



FRANKFORT

Park District

**Prairie Care
Parent Handbook**

Grand Prairie Elementary School

10480 Nebraska St.

Frankfort, IL 60423

815-464-2887 or 815-464-5579

kmorrison@frankfortparks.org

Tax ID# 36-2673904

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PURPOSE

Prairie Care is a License Exempt program which meets the requirements held by DCFS of having License Exemption status. The goal of Prairie Care is to provide a safe, recreational based program for children whose parents or guardians find it necessary to work or to further their education. The program is coordinated by qualified staff who strives to develop a warm constructive relationship with the children. Prairie Care provides a creative and stimulating environment in which children can learn, grow and thrive at their own developmental pace. Please note: The Park District is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning all applicants, and shall perform a criminal background check for applicants for all positions. Pursuant to statute, any conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the Park District. Any other conviction(s) shall not automatically disqualify the applicant from consideration, but rather, the conviction(s) will be considered in relationship to the specific job.

PROCEDURES AND PROGRAMMING

All Prairie Care Participants must complete a Prairie Care Packet, which contains important information such as emergency contacts, waivers, etc. Packets must be turned in prior to starting Prairie Care. All files will be stored in a secure file. All forms will be retained and destroyed in accordance the Local Records Act (50 ILCS 205). Information regarding participants is to be used only for purposes related to the program and will be confidential not to be shared with other participants without permission.

The Frankfort Park District reserves the right to change any procedures and programming related to the Prairie Care program.

DATES AND HOURS

Regular hours of the program will be from 6:30 AM until school begins and then from the end of school until 6:30 PM. Check your contract sheets for special services on half days of school. **ALL BEFORE AND AFTER SCHOOL PROGRAMS WILL FOLLOW THE SCHOOL DISTRICT POLICY ON SNOW DAYS..... CLOSED.**

LOCATION

Prairie Care will be held at Grand Prairie School. Students from Chelsea School will be bussed from their school to Grand Prairie School. Our main room for drop off and pick-up will be the lunchroom.

ARRIVAL AND DEPARTURE PROCEDURES

Children must be accompanied by an adult when arriving or departing from the program. A “Sign In” book will be placed out in the morning and a “Sign Out” book will be placed out in the

afternoon. An adult is required to sign the children in and out of the program. If someone other than a parent will be picking up your child, please make sure they are listed on your registration form. A form of identification will be required (driver's license or state ID) to verify their identification. Your child will not be released to another adult without your consent. **All participants must provide an emergency authorized pick up person in order to register for the Prairie Care program.**

FEES, PAYMENTS AND PENALTIES

A separate registration form for each child attending Prairie Care must be filled out at the time of services requested. A monthly calendar has been provided for your convenience. On the calendar, please mark the days your child will be attending Prairie Care. Families must commit to a minimum of 8 sessions (AM or PM) per month per child. **Payments will be due on third Wednesday of each month prior to the month of requested service.** Your payment will reserve your spot for the whole month. **Bi-monthly payments are an option, but you must complete the monthly schedule. Late registration will not be accepted. There is no pro rating of fees due to non-attendance.** Discounts are available for District 157C employees. Please see current registration forms for more detailed payment information. **Failure to make payments will result in a possible suspension or permanent dismissal from Prairie Care.**

Any add-on days to your registration calendar will need the approval of Prairie Care Staff. Add-ons to the monthly calendar will incur a **\$25 surcharge per transaction plus the regular fee,** based on availability. Approved add-ons should be made the week prior and *never during the same week.*

You may drop off your payments to the Frankfort Park District at 140 Oak Street or at the Prairie Care site. There is also an after hour's locked drop box located at the 140 Oak Street address. Cash and credit cards will be handled only at the Frankfort Park District business office at 140 Oak Street. Your cancelled check will be your record for tax purposes. **Emailed registrations are not accepted.** Parents are encouraged to keep a set schedule for the sake of the staffing schedules and your child's safety.

For late pick up, a \$25.00 fee will be charged for the first 15 minutes you are late after 6:30 PM. After the 15 minutes, one dollar for every minute thereafter will be charged. We will set our clocks by the school district clocks. The school district asks that after 8:00 am or prior to 3:30 pm, no cars be in the bus loop. You may use the parent parking lot or the main parking lot.

