Neighborhood House Distance Learning Support Program and Child Care

April 5, 2021- June 11, 2021 (closed April 9 and May 12 for teacher training)

Registration Form

Parent/ Guardian Name:_____

Parent email and phone: _____

Child(ren) Name(s): _____

At what school is your child registered? _____

Do you qualify for the ERDC subsidy? ☐ **Yes** ☐ **No** ☐ **I don't know**

Please select which program you will choose.

☐ Boise- Eliot/ Humboldt ☐ Martin Luther King Jr. ☐ Sabin

Please select the schedule you will need for out-of-school time.

☐ All day CDL only $1,000 per month
8:00am-5:00pm M-F

☐ Part Time CDL only $700 per month
9:00am-3:00pm M-F

☐ Full Time Hybrid PM Cohort +Wednesdays $830 per month
8:00am-12:15pm and 2:30-5:00pm M/T/Th/F and 8:00-5:00 Wed.

☐ Full Time Hybrid PM Cohort w/o Wed. $625 per month

☐ Full Time Hybrid AM Cohort + Wednesdays $830 per month
10:15am -5:00pm M/T/Th/F and 8:00-5:00 Wed.

☐ Full Time Hybrid AM Cohort w/o Wed. $625 per month

☐ Part Time Hybrid PM Cohort A $395 per month
8:00am-12:15pm M/T/Th/F

☐ Part Time PM Hybrid Cohort B $230 per month
2:30pm-5:00pm M/T/Th/F

☐ Add Wednesday to a PT Hybrid schedule $210 per month
8:00am-5:00pm Wednesdays

Information about our programs:

- We are planning to provide ON SITE after school care for the AM and PM in person learning cohorts at Boise, MLK, and Sabin schools.
- Since no school is planned for Wednesdays, we will be available 8:00am-5:00pm Wednesdays for hybrid families.
- Any families choosing CDL only will also be invited to join our program from 8:00-5:00 or 9:00-3:00 Monday -Friday.

Health and Safety

- Neighborhood House School Age Programs contract with Portland Public Schools (PPS) and are licensed by the Early Learning Division (ELD) of the Oregon Department of Education. We follow all health and safety guidelines required by PPS and the ELD.
- We plan to have no more than 15 children attending one classroom at one time but we may have up to 30 on the roster for any class- meaning 30 children could potentially be in your child's stable group even though only 15 will ever be in attendance at one time.
- All teachers and children are required to wear an appropriately fitting face mask at all times. When eating, children are asked to face the same direction and remain in their assigned seat.
- Desks are spaced apart as much as the classroom allows. Each classroom capacity is based on 35 square feet of space per child. Children and teachers in a stable group will not be asked to practice social distancing but will remain 6 feet apart from members of other stable groups.
- Children experiencing shortness of breath, unusual cough, fever of 100.4 or above or a new loss of taste or smell will be excluded from the program until symptoms are gone OR until a negative COVID test and/ or a doctor's note can be produced.
- Parents and guardians are not allowed to come inside the classroom and will have to answer questions to pass a health check before children can attend for the day.

Distance Learning Support

Neighborhood House teachers can assist students with logging on to live classes as well as troubleshoot basic technology challenges. NH teachers can also guide students in identifying assignments that need to be completed as well as provide minimal academic assistance or tutoring. If academic challenges exist, please address these with your child's classroom teacher. We cannot ensure that students will complete every single assignment but most of our students complete most of their assignments.

More detailed information will be provided once we have more information from PPS.

neighborhood house | **Peninsula Program Information & Authorization**

All sections required

Child's Name	pref. gender pronoun	DOB
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Parent/ Guardian Contact Information

Name	Relationship to Child	
Home Address		City and Zip
Best Phone number	Secondary Number	
email address	Employer Address	

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Home Address		City and Zip
Best Phone number	Secondary Number	
email address	Employer Address	

Required Emergency Contact Information and Authorized pick up persons

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

Other Authorized pick up persons

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

Parent/ Guardian Signature **Date**

All sections required

Student's Name(s)		
Doctor Name	Phone	Insurance Name and Policy Number
Dentist Name	Phone	Insurance Name and Policy Number
Preferred Hospital		
Food, Medication or Environmental Allergies		
Special Health Conditions		Current Medications

I hereby grant permission for Neighborhood House staff to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps include:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician or dentist.
3. Attempt to contact a parent or guardian through any of the persons on the emergency contact list.
4. If we cannot contact you or your child's physician, and staff deem the incident a medical emergency, we will call an ambulance.

I have provided complete and accurate information. I understand that all employees are required to be CPR/ First Aid certified within their first 90 days of employment. I understand the above steps will be taken in the event of an emergency involving my child.

Parent/ Guardian Signature

Date

EEC Participation Agreement

We are operating a licensed, approved Emergency Child Care program amidst the COVID-19 pandemic. We will be following Health and Safety guidelines as directed by the Oregon health Authority and in compliance with the Early Learning Division department of Childcare's rules. These are outlined in our Health and Safety during the COVID-19 Pandemic information sheet. In order to participate in this program you must agree to the following policies and procedures. Participants here are defined as any child enrolled in and participating in the program.

