

Oriole Zone- Wrap Around Care Handbook 2023-2024

The School District of North Fond du Lac is pleased to announce our new before and After School Program, Oriole Zone-Wrap Around Care. Oriole Zone is for families with students 5K-5th grade. Oriole Zone will be replacing our previous before and after school program- E3. Please read this handbook carefully and if you have any questions please reach out to

Natalie Rosas at nrosas@nfdlschools.org

Hours and Start Date: September 5, 2023

- Mornings: Monday- Friday 7:00- 8:30 am
- Afternoon: Monday- Thursday 3:45-5:30 pm and Friday 3:45-5:15 pm.

If your student is sick, please keep them at home. We will follow the same policy as FLC for sick students.

Breakfast

• All students can take breakfast at the beginning of the school day at the school district rate.

Snack

• The District will provide a healthy after school snack and water will be the only liquid available, please have students bring a water bottle.

Programming

- Your child will engage in music, crafts, games, enrichment activities and physical activities.
- Oriole Zone Wrap Around Care will take local field trips into the community. All of these trips take place during the afternoon hours of the program.
- Students can attend only sessions that they are signed up for.

Drop off/Pick Up

- Drop off time for the morning session is between 7:00 to 7:45 a.m.
- Pick up time for the afternoon session is between 4:15-5:30 p.m Monday-Thursday and 4:15-5:15pm on Friday
- Students should be dropped off and picked up using the front door entrance. Signature at pick-up is required. **Transportation is not available*.

**In case of an emergency, please have all school paperwork completed, we will use the child's emergency card on file.

^{*}Oriole Zone will only be available when school is in session.

^{*}If school is delayed, Oriole Zone will be canceled. If school is closed early we will not have Oriole Zone after school.

Oriole Zone Pricing:

	Morning Rate	Afternoon Rate	Daily Rate	Weekly Rate (5 days a week)
1 Child	\$3	\$3	\$5	\$20
2 Children	\$5	\$5	\$8	\$35
3+	\$6	\$6	\$10	\$45

Tuition:

- Online Payment Option available through e-funds. Go to nfdlschools.org, on the top of the page you will see a tap for Quick Links, when you click on that you will see e-funds. You can pay as a guest or login into your account. Calendars still need to be filled out.
- Cash and checks accepted. Checks can be made out to- The North Fond du Lac School District. All Tuition will be charged at a contracted rate regardless of attendance. All tuition will be paid in advance and submitted no later than the 15th of each month. If tuition is not paid by the 15th a late fee of \$10 will be charged and failure to pay by the 30th your child will be unenrolled from the program.
- Please fill out a copy of the calendar. Calendars will be available online at nfdlschools.org linked in the Oriole Zone section or at the front entrance of Friendship Learning Center. To fill out an online calendar- Click the calendar, go to file on the calendar and make a copy. When the copy is made you can fill out the calendar including your student/s name, then send a copy to nrosas@nfdlschools.org
- Please only use calendars created for Oriole Zone. Calendars must be turned in monthly.
- If your child shows up to a day they are not scheduled to attend, you will be charged the normal rate and \$5 extra charge per child per day.
- If you need your child to attend a day they are not scheduled for and you call at least one school day ahead and ask for availability and we are able to accommodate, the extra fee will be waived but payment will be due upon arrival.
- Our Staffing is based on student enrollment, so we might not be able to accommodate on late notice. Our staff to student ratio is 1 staff for every 15 students per session.



Oriole Zone- Wrap Around Care

Behavior Expectations:

The Oriole Way expectations will be universal in all areas of our building for students, teachers, parents, and visitors. The goals of the Oriole Way are to maintain safety, teach expected behaviors, and build positive relationships with students. Students will be required to follow the Oriole Way just as they do during a regular school day.

Be Ready

- *Student attendance will be taken daily and documented to ensure that tuition charges are accurate.
- *Student(s) will bring all materials necessary when leaving class as they will not be allowed back to their classrooms.
- *Dress for the weather as there will be outdoor activities.