SHOES

Prairie Care will follow the school district's policy concerning non - marking shoes only in the gym. Children not wearing the proper shoes will not be allowed to play in the gym. Removing their shoes and running in their stocking feet will not be allowed.

ABSENCES

It is the Parent's responsibility to report absences to Prairie Care. It is not the school district's responsibility to take messages for Prairie Care. Call before 8:30 am at 815-464-2887. You may leave a message on the answering machine. There is no pro rating of fees due to non-attendance.

PERSONAL BELONGINGS

We recommend that personal belongings such as toys, hand held games, phones, sports equipment, etc. not be brought to Prairie Care, unless Prairie Care has arranged a special day for particular items, such as *Thursday Electronics Day*. If these special scheduled days become problematic, changes will be made. The staff/Frankfort Park District will not be held responsible for the children's personal belongings.

ALL CHILDREN MUST BE TOILET TRAINED. CHILDREN MAY NOT WEAR PULL-UPS.

EMERGENCY MEDICAL AND HEALTH POLICY

Prairie Care will always try to provide a safe environment for your children, but occasionally children are hurt or injured. In the event of such an occurrence, Prairie Care will follow the procedure below:

- A. A call will be made to inform you of the situation. If you cannot be reached, we will call the emergency numbers that you have provided.
- B. Medical paramedics will be called to handle any serious accidents.
- C. If your child needs medical care, we accompany them to the nearest facility.
- D. You must meet us at the medical facility as soon as possible.

If your child is ill or has a fever (100.4°F or above), please do not bring them to Prairie Care. Please do not send a participant who has any of the following: fever, diarrhea, vomiting, runny nose, pink eye, etc. If we are made aware of a contagious disease that was brought to Prairie Care, such as COVID-19, chicken pox, strep throat, lice or pink eye, we will notify you as soon as possible and we will respect your confidentiality in reporting the illness. Please keep in mind, a signed doctor's note will be required for a participant to return to Prairie Care if they were out due to a contagious disease/illness.

If a child becomes ill during Prairie Care, a parent will be notified and asked to pick up the child immediately. If a parent is unavailable, the emergency contact will be called. **Children who are not feeling well during Prairie Care, will be quarantined in a designated area and must be picked up from Prairie Care immediately. Parents should be available to pick up their child in a timely manner.**

PLEASE BE ADVISED: In the event that your child may have been exposed to COVID-19 outbreak your child will have to be dismissed from Prairie Care and self-quarantine at home until further notice.

BEHAVIOR REQUIREMENTS

Discipline is carried out in a way to help your children develop self-control and assume responsibility for their own behavior. It is kind and gentle, yet firm. It is based on four overall rules:

- A. A child may not disturb or hurt others, verbally or physically.
- B. A child may not damage equipment.
- C. A child may not place himself/herself in dangerous situations.
- D. A child needs to listen and respect staff.

REMEDY PROCEDURES

Staff will redirect the uncooperative child to another activity or redirect the entire activity into a more wholesome direction. Staff will encourage children to work out their own solutions. Staff will help children to understand one another's actions.

Staff will attempt to correct improper language. Sometimes we say "talk nicely". Excessive swearing, etc. will be addressed to both the parents and the child. Continued problems may result in dismissal for the day of the program.

One of our most reoccurring and disruptive problems has been name-calling and verbal abuse between children. If this occurs children are given a verbal warning, followed by a time out separation, and lastly, if the problem persists the child could be suspended from the program.

Discipline is the responsibility of the staff as well as the parents. If there is an assessment of the child's pattern of unacceptable behavior the entire staff shall be made aware of it and cooperate in carrying out the specific plan developed for the child.

If there is concern, the Recreation Supervisor may consult the school to gain any insight on daily concerns as well as consult with the parents.

Prairie Care has developed a program of written warnings for inappropriate behavior. The child will receive a written warning for inappropriate behavior (hitting, foul language, etc.) This will be signed by the child, parent and the staff member. On the third warning, after discussing it with you and your child, your child will be given an immediate one-day suspension from Prairie Care. Reoccurring problems could result in a permanent dismissal from Prairie Care.

If inappropriate behavior becomes severe, the programs practice of written warnings may not be used and suspension or discharge may occur immediately.

DISCHARGE POLICY

A child may be discharged from Prairie Care if any of the conditions outlined above arise. Discharge is the last alternative, but will be implemented if the problem poses immediate danger to the welfare of the participants and/or is a detriment to the quality of the program operation.

