



OSCAR Childcare
Presented by
Sycamore School District and
Kishwaukee Family YMCA
2008 – 2009 School Year



The Sycamore School District will offer before and after school care (OSCAR) for the 2008-2009 school year for children who are in kindergarten through fifth grade in the District. OSCAR will provide children a fun, safe, and quality experience.

- The program will be offered from August 26 each day before and after school until June 5 from 7:00 am to 8:15 am and from 3:00 pm to 6:00 pm. at each elementary school.
- A 6:30 am drop off is provided at a designated site. Children will then be bussed to their home school at 6:50 am.
- The before school program will offer breakfast (for children arriving before 7:45 am) and activities.
- The afternoon program will provide homework assistance, academic enrichment, and structured playtime. At 4:30, all students will take part in featured wellness activities provided by our partner, the Kishwaukee YMCA. Please see next page for more details.
- All day care will be provided from 6:30 am to 6:00 on October 10 and 13; November 6, 7, and 11; January 16 and 19; February 16; March 2 and 20; April 9; and June 5. (Other days may become available.) Registration for these dates will be at a later date.
- There will be NO care provided if schools are closed for any emergency.
- A certified teacher will lead the program. Highly qualified instructors from the YMCA will teach the featured wellness activities daily. The child to staff ratio will be approximately 7:1.
- Fees/day/child:
 - Before school only - \$10.00
 - After school only - \$13.00
 - Before and after school - \$16.00
 - All Day Care - \$29.00
- Financial Assistance may be available. Please call Community Coordinated Child Care (4C), 758-8149, for more information.

Children will be selected on a first come, first serve basis with a requirement that a child be enrolled for at least two (2) days per week. **Space may be limited.**

An application must be completed and a deposit of \$150.00 per child (a maximum of \$300.00 per family) is required that will be applied toward your childcare fees. You will receive a payment schedule and instructions for the remaining payments with the first payment due September 15th.

For more information call Thomas Franks, OSCAR Coordinator or Karen Wickersham, OSCAR Administrative Assistant, at 815-899-8123.

OSCAR is a Sycamore School District Program approved by the school board.

OSCAR SCHOOL YEAR 2008-2009 FEE PAYMENT GUIDELINES

Initial Payment

An Initial Payment of \$150.00 is required for each registered child (a maximum of \$300.00 per family). This amount will be applied towards your childcare fees. See below if you are requesting financial assistance.

Fee Payment Schedule

You will receive an Invoice for the balance of the childcare fees which will include a Schedule of Payments. Your balance will be divided into sixteen (16) payments starting September 15th. Payments will be due the 1st and 15th of every month with the last payment being made May 1st. Payments may be made as follows:

- Credit card payments: made through the district Web Store using Visa or MasterCard. Your student's ID number is required. To make a payment sign on the District website at www.syc427.org. Click on the **Parent Links** section and then select **Web Store**. Select **OSCAR** from the menu and then select **2008-2009 OSCAR Payment**. Follow the instructions for entering student and credit card information. Be sure to print a receipt for your records.
- Check: Make checks payable to the Sycamore School District and mail to OSCAR, Sycamore School District, 245 West Exchange St., Sycamore, IL 60178. Please include your child's name on the check.
- Cash: You may make cash payments at the OSCAR office at the 245 West Exchange Street site, Monday through Friday.

Failure to Pay

Termination of Care Notice will be issued for failure to pay childcare fees.

Late Pick up Fee:

Your child must be picked up by 6:00 pm, or within a half hour of your stated pick-up time, whichever comes first. A \$1.00 per minute fee will be assessed if your child is not picked up by this time.

Financial Assistance

____ I am submitting verification that I have applied for state assistance through 4-C and will submit verification of eligibility by my child's first day of care. I understand I may have co-payments, which must be paid by stated deadlines. **An initial payment of \$50.00 should accompany your application if your approval for state assistance is pending.** This amount will be applied towards your childcare fees.

