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.


**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS**

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

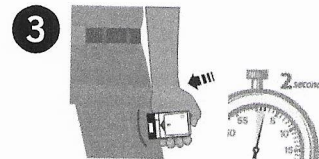
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

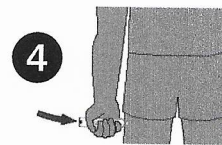
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



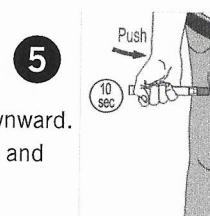
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



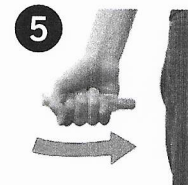
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



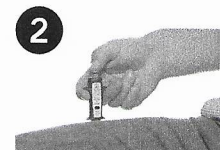
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



2021 - 2022

Permission for Medical Treatment

I _____, hereby grant permission to

Parent/Guardian Name

Odyssey Early Learning and Enrichment Program/Gibson Educational Consulting LLC

for my child/ren, _____

Name of Child/ren

to be transported to the nearest hospital for treatment should a medical emergency arise. I further authorize the nearest hospital to provide any medical treatment or surgical treatment, including administration of medication, immunizations, and anesthesia considered necessary or advisable by a physician for the above-named child.

Parent/Guardian Signature: _____

Date: _____

Odyssey

Early Learning and Enrichment Program

Before and After School Program

Family Handbook

16 King Street
Norwalk, CT 06851
203-899-2900 ext. 123
www.odysseyct.com

May 2021

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Mission Statement

Odyssey Early Learning and Enrichment Program Before & After School Program was developed to fulfill the needs of both children and their families in search of school-age care programming.

It is our goal to provide a safe and nurturing environment where children can grow culturally and socially during the formative elementary school years.

In our program children receive homework support, healthy snacks and enrichment activities.

It is our goal to work in partnership with our families, schools and the community, to help every child reach their fullest potential. Through the positive interactions our program facilitates, children grow to become secure and confident individuals within their school community.

Philosophy

Odyssey Early Learning and Enrichment Program embodies the concept that school age care fosters healthy development and helps facilitate education within a public-school setting. A system is thereby created that is accessible to all families. This includes hours of operation that are consistent with parents' schedules. By using school buildings and resources, Odyssey Early Learning and Enrichment Program, in cooperation with the public school system, can better prepare children and families for success.

This philosophical foundation is designed to provide the best possible start for children of all racial, ethnic and socioeconomic groups living within the community where Odyssey Early Learning and Enrichment Program is located. This benefits all families within the school community as families share their diverse backgrounds and cultures to share and learn from one another.

ADMISSION INTO THE BEFORE/AFTER SCHOOL PROGRAM

The Before/After school program is open to children who are enrolled in the Naramake Elementary School in Kindergarten through 5th grade and filled on a first-come, first-serve basis. If your child needs before/after school care during the school year but you did not enroll at the start of the school year, please see the After School Director to determine if space is available in the program.

HOURS OF CARE

The Before School program is open from 7:30 a.m. – 8:00 a.m. The After School program begins at 2:35 p.m. and runs until 6:00 p.m. The exceptions to these times are when school is delayed, has an early dismissal/half-day, or is closed due to inclement weather or other emergency that would necessitate closure of the building.

BEFORE SCHOOL PROGRAM

In the event of a delayed opening, the before school program will open as follows:

One-hour delay – The before-school program will begin at 8:30 a.m.

Two-hour delay – The before-school program will begin at 9:30 a.m.

AFTER SCHOOL PROGRAM

EARLY DISMISSAL – NON-SCHEDULED

In the event of a non-scheduled early dismissal from school, the after-school program will be closed.

Should an unanticipated weather or emergency event occur during after school hours, parents may be contacted to pick up their child early. After School staff will attempt to contact a parent or authorized individual via email, text or phone call especially if the emergency event poses a danger to children and staff. We request that you update your contact numbers and email with the Odyssey office should we need to contact you, especially in an emergency.

