

## McIntosh After School Program

McIntosh Memorial library will be hosting an after school program. Registration forms for this after school program are only available at McIntosh Memorial Library and 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, June 3 at 9:00 am. Families may sign up for as many days as needed, if space allows. *Students that attend Viroqua Area Schools will ride a bus 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 anytime 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, registration will be limited. Registration will be on a first come, first served basis beginning Monday, June 3 at 9:00 am. All registrations will be dated and time stamped. Registrations will not be done by phone 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.

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.
- Program will run from 3:00-5:00 daily
- Registration is required
- The Viroqua Area Schools calendar will be followed
- 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 legally 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 **608-637-7151 ext. 6**
- Because the children will have a small snack it will be important for you to let the McIntosh After School Program know of any known food allergies. Please complete the health form and submit with your registration form to Mary Mulvaney-Kemp when you register.

Questions can be directed to:

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

**Trina Erickson** – 637-7151 ext. 3

# McIntosh After School Program

## Enrollment Form (2019-20 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.

**Child's 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 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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**Child's 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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# Parent/Emergency Contact Information

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

**Parent:** \_\_\_\_\_

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 two additional contacts**

**Emergency Contact #1 Name:** \_\_\_\_\_

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.*

**Emergency Contact #2 Name:** \_\_\_\_\_

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** \_\_\_\_\_

*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 to Mary Mulvaney-Kemp along with your registration form. 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 given to school 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: \_\_\_\_\_