1. Adults who are parents/ guardians of participants may not enter the classroom except in the case of a health emergency. Signing in and out at drop off/ pick up times will occur outside of the classroom.
2. Adults will be asked to provide their first and last names at drop off and pick up times. The names will be recorded for contact tracing purposes in the event that a confirmed case of COVID-19 occurs in the program.
3. If a participant has a fever of 100.4 or higher, they may not attend the program until they are 24 hours without the fever (without the aid of fever reducing medication).
4. If a participant has been exposed to anyone with a positive or presumptive case of COVID-19, they may not attend the program and they must quarantine for 14 days or until they can provide proof of a negative COVID-19 test. We cannot provide any refunds for exclusions due to illness or suspected illness.
5. If a participant is experiencing any unusual cough, shortness of breath or fever, they cannot attend the program and must be excluded for 10 days and be 24 hours symptom free.
6. If a participant is experiencing diarrhea, vomiting, headache, sore throat or rash they must be excluded until they are 24 hours symptom free.
7. If any you become aware of any potential exposure to COVID-19, you must report this to Neighborhood House employees and exclude your child from the program.
8. If a participant can provide proof of clearance by a medical professional, we can follow the directions or guidance provided by the medical professional.
9. All children and adults must wear a face covering during drop off and pick up.
10. A daily health check asking about the above mentioned conditions and a staff person taking children's temperatures will be conducted at drop off time.
11. All children will be asked to apply hand sanitizer before entering the classroom and wash hands for 20 seconds with soap and water after putting away personal belongings.
12. All participants must wear a face covering throughout the day while in the program. They must be able to remove and put on the face covering without assistance. Face coverings can be removed while eating and must be put in a clean and secure place (like a sealable sandwich bag) until eating time is over.
13. Participants may remove their face covering briefly when outdoors as long as they remain 6 feet away from any other teacher or participant.
14. It is important that all adults and children associated with the program follow all health and safety guidelines during and outside of program hours in order to prevent illness from spreading within the program.

Please provide your name, date and signature below to confirm that you understand and agree to the above policies.

Printed Name: _____

Signature and Date:_____

Health and Safety Agreement during COVID-19

I _____ understand that mine and my child's participation in the Peninsula program is occurring with the risk of being exposed to COVID-19 or coronavirus. I understand that Neighborhood House is following all guidelines provided by the Oregon Health Authority (OHA) and the Early Learning Division but there is still a possibility of exposure to COVID-19 or coronavirus.

I understand that Neighborhood House is asking all teachers, participants, children and adults to follow the Oregon guidelines for Health and Safety during the state of emergency both while in the program and when away from the program.

I understand that if I believe that anyone in my household has been exposed to COVID-19, I should report this immediately to a Neighborhood House school age program employee and exclude my child from the program for up to 14 days or until cleared by a medical professional.

I understand that if my child does have to be excluded from the program due to illness or suspected illness that I will still be charged my monthly fee unless I withdraw completely from the program with 2 weeks' notice.

I understand the risks I am taking by having my child participate in the Neighborhood House Peninsula program during the COVID-19 pandemic. I am choosing to allow my child to participate in the program, understanding the risks and agree to follow all stated policies and procedures as well as Health and Safety Guidelines as directed by the OHA.

Printed Adult's name: _____

Children or participants names: _____

Adult Signature: _____

Date: _____

Peninsula Program Release Form

Child/ Children's Names: _____

Photo | Please *inital all* that apply

We would like permission to use photos of your child/ children. Photographs play an important role in our program- in the classrooms as a learning tool, in brochures, reports, and website. By signing you authorize your child's photos to be used only in the ways indicated below.

_____ My child's photo may be used in the classroom.

_____ My child's photo may be used in newsletters, on the website, annual reports, fundraising letters, grant reports, media ads, other printed material.

_____ My child's photo may be used on the Facebook page.

_____ My child's photo may be emailed only to other families in the program.

_____ I do not want my child's photos published in *ANY* way in the program.

Video | Please *inital all* that apply

Using technology in the classroom to enhance the learning experience is becoming more prominent in classrooms.

_____ I understand that short videos are sometimes used to enhance an activity or lesson during aftercare.

_____ I understand that my child might sometimes listen to a recorded story during aftercare.

_____It is okay for my child to watch G rated movies during special events or parties.

Parent/ Guardian Name _____

Parent/ Guardian Signature _____ **Date** _____

Release of Confidential Student Information

Portland Public Schools ("District") and Before- and After-School Childcare Providers ("Program") can effectively support your student when the school and Program are allowed by you to share important information about your child for the purposes of student support, program planning, staffing, and safety.

For the 2020-21 school year, the District is requiring every parent/guardian with a student enrolled in a Program to sign this release form. By signing this release form, you allow your child's school to share information about your student with the Program. This release form also grants permission to the Program to share information about your student with the school on a need-to-know basis.

This authorization expires: September 30, 2021 (not more than one year).

_____

Student/Child's Name Attending School, Date of Birth

_____

Name of Program Location of Program

By signing this release, I understand that:

- Providing this consent is a requirement for my child to participate in the Program.
- This consent allows verbal information about my student's behavior, safety, education, health, social skills, and accommodations to be shared between the Program and school.
- _____ (*requires parent/guardian initials*) In addition, I specifically authorize the release of school records as needed. Records will only be shared on an "as needed" basis.
- The Program will keep all information about students confidential according to its own policies.

I consent to the use and disclosure of the above information and/or records.

_____

Signature of Parent or Legal Guardian Relationship Date

2020-21 School Year