EARLY DISMISSAL –SCHEDULED*

For days when school is scheduled for an early dismissal/half-day:

Before School program hours will remain unchanged.

90-Minute Early Dismissal: After School program will begin at 1:05 p.m.

Two-Hour Early Dismissal: After School program will begin at 12:35 p.m.

The program will end at 6:00 p.m. on Early Dismissals and Half-Days**

**** Any variation in this schedule especially prior to a major holiday will be announced in advance.**

*** *An extra fee will be required for early dismissal/half days.***

Please listen to any of the following radio/television stations to determine if school is delayed, has an early dismissal, or is closed for any reason:

WLAD	800 AM	WDAQ	98.3 FM
WFAS	1230 AM	WEZN	99.9 FM
WEFX	95.9 FM	WFAS	103.9 FM
WKHL	96.7 FM		

Television stations: WTNH (Channel 8) and CABLEVISION News 12. Closings and delays will also be announced on the Norwalk Schools Information Line:

203-854-4123, the Norwalk Public Schools website www.norwalkps.org or the

Odyssey Early Learning and Enrichment Program *website at*

www.odysseyct.com. Odyssey will also send parents a text via the Remind

App.

SCHEDULING/TUITION POLICY

Odyssey utilizes a set schedule policy for our program. It is your responsibility to use the Child Enrollment Form and list the days you wish your child to attend the program for the ENTIRE school year. When scheduling your child, you must schedule him/her for the same days each week (for example, every Tuesday/Thursday). Children must be scheduled for a minimum of two days/week (or 8 days/month). You can schedule your child 6 months in advance using MyProcure. In January, Odyssey will notify parents to schedule their child/children for the remainder of the school year. Odyssey will allow parents to make only ONE change to their child's schedule per year.

Tuition is due **by the 4th Wednesday prior to the upcoming month**. Please remember that your child/ren will not be allowed to attend the program if they are not scheduled — even if you paid tuition for the month.

Tuition should be paid online using either a debit or credit card as this is the preferred method of payment. Other forms of payment include cash, money orders and checks. However, please note that there will be a \$5 surcharge for each payment made using a check. Checks should be made payable to Odyssey Early Learning & Enrichment Program or OELEP.

You will notice that for months that have days with early dismissal/half-days, you will be asked to include into your total payment \$10.00 more for each early dismissal/half day afternoon when signing up one child, and \$16.00 more for each early dismissal/half day afternoon when signing up more than one child to accommodate the extra time incorporated into the after-school program.

Tuition rates are subject to change each school year. OELEP will offer free or reduced rates based on the NPS district free or reduced lunch scale. To qualify, you must first apply for free or reduced lunch through the Norwalk Public Schools Program. Upon acceptance, please bring a copy of that letter to the Odyssey Early Learning and Enrichment Program office (or send via email) and your rate will be adjusted accordingly. No adjustment in rates can be processed until documentation is supplied. No credits will be given for rates charged prior to submission of documentation.

Please note that there will be a \$35.00 service charge on all returned checks/declined credit card payments. In addition, if a check you provide for tuition is returned to us, you must pay the amount of the bounced check and service charge fee in cash. If two or more checks are returned/credit card declines occur within the course of a school year, we will require you to pay with only cash or money order.

Finally, please note that when you pay for Before/After School care, you are essentially paying for your child's continued spot/placement in the program. Therefore, if your child does not come to the program on a paid day or stays for a reduced length of time on a given day, you will still be responsible to pay your full rate for that day's placement. Credits toward tuition will only be given when you have paid for care and the Before/After School program does not operate due to the fault of OELEP. These credits will be applied to your account.

LATE OR NON-PAYMENT OF TUITION

As mentioned, tuition is due by the 4th Wednesday prior to the upcoming month of care. If you do not pay tuition before services are rendered, we may not hold a spot for your child, and you may only re-enroll him/her at the discretion of the director/owner. Therefore, please make every effort to make your payment when it is due. We will allow a 24-hour grace period for all payments.

