

# McIntosh After School Program

The McIntosh Memorial library will be hosting the after school program again this year. The program will be offered daily from 3:15-5:00 beginning on Tuesday, September 4, 2018 – Friday, May 31, 2019. Registration forms for this after school program are only available at McIntosh Memorial Library and online at [www.mcintoshmemoriallibrary.org](http://www.mcintoshmemoriallibrary.org). The program will be able to accept a limited number of registrations. Online forms may be printed and hand delivered to the library. Forms will be accepted beginning Monday, August 20 at 9:00 am. No forms will be accepted prior to this date. Families may sign up for as many days as needed, if space allows. *Students that attend Viroqua Area Schools will ride a bus to the library provided by Viroqua Area Schools. All others will be on their own for transportation.* Transportation from the library to home will be personal pick-up inside the library as well as biking/walking home. If at any time the method of home transportation changes for your child you must notify the library after school program director of this change.

Because of limited space at the library the number of children accepted into the program will be capped at 30 per day. Registration will be on a first come, first served basis beginning Monday, August 20 at 9:00 am. All registrations will be dated and time stamped. **Registrations will NOT be done by phone, mail or online.** Those who wish to register must come to the library to do so. Registration will be hard copies only, no electronic registrations will be accepted. A waiting list will be established for those who apply after the capacity has been reached.

Children accepted into the program will be notified via email by Wednesday, August 29.

Here is a general list of things we will be doing throughout the year.

- Activities such as puzzles, games, science experiments, cooking, legos, drama, outdoor play and activities.
- Homework can be done and help will be given as needed, but it will not be mandatory
- Children will remain in the children's area of the library
- Each day the last 20 minutes will be spent with reading and literacy

## Additional Information

- The McIntosh After School Program will follow the schedule of the Viroqua Public Schools. When they are not in session then the library after school program will not operate. This includes early release emergency closure and vacation days as well.

- Parents will need to park their car and enter the library to pick up their child(ren) between 5:00-5:15. **Late arrivals will be noted. After three late arrivals the family will need to seek alternative programming for their child(ren).**
- If you will pick your child up early you will need to **call** the library and inform them of this. Who will pick up the child(ren) and what time. If your child(ren) is sick from school or for some reason your child(ren) will not attend on a regularly scheduled day you must let the library know before 1:00 pm at 608-637-7151 ext. 6 or email Mary before 1:00 pm
- Because the children will have a small snack it will be important for you to let the McIntosh After School Program Director know of any known food allergies. Please complete the health form and submit with your registration form to Mary Mulvaney-Kemp.

Questions can be directed to:

**Mary Mulvaney-Kemp** - 637-7151 ext. 5

**Trina Erickson** – 637-7151 ext. 3

The pages that follow must be completed thoroughly and returned to the library. Incomplete forms will not be considered for registration. Please print neatly so that phone numbers and emails are easily read. Please complete separate health form for each child.

# McIntosh After School Program

## Enrollment Form (2018-19 School Year)

Be sure to circle each day your child(ren) will be attending the program, grade level as well as the option you will use for pick up after the program finishes at 5:00. Changes to any information on this registration form must be reported to Mary Mulvaney-Kemp. Please print neatly.

**Child's First and Last Name:** \_\_\_\_\_

<b>School</b>	<b>Home</b>	<b>PRWS</b>	<b>VES</b>	<b>VAMS</b>	<b>Grade:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>					
<b>Pick up</b>	walk/ride bike	personal pick-up			Typical pick-up time	_____			

**List the individuals who may pick up your child**

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**Child's First and Last Name:** \_\_\_\_\_

<b>School</b>	<b>Home</b>	<b>PRWS</b>	<b>VES</b>	<b>VAMS</b>	<b>Grade:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>					
<b>Pick up</b>	walk/ride bike	personal pick-up			Typical pick-up time	_____			

**List the individuals who may pick up your child**

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**Child's First and Last Name:** \_\_\_\_\_

<b>School</b>	<b>Home</b>	<b>PRWS</b>	<b>VES</b>	<b>VAMS</b>	<b>Grade:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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<b>Pick up</b>	walk/ride bike	personal pick-up			Typical pick-up time	_____			

**List the individuals who may pick up your child**

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## Parent/Emergency Contact Information

List the contact in the order you would like them called in case there is an emergency.

Contact #1 Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone number: \_\_\_\_\_

*\*Circle which is the best number for us to contact you during the hours of 3-5 pm.*

Contact #2 Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone number: \_\_\_\_\_

*\*Circle which is the best number for us to contact you during the hours of 3-5 pm.*

**In case of emergency, in case no one can be reached at the above numbers, please list an additional contact**

Contact #3 Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone number: \_\_\_\_\_

*\*Circle which is the best number for us to contact you during the hours of 3-5 pm.*

**Legal Guardian Signature** \_\_\_\_\_

Library use only

*date registration received* \_\_\_\_\_ *time registration received* \_\_\_\_\_

# Health Information

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent/Guardian:

Please complete the Health Information for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child during the McIntosh After School Program. Return this form along with the registration form to Mary Mulvaney-Kemp. You may be asked to complete additional forms and emergency action plans if needed.

\_\_\_\_\_ **My child does NOT have** any known health conditions or concerns

My child has the following health conditions/concerns:

\_\_\_\_\_ **LIFE THREATENING Allergies:** \_\_\_\_\_  
Type of reaction \_\_\_\_\_  
Treatment: \_\_\_\_\_

\_\_\_\_\_ **Bee Sting Allergy:** Type of reaction \_\_\_\_\_  
Does student have Epi-Pen prescription? YES/NO (circle)  
Epi-Pen given to school YES/NO (circle)  
Epi-Pen carried in backpack YES/NO (circle)

\_\_\_\_\_ **Food Allergy/Intolerance:** \_\_\_\_\_ Type of reaction: \_\_\_\_\_  
Does student have Epi-Pen prescription? YES/NO (circle)  
Epi-Pen given to school YES/NO (circle)  
Epi-Pen carried in backpack YES/NO (circle)

\_\_\_\_\_ **Other Allergies:** \_\_\_\_\_  
Type of reaction \_\_\_\_\_

\_\_\_\_\_ **Asthma:** Triggers \_\_\_\_\_  
Inhaler YES NO (circle)  
Inhaler in backpack/carried by student YES NO (circle)

\_\_\_\_\_ **Diabetes:** Type: \_\_\_\_\_ On Insulin: YES/NO (circle) Insulin Type: Syringe/Pump/Pen (circle)  
Meter/emergency supplies given to school YES NO (circle)  
Meter/emergency supplies carried by student YES NO (circle)

\_\_\_\_\_ **Seizures:** Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
Description of seizure activity \_\_\_\_\_  
Length of seizures: \_\_\_\_\_ On medication YES/NO (circle)

\_\_\_\_\_ **ADD/ADHD** (circle) \_\_\_\_\_ On Medication YES/NO (circle)

\_\_\_\_\_ **Anxiety/Depression** (circle) \_\_\_\_\_ On Medication YES/NO (circle)

\_\_\_\_\_ **Other Health Conditions or Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Guardian Completing form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b> Action Plan Needed? Y/N Action Plan Received? Y/N
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