I have read and understand these fee payment guidelines.

Child's Name _____

Parent's Signature _____ Date _____

School _____

**SYCAMORE SCHOOL DISTRICT
2008-2009 OSCAR APPLICATION**

Parent/guardian email _____

Would you prefer to receive invoices, statements, newsletters, etc. via email? _____ Y _____ N

First Child's Name _____ **School ID #** _____

Grade enrolled in August 2008: _____ **Birthday** _____ **Age** _____

Gender: _____ F _____ M **Student resides with** _____

Second Child's Name _____ **School ID #** _____

Grade enrolled in August 2008: _____ **Birthday** _____ **Age** _____

Gender: _____ F _____ M **Student resides with** _____

Third Child's Name _____ **School ID #** _____

Grade enrolled in August 2008: _____ **Birthday** _____ **Age** _____

Gender: _____ F _____ M **Student resides with** _____

Language Spoken at Home _____

Parent/Guardian (1)
Name _____

Relationship _____

Place of employment _____

Home address _____

City _____ Zip Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Parent/Guardian (2)
Name _____

Relationship _____

Place of employment _____

Home address (if different than above) _____

City _____ Zip Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

EMERGENCY INFORMATION

If unable to contact Parent/Guardian in case of emergency or illness, whom shall we call and to whom may we release your child?

1. _____

(Local emergency contact person -
other than parent)

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

2. _____

(Local emergency contact person -
other than parent for medical reasons)

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Parent/Guardian Signature _____ Date _____

**2008-2009 OSCAR CARE
PERMISSION FORM**

Student's Name _____

FIELD TRIPS:

During OSCAR children may be transported by the Sycamore School District buses for activities in the Sycamore-Dekalb area. I give my child permission to participate:

Yes _____ x _____
No _____ Initial

INTERNET USE:

During OSCAR children will have computer time and may want to access the Internet with adult supervision. I give my child permission:

Yes _____ x _____
No _____ Initial

PHOTOGRAPHING/VIDEOTAPING:

During OSCAR children may be photographed and or videotaped for program presentations, media release or for other program promotional purposes. I give permission:

Yes _____ x _____
No _____ Initial

MOVIES:

During OSCAR, there may be field trips to movies (G or PG rated). I give permission:

Yes _____ x _____
No _____ Initial

OUTCOME MEASUREMENT CONSENT:

I give permission to the Illinois Department of Human Services and its designees to collect and record data on my child. I understand that this data gathering may include surveys, interviews, school report cards and other school reports and that data will only be reported in the aggregate, all information will be kept confidential, and the identity of any individual child will not be revealed.

Yes _____ x _____
No _____ Initial

Parent/Guardian Signature _____ Date _____

Child(ren)'s Name(s) _____

OSCAR 2008-2009
Daily Schedule

Child's schedule: Please X days attending. Child may attend AM or PM or both. **A child must be registered for at least two (2) days per week.**

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Arrival Time: _____ **Pick-up Time:** _____

Please remember:

- Only children actually arriving before 7:45 receive breakfast
- Adhere to your arrival and pick-up times. There is a \$1.00 per minute fee for late pick-ups.
- If a child is not picked up by 6:00 pm and staff has not heard from parents, staff will attempt to locate parents. If parents do not pick up the child by 6:30 pm or have not reported to staff an absolutely unavoidable emergency, staff will call the Sycamore Police and ask them to assume responsibility for the child. Staff will also report this incident to the Illinois Department of Children & Family Services.

Authorization to Pick up Child

- List at least **FIVE** people (at least 16 years old) **including parents**. List yourself first.
- A photo ID may be required and staff has the authority not to release the child. Parents will be contacted at that time.
- Any person authorized to pick up a child must come into the school and sign out.