Failure to make your designated payment for two consecutive weeks may result in the discontinuation of your child from the program. If this situation occurs, we will notify you in writing of your full balance and the last day your child will be eligible to stay in the program if payment is not made. If we do not receive payment in full, your child will be excused from the program until all past due balances and late charges have been brought current. You will be asked to sign a financial agreement prior to the start of the Before and After School program showing that you understand the tuition policies. Lastly, if any tuition balance on your account remains unpaid, Odyssey reserves the right to pursue all legal remedies to satisfy the outstanding balance.

ARRIVAL

Children who are dropped off during the before school program MUST be signed in by the parent and/or guardian. Children who are brought to the Before School Program should report to the library (Door #20). Parents WILL NOT be allowed to drop their children off at the front entrance nor will children be allowed to sign themselves into the before school program.

DEPARTURE

Please be prompt when picking up your child from the after-school program. Our program ends at 6:00 pm, and children have put in a long day...they are ready to get home! If you are going to be late for any reason, please call us immediately to inform us of your change in schedule. If a child is not picked up by 6:00 p.m. the parent will be contacted. If the parent cannot be reached, the emergency contact person(s) will be contacted to pick up the child. There is a \$5 per minute fee charged starting at 6:00 p.m. for late pick-ups, which must be paid before your children can return.

Please note the following policies our program has regarding child pick-ups:

- Children will only be released to parents or the emergency contacts listed on the emergency form. If your child is going home with someone else, we must be notified in advance by email or in writing. In emergency situations, please contact the Before/After School Director of Odyssey Early Learning and Enrichment Program to provide verbal notification regarding the change in persons picking your child up. You will be asked to provide that person's name and send an email/text. Staff will ask for a driver's license or other picture proof of identity of the person you authorize to pick up your child.
- In situations where someone is not legally allowed to pick up a child, we must be given a copy of any court decrees/papers.
- The sign-out log is divided by grade and located at the main entrance. Please sign and indicate the time of pick-up, and always make sure that your child's after school teacher is aware that you are removing your child from the program. This is for the safety and security of your child and we appreciate your cooperation in following this policy.
- ***The minimum age to sign a child out is 16 years of age. If you wish to have someone under the age of 16, sign your child out of the after-school program, you must sign a release consent form (available online or in the OELEP office) and provide a photo ID for verification.***

STAFFING

The after-school program is staffed by the After School Director, and a highly experienced staff of after school teachers and assistant teachers. On occasion, OELEP will contract outside vendors who will provide additional enrichment opportunities to children in the program. All outside vendors will be thoroughly vetted and carry the necessary insurances, etc.

ATTENDANCE

Attendance in the program will be taken each day by your child's after school teacher. It is especially important that we know of any changes in your child's schedule so that we can always ensure your child's safety. If for any reason your child is not coming on a day that you had originally signed up for, *please contact the OELEP Director at (203) 246-6778 or by email at odysseycutenrichment@gmail.com to notify us of the change.*

CODE OF CONDUCT

Like school, the Before and After School program is intended to be a nurturing and safe place where children feel secure and confident. We create a curriculum that allows positive social, physical and emotional development, and expect children to be respectful of themselves, their peers, and their teachers. We do not allow any form of bullying, harassment, or other type of negative behavior.

All children are expected to follow the same code of conduct that they follow during the regular school day. If behavior problems should arise, the Odyssey Director will provide the appropriate disciplinary action, as listed in the Code of Conduct form at the end of this handbook.

Finally, Odyssey Early Learning and Enrichment Program strives to meet the needs of all families taking part in our program. We promote an atmosphere of professionalism and responsibility and expect parents and guardians to serve as role models for these behaviors. Therefore, if ongoing problems are noted between Odyssey Early Learning and Enrichment Program and parents/guardians that cannot be solved, Odyssey Early Learning and Enrichment Program reserves the right to excuse the family from the program in order to maintain an atmosphere of respect.