Be Respectful

- *Participate in the activities planned for each session.
- *Listen to teachers and supervisors.
- *Treat others the way you want to be treated.

Be Safe

- *Students will check in and check out before and after each session.
- *Walk to the arranged meeting place.
- *Students will remain in designated rooms with supervision at all times.
- *Students will remain with the group at all times.
- *Remain in the designated room until given permission to leave.

Drop off/Pick Up

- *Drop off can happen anywhere between 7:00 am- 7:45 am. (Monday- Friday)
- *Pick up can happen anywhere between 4:15pm- 5:30pm. (Monday-Thursday)
- *Pick up can happen anywhere between 4:15pm- 5:15pm (Friday)
- *Parents or designated pick up adults will come into the building to sign the student out when the student is getting picked up.

I have read all of the information above. I understand the responsibilities and expectations of my child and the parents/guardians. Students who receive 3 or more discipline referrals in a semester will be dismissed from the program.





Oriole Zone Wrap Around Care: Annual Permission & Release Form for Field Trips 2023-2024 School Year

This field trip consent form gives Oriole Zone Wrap Around Care and its staff permission to take the above named student off campus for school approved field trips for the 2022-2023 school year. Parents will be notified at least 48 hours in advance for any non-fee required field trips and at least 1 week prior to any fee required field trips. Each trip notification will contain an "Opt-Out Notice". If a parent/guardian signs the "Opt-Out Notice" for a specific field trip, the annual field trip consent remains valid for all other field trips.

If you choose not to sign this annual permission form, your child will not be allowed to attend these field trips unless written permission is given to Oriole Zone Wrap Around Care within 24 hours of the departure time of the field trip.

MEDICAL/EMERGENCY INFORMATION

A copy of the "Student Emergency Card" that you completed during registration will be photo copied on the back of this permission form. These forms will then be taken on each field trip that your student attends.

CONSENT AND LIABILITY WAIVER

I hereby give permission for my student to participate in Oriole Zone Wrap Around Care field trips during the 2023-2024 school year. I understand field trips may require transportation to a location away from the school campus.

As a parent or guardian, I understand that the school and staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the school. In consideration of the school's agreement to allow my child to participate in this year's field trips, I agree to accept responsibility for any loss, damage or injury to my child that occurs during my child's participation in these field trips, that are not the result of fraud, willful injury to a person or property, or willful or negligent violation of the law by a trustee, employee, or agent of Oriole Zone Wrap Around Care.

In the event it becomes necessary for school staff in charge to obtain emergency care for my child, neither he/she, not the school assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize Oriole Zone- Wrap Around Care employees or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child.

Oriole Zone-Pick Up Plan

After School Oriole Zone Pick Up Procedures:

All students must be picked up between 4:15p.m. - 5:30 p.m. Monday- Thursday 4:15p.m.- 5:15 p.m. Friday

State safety regulations require that we have parents, or other authorized adults, **sign the student(s) out when they leave.**

Student(s) will be picked up at the school entrance on Prospect Ave. Therefore, <u>parents or authorized adults will have to come in and sign</u> their child out every night. Please park in the Prospect Ave lot and walk to the FLC entrance to sign your child out. While waiting for your child please remain in the vestibule.

