

**Before and After School  
Recreation  
Parent Guide**



**Lisbon Parks and Recreation Department  
2016-2017**

## General Information Before and After School Recreation

- Who:** Lisbon Community School Students
- When:** Each Day school is in session, including half days  
Before School Program 7:00—7:45 a.m.  
After School Program bus arrival—5:30 p.m.
- Where:** Before School Program—LCS Cafetorium and Gymnasium  
After School Program—MTM Community Center
- Cost:** Weekly: Before School \$12; After School \$40 (\$35.00 for additional child)  
Part-time daily rate: Before School \$3/day; After School \$10/day  
**Late fees: After School: pickup after 5:30 will be charged \$5 per 10 minutes per child. NOTE: Habitual late pick-ups will result in lost of registration in the After School Program.**
- Payments:** Fees may be paid online with the Rec1 system, at the Recreation office, or mailed to: Lisbon Recreation Department, 300 Lisbon St., Lisbon, ME 04250  
*Fees will not be collected at either program.* Regular payments are required or program enrollment will be cancelled.



### Before School Guide

Before School Recreation is offered at Lisbon Community School every day school is in session. Children may arrive as early as 7:00 a.m. Depending on the drop off time, the program will be at various locations: the cafetorium or the gymnasium. Please walk your child into the building to check him/her in with the staff.

### After School Guide

After School Recreation is offered at the MT.M Center every day school is in session, including 1/2 days. It is the responsibility of the parents to notify the school that the participant is going to the MTM Center after school. The school will assign the appropriate bus number. The program begins with the arrival of the school bus and ends at 5:30. The participants may be in the gymnasium, in the art room, or on the playground.



## **Policies and Procedures Before and After School Recreation**

### **Behavior**

The parks and recreation staff must be free to administer and supervise the activities planned for the participants. Consequently, disciplinary problems are dealt with quickly, but fairly, using a three-step process:

1. A child will be spoken to and encouraged to behave appropriately. This will act as a warning.
2. A child will be made to sit out of the activity taken place.
3. As a last resort, a Disciplinary Action Report (DAR) will be filled out.
  - (1) For the first DAR, parents will be called regarding the situation.
  - (2) For the second DAR, the child will be suspended from the program for the following day.
  - (3) Upon receipt of the third DAR, the child will no longer be welcome in the program and all fees paid will be forfeited.

**Note: Depending on the severity of the offense, the participant may be suspended indefinitely for the remainder of the program after only one DAR. Some examples are assaulting, and racial comments. All participants must feel safe at all times.**

### **Medications**

*It is the preference of the Parks and Recreation Department to not administer medications, however, if and when it becomes necessary for a program participant to receive medication during program hours for scheduled medications, parents/guardians must fill out the DEPARTMENT SCHEDULED MEDICATION PERMISSION FORM. If your child has scheduled prescription medication with instructions similar to: take one (dose) of (medication) at (time) by (mouth), the Lisbon Parks and Recreation Department personnel can properly supervise the self-administration of medication by a camper.*

All medications which are to be taken as needed requires the completion of a medication permission form (attached).

Please observe the following guidelines:

- A) Whenever possible, the time of medicine administration (prescription and over the counter) should be altered to allow a camper to receive all doses at home. Medication prescribed for once a day, twice a day (before and after program hours). or three times a day (before camp, after camp, and evening) is to be given at home.
- B) The program participant must be instructed at home to self-administer the medication in accordance with the instructions mentioned below:
  1. Goes to the camp director, or designated staff person at the correct time and requests his/her medication.
  2. Verifies his/her container as handed to him/her by non-medical program personnel.

3. Verifies contents.
  4. Measures out the correct dosage (for liquid medication, parents must provide an exact and appropriate measuring device).
  5. Takes medication by the correct route.
  6. All medication will be kept in the designated location and can be taken under the supervision of non-medical program personnel.
  7. At no time shall the participant have medication in his/her possession except with special permission from his/her parent and physician.
- C) Medication brought to the program site must be in its original container and prescriptions are to be labeled by a pharmacist or physician. The Lisbon Recreation Department retains the right to refuse any or all requests for administration of medication, namely improperly labeled medications and/or lack of parental authorization.
- D) A one-day supply of medication can be brought to the program site.

### **Important Phone Numbers**

**Lisbon Recreation Department: 353-2289**  
**Director Mark Stevens: 712-3208**  
**Assistant Director Jamey Martin: 344-8155**  
**Secretary Cherie Garnett: 353-2289**

Lisbon Recreation Department  
PERMISSION TO SUPERVISE MEDICATIONS

*The giving of Tylenol, Ibuprofen, prescription drugs or any other medication by Lisbon Recreation personnel is not advocated except on order of a physician and/or written permission from the parent/guardian. A Permission to Supervise Medications form must be obtained for each child when Lisbon Recreation staff is supervising medication.*

Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How often: \_\_\_\_\_

Time of administration at Rec: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Note:

- Medication, including over-the-counter medications **MUST BE IN THE ORIGINAL CONTAINER** including the name of the child and name of the medication, dosage, and time to be given.
- All medication will be kept by the supervisor and can be taken only under the supervision of Recreation staff, unless otherwise ordered by the physician. (Written order needed.)
- Participant must be instructed at home to self-administer the medication under supervision. Medications must be brought in by the parent/guardian.

*I give permission for the Lisbon Recreation staff to supervise the self-administration of the medication listed above for my child.*

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_