Please review the Code of Conduct at the back of this handbook. This policy will be discussed with parents and you will be asked to sign it to show that you understand the behavior policies of the program.

CONTACT US

We want to make sure that we are providing the best possible Before and After School environment for your children. In addition, we want to make sure you utilize all the resources Odyssey Early Learning and Enrichment Program has to offer. So, if you have any suggestions for curriculum, ideas for special activities, to find out about a service or ask a question, please email the Before/After School Director at odysseyctpreschool@gmail.com.

Should you have any questions regarding online schedules, MyProcure and/or billing, you may contact Johnathan Gibson via email at odysseyctenrichment@gmail.com or by phone (475) 215-6106.

Should an emergency arise that requires immediate attention you may contact the After School Director at (203) 246-6778.

Appendices*

- A. Tuition Rates
- B. Code of Conduct
- C. Financial Agreement
- D. Behavior Management Policy

* We recommend making copies of these documents for your records.

Appendix A

<p style="text-align: center;">Tuition Rates Odyssey Early Learning and Enrichment Program Before and After School Program</p>

Effective July 2021

**Free and Reduced rates are based on qualifying salaries as defined by the Free and Reduced Lunch program.*

One Child

	Mornings	Afternoons
Regular Rate	\$7.00	\$15.00
Reduced Rate*	\$6.00	\$10.00
Free Rate*	\$5.00	\$ 8.00

Each Additional Child

	Mornings	Afternoons
Regular Rate	\$6.00	\$13.00
Reduced Rate*	\$5.00	\$ 8.00
Free Rate*	\$4.00	\$ 7.00

Appendix B

Odyssey Early Learning and Enrichment Program
BEFORE AND AFTER SCHOOL PROGRAM
CODE OF CONDUCT
2021-2022

This form must be signed by a parent to complete the enrollment process

Like school, the before and after school program is intended to be a nurturing and safe place where children feel secure and confident. We create a curriculum that allows positive social, physical and emotional development, and expect children to be respectful of themselves, their peers, and their teachers. We do not allow any form of bullying, harassment, or other type of negative behavior.

All children are expected to follow the same code of conduct that they follow during the regular school day. In addition, we expect parents/guardians to act as role models for their child's behavior and therefore we expect interactions between parents/guardians and teachers, students, and administration to be those of maturity and respect. If behavior problems should arise, the After School Director will provide the appropriate disciplinary action in the following manner:

- ☛ The action will be documented, and a warning letter sent home to the family member. Should the action in question be severe (i.e., listed as an action that would warrant suspension or expulsion from a school setting in the NPS code of conduct handbook), an appropriate and similar consequence will occur in the before and after school program.
- ☛ Should a second occurrence of behavior occur; the child may be removed from the before and after school program for a certain number of days agreed upon by the director and coordinator. Please note that these days are treated as absences from the program. Tuition credits will NOT be given.
- ☛ Should a third occurrence of behavior occur; the child may be excused from the program permanently. *Again, neither tuition credits or refunds will be given for tuition in this circumstance.*

Any action taken by the Odyssey Director and/or After School Director will be documented and discussed with the parents/guardian. Finally, please note that though the Odyssey Early Learning and Enrichment Program strives to meet the needs of all families, there may be times that we are not the most appropriate placement for your child. Should continuous problems arise between the Odyssey Early Learning and Enrichment Program and a family that cannot be resolved, the Odyssey Early Learning and Enrichment Program reserves the right to excuse that family from our program in order to maintain an atmosphere of respect and professionalism.

I have read and discussed this code of conduct and agree to follow this plan during my family's enrollment in the Odyssey Early Learning and Enrichment Program:

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Signature: _____

Child's Name (Printed): _____

Appendix C

Odyssey Early Learning and Enrichment Program
BEFORE AND AFTER SCHOOL PROGRAM
FINANCIAL AGREEMENT 2021-2022

I agree to the following financial terms of the Before and After School program.