1. Verification of falsified admission records or incomplete forms.
2. Participant's actions cause endangerment to the safety of self and/or the other participants and staff of the program and newly established behavior management techniques fail. This includes inappropriate behavior, action or language.
3. Repeat violations of the transportation arrangements for the child, i.e. no phone to the program when the child will not be in attendance.
4. Repeat violations of payment policies and due dates.
5. Repeat violations by the parents of the (6:30pm) pick up time.
6. The childcare needs of the participant are incompatible.
7. Any additional violations or concerns deemed unacceptable by the Prairie Care Staff.

COMMUNICATION

Communication efforts will be implemented through a variety of ways. Letters from the Recreation Supervisor will be sent home, as important information needs to be addressed.

Talking to the staff on a daily basis is another means of communication. If you have any concerns please call the Recreation Supervisor, Kristen Morrison at 464-2887 or 464-5579. You may also reach me at kmorrison@frankfortparks.org

WEAPONS POLICY

The Park District strictly prohibits and does not tolerate weapons at any Park District facility, on any Park District property, or at any Park District-sponsored event.

Weapons include visible and concealed weapons, including those for which the owner has necessary permits. Weapons can include firearms, knives with a blade longer than three (3) inches, explosive materials or any other objects that could be used to harass, intimidate, or injure another individual, employee, manager, or supervisor.

A "NO FIREARMS" sign will be posted at all entrances of park district and school district facilities. Employees who violate this policy may be subject to disciplinary action, up to and including termination.

ADA

In compliance with the Americans with Disabilities Act, The Frankfort Park District and The School District 157 C will make all reasonable efforts to accommodate children with disabilities. Parents are encouraged to provide any related information to assist Prairie Care in providing a quality service to the child. It is the responsibility for the parent/guardian to notify the park district

of any medical, physical and/or mental condition that may require special consideration. Confidentiality will be respected.

INCLUSION SUPPORT

Inclusion support is designed to provide the least restrictive environment while providing the maximum opportunity to participate in park district programs with reasonable accommodations. Prairie Care will work with staff from Lincolnway Special Recreation Association to make every effort to provide participants with disabilities reasonable accommodations. Should your child be in need of inclusion services, it is your responsibility to complete the appropriate forms provided by the park district, so a request can be made to review and process the participant's inclusion needs. This process may take up to two weeks. Lincolnway Special Recreation Association will make contact with the parent/guardian after a review is complete and decisions have been made on the best course of action concerning your child's needs.

Lincolnway Special Recreation Association

1900 Heather Glen Drive

New Lenox, IL 60451

Melissa Jensen

815-320-3505

mjensen@lwsra.org

Fax # 312-660-8831

www.lwsra.org

Office Hours: M-F, 9-5 pm

COVID-19 PROCEDURES

Prairie Care will follow School District 157C's policies regarding the latest COVID -19 guidelines. Prairie Care staff will notify parents of any updates throughout the school year.



Prairie Care Handbook Acknowledgement

I acknowledge that I have received a copy of the Parent Handbook outlining the policies of the Prairie Care Program and it meets with my approval.

Signature

Date

Prairie Care Phone System

Prairie Care currently has two phones:

➤ **Office Phone # - 815-464-2882**

You may leave a message on the office phone answering machine. The office is closed between 8:30 – 2:30 pm.

FYI! When you receive a call from the Prairie Care Office Phone, it comes up on your caller ID as Grand Prairie School office phone number. This is how the phone system is set up in the building and cannot be changed at this time. Please listen to your messages. If we happen to leave a message for you while using this phone, please return call (dial) to the Prairie Care office number.

➤ **Prairie Care Cell Phone # 815-641-2458**

The second phone is used not only as phone, but also an alert system. This phone is your way into the building. When the staff members hear this phone ring, they will come to the door and open it for you or buzz you into the vestibule for drop off and pick up only. We will bring your child to you in the vestibule. Parents will not be allowed in the Prairie Care area due to COVID-19 guidelines. The front doors will be locked at all times.

We encourage you to enter both numbers into your contact list on your cell phone. Both numbers will be posted on the front door for your convenience.

Please contact Prairie Care or park district office staff if you have question about the current phone system.

