

Kelly Middle
School



BEST
Afterschool
Program



Boosting and Enriching
Students Today

What is BEST?

BEST is a federally funded, morning and after school program open to all Kelly Middle students. We offer a meal, daily targeted homework/academic support, and fun enrichment classes such as drama, arts & crafts, games, computer, outside activities, and gym activities. If needed, kids can get a bus ride home!

Schedule: BEST is offered Monday, Tuesday, Wednesday and Thursday from 3:30 p.m. to 5:30 p.m. (NO FRIDAYS). We also have Amy's Morning program that runs **every day** from 7:30 – 8:30.



BEST has space available.
Sign up now!

The fine print:

Membership Requirements: BEST follows the School District procedures and policies. Students who choose to become members of the BEST Program will be expected to participate, in a cooperative, safe, and non-violent manner. Students who choose not to participate according to the behavior expectations established by School District 4J and the BEST program may be asked to leave.

Attendance: Students who register for the program are asked to complete the entire term. *Any student who misses four consecutive days without being excused may be dropped from that session of BEST.* If your student cannot attend regularly Parents/Guardians please feel free to contact me ahead of time so we can work out a solution. **Please let me know your student will not be attending that day!**

Releasing/Picking up a student early: Your child's safety is paramount. To safeguard all of our students we require a written signed note, a phone call or an email prior to the start of program in order to allow them to leave the campus before the end of program.

If you or someone authorized to pick up your child wishes to do so before the end of program, you must present Photo Identification that matches the name on the pick-up authorization form. When you are ready to have the student escorted to you, please contact Jim at (541) 517-2770. After checking your ID I will locate your student and bring them to you.

We cannot allow community members to walk into Kelly during BEST hours, if you need to come in the building for any reason please call Jim at 541-517-2770.

Cost: BEST is an equal opportunity program, open to all Kelly students. At the beginning of each trimester, BEST requests \$50 payment due to the main office. Kelly Scholarships and sliding scales are available!! No student is denied access to BEST for lack of payment.



For more information contact:
Jim Wilcox, BEST Coordinator
541-790-4748 or 541-517-2770
or email: wilcox_j@4j.lane.edu

Please sign and return the attached documents. Please print clearly. **An application that is difficult to read may delay processing.**



Parents and Guardians of BEST Students,

EXPECTATIONS

We are pleased to have your child join us in the Afterschool Program this year! BEST Afterschool asks that students as well as parents understand that we will provide a fun, safe, cooperative environment for all students, staff and volunteers. All participants; staff, instructors and students, will be respectful of all people and all property and will follow all the policies and procedures of the program. This form is to be signed by both you and your child and returned to the front office. Here are a few reminders to review with your child:

- ✓ Rules that apply for the regular school day ALSO apply for the afterschool program. That is, we expect all our students to be safe, respectful and responsible.
- ✓ It is important for students to be respectful of other students and their personal property (backpacks, homework, etc.).
- ✓ Students will not bring toys, cards, balls, or other gadgets from home.
- ✓ **Attendance is really important!** If a child attends school but is not going to attend the program Parents or Guardians need to call (541) 790-4748 and leave a message prior to 3:15 p.m.

Any weapons, threats or physical aggression will result in the student’s immediate expulsion from the BEST Afterschool Program.

We will go over these and other expectations we have of your child during BEST, but it is important that you continually review these rules with your child as well. Thank you for your cooperation.

Please read these rules with your child and encourage your child to follow the rules in order to remain a part of the BEST Afterschool Program.

BEHAVIOR AGREEMENT/CONTRACT

BEST Afterschool Program is provided to students so that they may receive academic interventions in areas they need help and provide support so that you can do your best and succeed at school.

Students are expected to be respectful to all students and teachers, be responsible by completing class work, and safe by staying with the supervising adult at all times. You are to keep you hands and feet to yourself and treat all school supplies and materials with respect.

_____ I agree to abide by the following rules and expected behavior.
Students First and Last Name

If I do not follow the rules, and cannot stay in control of my body or actions, I may receive an incident report or an oops.

If I receive more than (4) referrals, I may will be removed from the BEST Program.

Student Signature: _____ Date: _____

Parents/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____



HOLD HARMLESS AGREEMENT & ACTIVITY RELEASE FOR BEST AFTERSCHOOL

I shall agree to indemnify and save harmless the Eugene School District 4J from and against any and all loss, cost (including attorney fees), damages, expense, and liability in connection with claims for damages as a result of injury of any person which arise from the acts or omissions of myself or my minor child(ren) during our participation in the above named program.

I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf or on behalf of my minor child(ren) and to hold harmless the District and it's agents. I have read and understand the above.

Parents/Guardian Signature: _____ Date: _____

By signing this paper I agree that if myself or my child(ren) is injured during this program and files a claim against the District I would have to pay for any financial loss it had on account of that claim.

PERMISSIONS

Please circle
Yes or No

Please discuss the following with your child

I allow my child to be photographed, filmed, or interviewed during class activities. Yes No

I allow my child to participate in: Excursions on School District bus or van. Yes No

Walking Field Trips Yes No

My child has permission to participate in the PAAWS Reading Animal Program Yes No

Parents/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL FORM

Students First and Last Name: _____ Age _____ Grade: _____

Birth Date: _____ Sex: M / F

Medical Conditions/Allergies _____ Medications: _____

Medical Doctor: _____ Phone: _____

Dentist : _____ Phone: _____

Parent/Guardians First and Last Names: _____

Parent/Guardian Phone: _____ Parent/Guardian email: _____

_____ Phone _____ Parent Signature

Emergency Contact if Parent NOT Available

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BEST AFTERSCHOOL TRANSPORTATION

Student's First and Last Name

Address where student needs to be dropped of

Parent/Guardian Phone Number

PLEASE CHECK (1) ONE OF THE FOLLOWING:

_____ I will pick up my child

_____ My child may walk home. (Middle School Students **ONLY**)

_____ My child will ride the bus HOME. Transportation home is offered each day and will leave the school at 5:30 p.m., Monday, Tuesday, Thursday, and Friday to students in the 4J District attendance area. Even if you live close by we encourage you to take advantage of this option, especially during the dark winter months. Please note that it can take (5) five business days for Transportation to establish a "stop" for your child. You will be notified when your student can ride the bus and start BEST.

_____ My child may be picked up by: (your child will only be released to names on this form).

Name

Phone Number

Relationship

If your child will be riding the bus home, please meet your child at the assigned bus stop. The bus driver will not let him/her off the bus unless you are at the stop. If you feel your student is responsible enough to walk from the stop to your home you may fill out the following:

I give permission for my child _____ to get off the bus at the assigned stop by him/herself. (First & Last Name)

Parent/Guardian's Signature: _____ Date: _____

PLEASE CALL 4J TRANSPORTATION IF YOU HAVE ANY QUESTIONS: (541) 790-7474

(USDA Non-Discrimination Statement "The U.S. Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age, or disability.")