1. Free and Reduced rates are based on the Free and Reduced income guidelines and is determined by submitting letter of acceptance for free or reduced lunch through the Norwalk Public School system. Tuition will be charged at the full price until proper documentation is received. Please refer to the Before and After School handbook for tuition rates.
2. Tuition will be due the 4th Wednesday of the month prior to services being rendered for the following month. Online schedules must be submitted six months in advance. Late payments after the grace period will be subject to a \$20 late fee which will be billed to your Procure account. Odyssey Early Learning and Enrichment Program reserve the right to dismiss a family from the program who is consistently late in submitting online schedules via MyProcure.
3. Checks, money orders, cash and credit cards will be accepted for tuition payments. Checks will be subject to a convenience fee/surcharge of \$5. Checks and money orders should be made payable to *Odyssey Early Learning and Enrichment Program or OELEP*. **Cash must be delivered by the paying adult to receive a receipt.**
4. **Your account will be charged a \$35.00 fee for each bounced check/declined credit/debit card payment. Two or more occurrences of a returned check/credit card decline will result in payments only being accepted via cash or money orders. The returned check/declined credit card amount and fee must be paid in cash and is due by the next scheduling form remittance date.**
5. The program closes promptly at 6:00 p.m. Beginning at 6:01 p.m. You will be charged a **\$5.00 per minute late fee** and must be paid before your child can return. Should a family not contact Odyssey Early Learning and Enrichment Program to explain their delay by 6:30 p.m. The Odyssey Early Learning and Enrichment Program reserves the right to contact the Norwalk Police Department as the child will be deemed abandoned. The Odyssey Early Learning and Enrichment Program reserves the right to dismiss a family from the program who is consistently late.
6. There are NO CASH REFUNDS, no exceptions. Credits will only be given in cases where the program closes due to OELEP. Credits will not be given due to absences/schedule changes and/or inclement weather (snow days).

TUITION:

Number of Children: One Child Two Children Three Children

Fee Schedule: Regular Rate Reduced Rate Free Lunch Rate

I agree to the above contract provisions:

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Appendix D

BEHAVIOR MANAGEMENT

We believe in providing an environment that encourages and supports positive interactions. The following approaches will be used to help support this belief:

- Careful supervision of the children to prevent conflicts before they begin.
- The use of words and mediation to settle disputes and conflicts.
- Consistent and developmentally appropriate limits and expectations of the children.
- Use of redirection techniques.
- Emotional support in assisting a child to achieve socially acceptable behavior.
- If needed, separation of a child from a situation or from other children to an alternate place or activity until the child is ready to rejoin the group.
- Working with the child to appropriately identify and label feelings.
- Encourage problem-solving between children – the teacher as mediator.

The goal of discipline is to help the child develop self-control so that he/she may develop appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

A child who may be overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self-control. The child may also be asked to take a short "rest" to distance him/her from the situation and to take some time to calm him/herself.

At no time may children be sent out of the room for disciplinary reasons. Children must be continuously supervised during a disciplinary action.

Staff shall not be abusive, neglectful, or use 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.

Discipline Policy (actions):

- Recurring discipline issues will be referred to the director.
- If the behavior continues the action will be documented, and a warning letter sent home to the parent or guardian.
- If there is a second occurrence of the behavior, the child may be removed from the program for a certain number of days agreed upon by the director. *Please note that these days are treated as absences from the program. Tuition credits will NOT be given.*
- Should a third occurrence of the behavior occur, the child may be excused from the program permanently. *Again, neither tuition credits nor refunds will be given for tuition in this circumstance.*

I have read and discussed the behavioral management plan for the OELEP.

Parent/Guardian Signature

Date

CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work #: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code _____

Father's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code _____

Weekly Care Schedule: (please include the child's hours in care for each day)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Persons permitted to remove the child from the child care program on behalf of parent. (Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

(Use back for additional names.)

Name: _____

Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Last Tetanus: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Physician: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Child's Dentist: Name: _____ Phone #: (____) _____
Address _____ City: _____ Zip Code: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of (program's name) _____, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____