FRANKFORT PARK DISTRICT REGISTRATION FORM *(Please Print)*

Mail, Drop-Off or Fax :

Frankfort Park District
140 Oak Street
Frankfort, IL 60423
Phone: 815-469-9400
Fax: 815-469-9275

Family Last Name _____ Date _____

Street Address _____ Home Phone _____

City _____ Zip _____ Cell Phone _____

E-Mail Address _____ I want to receive program & Park District updates via email Yes No

The Frankfort Park District welcomes individuals with disabilities into its programs. Please check the box if you or a family member require special assistance and describe any accommodations needed _____

Participant Name	Program Name	Session	Birthdate Mo/Day/Yr	Grade	Sex: M/F	Fee

Please Indicate your choice of payment Check Cash Credit Card

Total Enclosed \$ _____

Account Number - must complete when using Visa, MasterCard , or American Express

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Cardholder Name _____ Exp. Date _____ Charge Amount _____

Authorized Signature _____ Security Code _____

Must have signature to be processed

READ CAREFULLY

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for a n injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless the nature of these programs for which I am registering, and have read and full understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

CANCELLATION AND REFUND POLICY: Refunds of 100% will be made, less a \$10.00 service charge, if notified at least 2 working days prior to the start of the program or if a doctor's note is provided for an injury or illness. The doctor's note and a completed refund form must be submitted to us within a week of the doctor visit. Refund checks take up to two weeks to be processed. **There are no refunds given for Trips, One-Day Programs, or Special Events. All League deposits are non-refundable. There are NO refunds on Leagues once the teams/schedules are made. A 50% refund will be given if notified prior to the second course meeting for reasons other than a doctor-verified illness or injury. All refunds less than \$20 will be applied as a credit to the customer's account. All refunds must be done in person at the park district office. They cannot be completed over the phone or by fax. Full refunds are granted without penalty for: A refund that is initiated by the Park District (i.e. low enrollment/canceled class)

NSF RETURNED PAYMENT POLICY: For any payment returned to the Park District for non-sufficient funds, the issuer will be charged \$25 to cover bank charges and fee surcharge to the Park District per transaction.

 X Mandatory signature of participant, parent or legal guardian

 Date



**Prairie Care Participant
Information Sheet**

CHILD'S NAME _____ GENDER _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ HOME PHONE (____) _____ GRADE IN FALL 2021 _____

MOM'S CELL # _____ DAD'S CELL # _____

E-MAIL ADDRESS: _____

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

Persons authorized to pick up your child (list parents' names & any car pools). Photo identification will be required. **Your child will not be allowed to leave the Prairie Care with anyone not listed unless special arrangements have been made by the parent or guardian.**

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Persons to contact in case of emergency or illness. List people who are available to pick up your child, if necessary. Persons authorized to pick up your child in an emergency are:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

O V E R

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____

DOES YOUR CHILD HAVE ANY DISABILITIES THAT STAFF SHOULD BE AWARE OF?

DOES YOUR CHILD HAVE A CLASSROOM AIDE DURING THEIR SCHOOL DAY? IF SO, FOR WHAT PURPOSE?

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN A BEFORE/AFTER SCHOOL PROGRAM?

Yes _____ No _____ Where _____

May your child have his/her picture taken while at Prairie Care? Yes _____ No _____

Are your child's immunizations current? Yes _____ No _____

If no, please explain. _____

IS THERE ANY SPECIAL CONSIDERATIONS OR NEEDS THAT MAY COME UP AT PRAIRIE CARE, INCLUDING ALLERGIES AND MEDICATIONS TAKEN DURING PRAIRIE CARE?

All paperwork must be turned into our business office prior to starting Prairie Care!

***Founders Community Center
140 Oak Street
Frankfort, IL 60423
Phone # 815-469-9400
Fax # 815-469-9275***



MEDICAL CONSENT/RELEASE FORM

Child's Name: _____ Grade: _____

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies

Medical Condition

Other

I hereby grant authority to the Frankfort Park District and the staff supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

Signature Parent/Guardian

Date



Consent/ Release Form

Child's Name _____ Grade _____

Photographs

I/we authorize photographs to be taken of my child to be used for publicity purposes.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Emergency First Aid

The only measures taken at the Prairie Care are as follows:

Bump or Bruise _____ Splinter _____

Cut or Scratch _____ Nose Bleed _____

If further care is needed, we will notify a parent.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Field Trips