My child may be released to the following people:

1. Parent/Guardian: _____

Relationship: _____ Phone number: _____

2. Name: _____

Relationship: _____ Phone number: _____

3. Name: _____

Relationship: _____ Phone number: _____

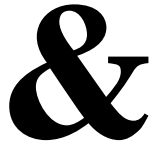
4. Name: _____

Relationship: _____ Phone number: _____

5. Name: _____

Relationship: _____ Phone number: _____

Parent/Guardian Signature: _____



While at work, parents want to know that their kids are safe, secure and happy. So OSCAR has partnered with the Kishwaukee Family YMCA and created new program experiences that make it easy for you to have peace of mind. This means your child will continue to receive quality child care and educational support, and ALSO have the opportunity to receive YMCA programs to strengthen your child's health and wellness from the inside out!

Our partnership with the YMCA during the after school portion of OSCAR, will offer your child with the opportunity to participate in the featured activities listed below every day! These activities will all be taught by qualified YMCA staff, who are highly trained to work with children. These classes are INCLUDED in your OSCAR rate!

YMCA ACTIVITIES SCHEDULE*					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
South East	SPORTS	MARTIAL ARTS	SWIMMING LESSONS	VARIETY	FITNESS
South Prairie	FITNESS	SPORTS	MARTIAL ARTS	SWIMMING LESSONS	VARIETY
North	VARIETY	FITNESS	SPORTS	MARTIAL ARTS	SWIMMING LESSONS
West	SWIMMING LESSONS	VARIETY	FITNESS	SPORTS	MARTIAL ARTS

MARTIAL ARTS

This class is focused on teaching children how to move their bodies to protect themselves from physical threats and using their minds to manage emotional distress. Kids will build healthy minds and bodies and learn to avoid potentially dangerous situations. Respect, caring, honesty and responsibility will be taught as character building blocks.

SPORTS

Active FUN for every child! Expose your child to a variety of different sports. Play soccer, basketball, kickball and more. Games that get kids active are what this YMCA program is all about. Along with FUN children will learn about team building, sportsmanship and friendly competition.

FITNESS

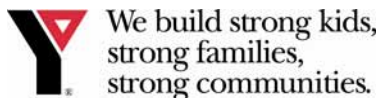
Get moving and have FUN! This program includes active games, obstacle courses, yoga, and circuit. YMCA staff members will make fitness activities FUN. Nutritional information and strength training will also be included.

SWIMMING LESSONS

OSCAR children will be transported to the YMCA pool one day each week. The YMCA youth swim program is designed to teach your child beyond the basic swimming skills. The components of our swimming lessons are personal safety, personal growth, stroke development, water sports and games, and rescue procedures. We work to develop a child's potential, build confidence, endurance and promote a better self-image.

VARIETY

This program is for children interested in all different kinds of activities. Kids will have an opportunity to try out lots of interesting, fun things, including an occasional trip to the YMCA Activity Center that features a traversing rock climbing wall, two Nintendo Wii video games and a Dance, Dance Revolution competition board.



Questions? EMAIL: Katrina@kishymca.org

* Schedule subject to change



Kishwaukee Family YMCA

Program Waiver

Participant Name: _____

Program: _____

Session: _____

Waiver of Liability

I am an adult 18 years of age or older and wish for myself, my family and or children to participate in Kishwaukee Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can happen. Therefore, in exchange for the YMCA allowing me, my family and/or children to participate in YMCA activities, I understand and expressly acknowledge that I release the Kishwaukee Family YMCA and its staff, board of directors and volunteers from all liability for any injury, loss, or damage connected in any way whatsoever to me, my family or my children's participation in YMCA activities, whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the Kishwaukee Family YMCA, its staff, directors, volunteers, members and or guests. I have read and am voluntarily signing this authorization and release.

I understand that the Kishwaukee Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or are on the premises.

I give my permission to the YMCA to use photographs, film footage, tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA programs.

Acceptance

I declare myself/ family to be physically sound, having medical approval to engage in YMCA activities. I have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Kishwaukee Family YMCA.

Signature of Participant (or Parent / Legal Guardian)

Date