



### ABOUT STARS:

The STARS program is an after school childcare program for children grades K-4, administered through the Philomath Youth Activities Club. Daily activities include weekly themed activities, such as circle time, snack, planned activities and/or group games, arts & crafts projects, free time, outdoor time, and gym time. There's always plenty to do to keep kids engaged and having fun!

STARS is open from the time the Philomath schools release (even on early release Fridays!) until 6:00 pm, Monday through Friday. The program is held at Clemens Primary School, which allows the children use of the gym, multi-purpose room, and playground.

### TRANSPORTATION TO CPS FROM PHILOMATH ELEMENTARY SCHOOL:

Children must ride the bus to CPS – They CANNOT walk. You must pre-register your child with Mid-Columbia Bus Company at 541-929-5474. The form for riding the bus is on the Philomath School District website.

\*It is your responsibility to inform your child's school of their after-school plan.

### REGISTRATION / ATTENDANCE:

There are three different options when it comes to how you register your child.

<b>Full Time</b> (M-F until 6:00 pm)	\$325/month*
<b>Early Pick Up</b> (M-F until 4:30 pm)	\$275/month*
<b>Drop In</b> (select days until 6:00 pm)	\$30/day

*\*During months with significant vacation time (i.e., Winter Break, Spring Break, etc.), we will charge a percentage of this fee to offset the time our program is not offered.*

We will be open on select **Non-School Days** (calendar on reverse side) 7:30 am – 5:30 pm, for \$50/day. Parents will sign their children up two weeks in advance, as we must have a minimum of 15 children signed up in order to be open. Sign-in sheets will be available at STARS in advance of the non-school day, and we will give five days' notice if we will not have enough children signed up in order to be open.

### PAYMENT:

A \$25 non-refundable registration fee is required at the time of registration. If you sign your child up for Full Time or Early Pick Up, you will be billed in advance at the beginning of the month. Those selecting the Drop In option will be billed at the end of the month to ensure accuracy on the days attended. Statements will be sent out via email by the 15<sup>th</sup> of the month, with payment typically due two weeks following that date.

Scholarships are available through the PYAC office. It is PYAC's policy to use a sliding scale for determining scholarship eligibility. In general, we will only scholarship up to 75% of program fees. PYAC requires a completed scholarship application with income verification. Scholarships expire after one year. If you have any questions about scholarships or your scholarship status, please contact our office.

### CONTACT INFORMATION:

STARS has a cell phone on which you can reach staff throughout program hours. Please call or text this phone number if you need your child to drop in. Any major schedule changes should be emailed to Sarah.

**Please call this number first if you are trying to reach staff or your child: 541-760-3563**

**For program questions:** Child Care Director: Sarah Woosley, 541-929-4040, [swosley@peak.org](mailto:swosley@peak.org)  
**For billing questions:** Administrative Coordinator: Adrienne Hecker, 541-929-4040, [pyacadmin@peak.org](mailto:pyacadmin@peak.org)

# STARS 2023-24

## NON-SCHOOL DAY CALENDAR



P.O. Box 1358 · 421 S. 19th St.  
(541) 929-4040 pb. · (541) 929-4281 fx.  
Philomath, OR 97370

### **STARS:**

**7:30 a.m. – 5:30 p.m.** for \$50/day. Sign up is available at STARS two weeks in advance. We need a minimum of 15 children signed up in order to provide care. If you sign up and your child does not attend, you will be charged.

### **DATES WE WILL BE OPEN:**

October 12<sup>th</sup> – We will be open when school releases early

October 13<sup>th</sup>

November 2<sup>nd</sup> – We will be open when school releases early

November 3<sup>rd</sup>

December 1<sup>st</sup>

January 26<sup>th</sup>

March 15<sup>th</sup>

April 11<sup>th</sup> – We will be open when school releases early

April 12<sup>th</sup>

June 14<sup>th</sup> - Last day of school: we will be open right after school gets out

June 19<sup>th</sup> - Fun in the Sun begins

### **DATES WE WILL BE CLOSED:**

November 10<sup>th</sup> - Veterans Day

November 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup> - Thanksgiving Break

December 18<sup>th</sup> - January 1<sup>st</sup> - Winter Break

January 15<sup>th</sup> - MLK Jr. Day

February 16<sup>th</sup> & 19<sup>th</sup> – President's Day Weekend (\*possible district make-up days)

March 25<sup>th</sup> – 29<sup>th</sup> - Spring Break

May 24<sup>th</sup> & 27<sup>th</sup> - Memorial Day Weekend (\*24<sup>th</sup> is a possible district make up day)

\*If the schools are open on one of the possible make up days, we will be open during our normal after school hours.