I/ We authorize the staff of the Frankfort Park District to take my/our child on walking Trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____



Prairie Care Discipline Policy

The Frankfort Park District Prairie Care Staff would like your child to have the best experience possible while at Prairie Care this year. Thus, all participants must understand and follow the Prairie Care guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

- 1. Listen to staff.**
- 2. Respect Prairie Care staff and other camp participants.**
- 3. Respect Prairie Care property and facility property.**
- 4. Keep hands, feet, and other objects to yourself.**
- 5. Participate in Prairie Care activities.**
- 6. Use an inside voice when indoors.**
- 7. Respect the bus and rules of the bus.**
- 8. Follow staff instructions on field trip days.**
- 9. Clean up after yourself.**
- 10. Be positive and have fun!**

Should a participant choose not to follow any of these rules, these are the guidelines that the staff will follow to handle the situation:

Step 1: Verbal Warning.

Step 2: Time out or time away from group.

Step 3: Behavior Warning report sent home.

Step 4: Conference with Parent.

Step 5: Meeting with the Supervisor, necessary staff, parent(s), and child.

At this time, suspension or expulsion will be discussed.

- In the event that a Prairie Care participant engages in behavior which poses a threat of bodily harm to himself, others, or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.
- Situations that will result in an automatic Behavior Warning report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

Please review these rules with your child. The staff will review these rules with your child at the beginning of Prairie Care. Thank you in advance for your cooperation, and we hope to have a great school year!

I have reviewed the discipline policy with my child.

Parents Signature: _____

Child's Signature: _____

Date: _____



Self-Assessment
COVID Symptom Questionnaire

This questionnaire needs to be completed every morning prior to bringing your child to Prairie Care. If the answer is YES to any of these questions, please do not bring your child to before/after school. If you have questions or concerns, please contact Kristen Morrison at 815-464-5579 or kmorrison@frankfortparks.org. Staff will be conducting a brief screening at drop off. Thank you!

1. Does the child or anyone in your household have/had a fever (100.4 or above) in the past 72 hours?
2. Does the child have the chills or any body aches in the past 72 hours?
3. Does the child have a sore throat or cough?
4. When the child breathes, is there any chest tightness or congestion?
5. Has the child experienced diarrhea within the past 72 hours?
6. Has the child had any upper respiratory symptoms in the past 72 hours?
7. Have you or any family members been around anyone suspected of or tested positive for COVID- 19?
8. Has the child had loss of taste or smell in the past 72 hours?
9. To the best of your knowledge, has your child been in close contact (within 6 ft. for 15 minutes or longer) with anyone who tested positive for COVID-19 within the last 14 days?

I have reviewed the Self-Assessment Questionnaire with my child and commit to implementing this before each Prairie Care session my child attends through the Frankfort Park District.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



**Frankfort Park District
Prairie Care Technology Contract**

Technology Day is scheduled on **Thursdays** at Prairie Care. The Frankfort Park District Prairie Care staff would like your child to have an enjoyable and safe experience on this special day. Thus, all participants must understand and follow the Prairie Care guidelines and rules for technology use. These guidelines and expectations are in place to ensure the safety of your child and other participants in the program. Please review the following rules regarding technology use at Prairie Care.

- All devices that are brought to Prairie Care should have cellular data turned off.
- Access to the internet is not allowed (The school district Wi-Fi is password protected and will not be accessible to participants).
- Age appropriate **E rated** games only are allowed to be played at Prairie Care. **No videos or music.**
- Texting, taking photos or Snapchat will **NOT** be allowed.
- Children are responsible for keeping track of their own devices. Staff is not responsible for lost, stolen or damaged items.
- Parents are responsible for checking the devices, to ensure their child's devices are set up properly in regard to the above guidelines.

If participants are caught violating the rules for technology use at Prairie Care, their devices will be taken away until parents arrive for pick up. Should a participant choose not to follow any of these guidelines, they will not be able to participate in Technology Day for the rest of the school year.

I have reviewed the Technology contract with my child and understand that if the rules regarding the use of technology devices are not followed as stated above, my child will not be able to participate for the rest of the year.

The parent and child must have the form signed in order to participate on Technology Day.

Date: _____

Child's Name _____ **Child's Signature** _____

Parent's Name _____ **Parent's Signature** _____