Failure to pick up your child on time may result in being dismissed from the program

SAMPLE OF MONTHLY CALENDAR/ PAYMENT SLIP

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	Oriole	Zone Wrap	Around Care	STUDE	STUDENT'S NAME:						
				SAMPLE							
						1	х	2	х		
	5 NO SCHOOL X		6 FIRST DAY AM PM Both	7	AM PM Both	8	AM PM Both	9	AM PM Both	Total AM: Total PM: Total Daily: Weekly:	
	Week	12 AM PM Both	13 AM PM Both	14	AM PM Both	15	AM PM Both	16] AM] PM] Both	Total AM: Total PM: Total Daily: Weekly:	
	Week	19 AM PM Both	20 AM PM Both	21	AM PM Both	22	AM PM Both	23 NO SC	HOOL X	Total AM: Total PM: Total Daily: Weekly:	
	Week	26 AM PM Both	27 AM PM Both	28	AM PM Both	29	AM PM Both	30] AM] PM] Both	Total AM: Total PM: Total Daily: Weekly:	
		•		•						•	
Н	ow many AM sessior	ns:	How many PM sessions:		How many D sessions:	aily (bo	oth on same day)	How n	nany weekly se	essions:	
Multiply by \$3 Multiply by \$3				Multiply by \$5		Multiply by \$20					
То \$	Total Amount due- AM: Total Amount due- PM: \$				Total Amount due- Daily: \$		Total due- Weekly: \$				
T	Total Due for the Month:										
P	Parent/ Guardian Signature:										
D	ate:										

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 the 15th of each month. If tuition is not paid by the 15th a late fee of \$10 will be charged and failure to pay by the 30th, your child will
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(Please fill out one form for each student attending or fill out the Online Registration Form)

Name of student (fi	rst and last):
Grade:	Teacher's Name:
Parent/ Guardian's	(#1)·
Last Name	
Phone Number	
Email	
Parent/ Guardian's	
First Name	
Last Name	
Phone Number	
Email	
Emergency Contac	it:
• •	
Last Name	
Phone Number	
Email	
off/ Pick up, Behavio	pt the Oriole Zone handbook, including Pricing and payments, Drop or Expectations and the Permission/ Release form. By signing this you restand and agree to the responsibilities and expectations of the Oriole Care Program.
*Please turn in this form a	long with your first month's payment.
Parent/ Guardian's N	lame
Parent/ Guardian's S	Signature
Date	

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Oriole Zone Wrap Around Care			STUDENT'S NAME:								
					SAMPLE						
					1	х	2	x			
☐ Week	5 NO SCHOOL X	6 FIRST DAY AM PM Both	7	AM PM Both	8	AM PM Both	9	AM PM Both	Total AM: Total PM: Total Daily: Weekly:		
Week	12		14	AM PM Both	15	AM PM Both	16	AM PM Both	Total AM: Total PM: Total Daily: Weekly:		
☐ Week	AM		21	AM PM Both	22	AM PM Both	23 NO SC	x	Total AM: Total PM: Total Daily: Weekly:		
☐ Week	26 AM PM Both	27 AM PM Both	28	AM PM Both	29	AM PM Both	30	AM PM Both	Total AM: Total PM: Total Daily: Weekly:		
low many AM session	ns:	How many PM sessions:	How many D sessions:		aily (both on same day)		How many weekly sessions:		essions:		
Multiply by \$3 Multiply by \$3			Multiply by \$5			Multip	Multiply by \$20				
Total Amount due- AM: Total Amount due- PM: \$				Total Amount due- Daily: Total due- Weekly: \$							
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Parent/ Guardian Sig	nature:										
ate:											

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Registration- Oriole Zone

(Please fill out one form for each student attending or fill out the Online Registration Form)

Name of student (first and I	ast):
Grade:	_Teacher's Name:
Devent Counting's (#4)	
Parent/ Guardian's (#1):	
First Name	
Last marrie	
Phone Number	
Email	
Parent/ Guardian's (#2):	
Last Name	
Phone Number	
Email	
Emergency Contact:	
First Name	
Last Name	
Phone Number	
Email	
off/ Pick up, Behavior Expect	riole Zone handbook, including Pricing and payments, Drop ations and the Permission/ Release form. By signing this you ad agree to the responsibilities and expectations of the Oriole gram.
*Please turn in this form along with ye	our first month's payment.
Parent/ Guardian's Name	
Parent/ Guardian's Signature Date	,