# 2023-24 STARS

## REGISTRATION FORM

*All information must be completed for your child to be registered.*



P.O. Box 1358 · 421 S. 19th St.  
(541) 929-4040 ph. · (541) 929-4281 fx.  
Philomath, OR 97370

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Female  Male

Main Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Ethnicity:  American Indian/Alaska Native  Hispanic/Latino  African American  
 Native Hawaiian  Asian  Caucasian  Other (specify) \_\_\_\_\_

### **Parent/Guardian(s) Living in Household:**

1.  Mother  Father  Stepmother  Stepfather  Guardian  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2.  Mother  Father  Stepmother  Stepfather  Guardian  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Parent Living Outside Household:**

3.  Mother  Father

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **TYPE OF CARE:**

Full Time (\$325/month)  Early Pick Up (\$275/month)  Drop In (\$30/day)

**ANTICIPATED START DATE:** \_\_\_\_\_

**The following adults have my permission to pick up my child and may be called during an emergency:**

Please list at least 2 names of adult relatives, friends or neighbors in the **local area** who could pick your child up (other than parents). Please list the primary contact first.

Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION:**

Does your child have any medical conditions or allergies? (ADHD, Autism, Disabilities, Delays, etc.)

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List any medications your child takes daily (for authorized use in an emergency).

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*\*If your child will need medications at STARS, please submit a medication form with your child's registration form.*

Is there anything else about your child that you would like to share with us? This might include anything that would assist us in helping your child be successful at our program.

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Is there a court order regarding your child that PYAC needs to be aware of?  Yes  No

*If yes, please provide copies of relevant court orders when you submit your registration materials.*

## **LIABILITY RELEASE & PERMISSIONS**

**LIABILITY RELEASE:** I am 18 years or older and the legal parent/guardian of the STARS/PYAC participant. I understand and assume all risks of participation, including transportation to and from activities. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and hold harmless the STARS program, Philomath Youth Activities Club, their officers, agents and employees against any claim, loss, liability, or expense, including attorney's fees, resulting directly or indirectly from participation in this program, except for claims arising out of sole negligence of the sponsors.

**DISCIPLINE POLICY:** Participants in the STARS/PYAC program are expected to behave in a manner conducive to a safe and enjoyable atmosphere. Inappropriate or disruptive behavior will not be tolerated and may result in the child's exclusion from the program. No refunds will be allowed in this situation.

*(Liability release & permissions continued on the next page)*

*(Liability release & permissions continued from the previous page)*

**MEDICAL/SPECIAL NEEDS:** I hereby give permission to the STARS/PYAC program to assist my child with medical/special needs noted and/or at my expense, to take immediate emergency action, including ambulance transportation, or obtaining medical treatment, should my child become ill or injured.

**WALKING FIELD TRIPS:** I hereby give the Philomath Youth Activities Club and other sponsors of the STARS program permission to take my child on walking field trips.

**RELEASE OF INFORMATION:** I give permission for STARS/PYAC and school district staff to exchange information about my child to provide continuity between school and after school care.

**PICTURE RELEASE:** The Philomath Youth Activities Club may utilize photographs and/or video clips of participants, including but not limited to: newsletters, posters, social media, website, etc. By signing below, you consent to the possibility of your child's photograph being used for these purposes. You may opt out by checking the following box:

I **do NOT** authorize the use of photographs and/or video clips taken of my child for publicity/promotion purposes.

**SUNSCREEN PERMISSION:** By signing below, you consent to our program applying sunscreen to your child. You may opt out by checking the following box:

I **do NOT** authorize permission to apply sunscreen to my child.

**SWIMMING POLICY AND PROCEDURES:** PYAC will follow the state guidelines established for swimming activities. To help us better serve your child we ask that you do an assessment of your child's swimming abilities and then share them with us prior to any swimming activities. In general we will classify children into one of two categories: (a) "Beginning Swimmer" means a child who has mastered the skills required to: (A) Hold his breath with his head submerged; (B) Perform a front and back float; (C) Perform the flutter kick on his front and back; (D) Be able to level off from a vertical entry into a float position; and (E) Do a combined stroke (front or back) for at least 20 feet without stopping. (b) "Non-Swimmer" means a child who does not meet the definition of beginning swimmer. All "Non-Swimmers" and any "Beginning Swimmers" that you wish to wear a life jacket will be required to do so at ALL times during swimming activities.

**CHOOSE ONE:**     Beginning Swimmer                       Non-Swimmer (Life Jacket Required)

\*As a recorded program we must meet several criteria, one of which is that we must state that parents retain responsibility for their child. This means we must state that children may come and go from our program. According to the Early Learning Division Policy, we must let you know that we cannot require your child to stay at our facility.

I agree to all of the above releases, and the swimming policy. I also agree to adhere to the stated policies and procedures of the STARS/PYAC program as stated in the parent handbook and give my child permission to participate fully in this program.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_