

KidVentures Summer (Pandemic Edition)

May 2020

A few months ago, we could never have imagined that kids would finish the school year via distance learning, the State Fair and museums would be closed this summer, and that “social distancing” would become a term in everyone’s vocabulary. While there is no doubt that our summer program will look very different from previous summers, KidVentures is still committed to providing a high-quality school-age program with the number one priority being the health and safety of all children and staff that walk through the doors. Due to the numerous safety measures, capacity at Bridgewater will be limited and the cost of the program will be increased. Registration priority will be given to families registering for 5 days per week, followed by 4, 3 (M/W/F), 2 (T/TH), and lastly, variable schedules. At this time, we cannot guarantee that space will allow for part-time or variable schedules. This model is the only way we are able to offer school-age care this summer and implement the new safety guidelines. Breakfast and a hot lunch from Nutrition Services will be provided free of charge Monday through Friday.

To register, please fill out the attached forms and return them no later than the end of the day Wednesday, May 27th. Families must be up-to-date with their Ventures account to register. You can turn them in by:

1. Dropping them off at the Emergency Child Care at Bridgewater (ONLY if your child is currently attending)
2. Dropping them off at the Community Action Center (CAC). Drive to the white tent in the parking lot and turn them in to CAC staff. The CAC is located at 1651 Jefferson Parkway and will be open from 9:00 am-7:00 pm (Tuesday) and 9:00-5:00 pm (Wednesday).
3. Scan and email them back to Breezy (BBarrett@northfieldschools.org) **AND** Mary (MHansen@northfieldschools.org). You will receive confirmation of receipt.

If you have questions, please email Breezy at BBarrett@northfieldschools.org or call 507-645-1245. Families will be notified by June 3rd with confirmation of enrollment or if they have been wait-listed.

Other Important Summer Information:

KidVentures will have hours of 7:00 am-5:30 pm.

The program will run from Monday, June 15th-Wednesday, August 26th. We will be closed Friday, July 3rd.

Below are the initial safety measures that will be implemented to help curb the spread of COVID-19 at KidVentures:

- Health screenings upon arrival for all children and staff.
- District nurse on site for the majority of the day.
- Following the Department of Minnesota’s Exclusion Guidance for symptomatic people in schools and child care programs (health.state.mn.us/diseases/coronavirus/schools/exguide.pdf).
- Requiring parents/guardians to wear a mask at pick-up and drop-off. Parents/guardians will also not be allowed past the entry hallway.
- No more than 10 people, including staff, in a classroom at a time.
- Limited group sizes outside and in large spaces (gym, lunch room, atrium).
- Disinfecting all classrooms and spaces used at the end of each day.
- Disinfecting the playground at the start of each day.
- Requiring all staff to wear masks.
- Masks available for any children that would like to wear them.
- Mandatory hand washing for all students and staff upon arrival and at specific times throughout the day.
- Social distancing amongst staff and strongly encouraging (to the best of children’s abilities) social distancing amongst kids.
- Staying on site. If children take a walking or biking trip, they will not stop to play in a public area.
- Limiting the overall capacity of the site.

For more information on our safety guidelines, please click on the following link: [Safeguards During the COVID-19 Pandemic](#)

Contact Information:

Site Leaders:

Aimee Gerdesmeier (SI)

AGerdesmeier@northfieldschools.org

Tonya Skluzacek (Merritt) (BW)

TMerritt@northfieldschools.org

Lacey Neuman Bissonnette (GVP)

LNeumanbissonnette@northfieldschools.org

Ventures Coordinator:

Breezy Barrett

BBarrett@northfieldschools.org

Ventures Administrative Assistant:

Mary Hansen

MHansen@northfieldschools.org

KidVentures Phone Number at BW:

507-664-3395



COMMUNITY SERVICES DIVISION
Learning and Recreation For Life

KidVentures (Pandemic) Summer 2020 Registration

*One form per child, please

*\$40 Registration fee, unless you submitted a KV summer registration prior to 3/31/20 and paid the registration fee. Please do NOT include checks. Your account will be billed online

*For those that are willing and able, we are asking for a donation of two spray sunscreens per child. The spray sunscreens must be Coppertone Kids or Target Brand. Thank you!

Participant Name: _____ DOB: _____ Grade ('20-'21) _____ M or F
 Address: _____ City: _____
 Parent/Guardian Name (1): _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent/Guardian Name (2): _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

PLUS Program:

The PLUS program will be done through distance learning this summer. KidVentures will NOT be able to provide staff support for children in PLUS during KidVentures. If families would like their child(ren) to participate in PLUS, they will need to keep their child home during the PLUS program hours or find alternative care.

Community Services reserves the right to cancel this program if necessary and/or close due to health concerns

*Due to safety and social distancing guidelines, capacity at Bridgewater will be limited. Registration priority will be given in the following order: Enrolling for 5 days, 4 days, 3 days, 2 days, and lastly, variable schedules. Please check which option you would like to enroll. We cannot guarantee there will be space for part-time or variable schedules.

_____ 5 Days/Wk (\$44/Day) _____ 4 Days/Wk (\$46/Day) _____ 3 Days/Wk (M/W/F) (\$49/Day) _____ 2 Days/Wk (T/Th) (\$51/Day)

Circle Days M T W Th F

_____ Variable Schedule (please circle days below– minimum of 20 days) (\$55/Day)

June 2020				
Mon	Tue	Wed	Thu	Fri
15	16	17	18	19
22	23	24	25	26
29	30			

July 2020				
Mon	Tue	Wed	Thu	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2020				
Mon	Tue	Wed	Thu	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

KidVentures (Pandemic) Summer Rates

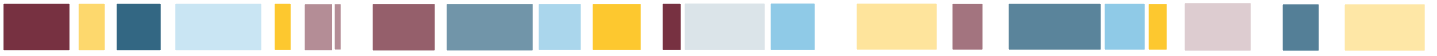
5 Days/Wk- \$44/Day
 4 Days/Wk- \$46/Day
 3 Days/Wk (M/W/F)- \$49/Day
 2 Days/Wk (T/TH)- \$51/Day
 Variable (minimum of 20 days/wk)- \$55/Day

Office Use ONLY:

Date Received: _____
 Staff Initials: _____
 5 4 3 2 V
 20 Day Minimum if Variable? Y or N
 Outstanding bill? Y or N

KidVentures (Pandemic) Summer 2020

Emergency Information



Child's Name: _____ Grade: (20-21 School Yr) _____

Birthdate: _____ School for (20-21 School Yr): _____

My child attended a Northfield Public School during the 2019-2020 school year? Y N

***If your child did not attend a Northfield Public School during the 2019-2020 school year, you MUST provide a copy of their immunization record prior to your child attending KV.**

Hospital Preference: _____ Insurance Carrier: _____

	Name	Cell Phone	Work Phone	Home Phone
Parent/Guardian 1				
Parent/Guardian 2				
	Name	Relationship	Phone Number 1	Phone Number 2
Emergency Contact/ Authorized Pick-Up				
Emergency Contact/ Authorized Pick-Up				
Emergency Contact/ Authorized Pick-Up				
Emergency Contact/ Authorized Pick-Up				
Emergency Contact/ Authorized Pick-Up				

Please list any conditions that may result in a medical emergency (Ex. Asthma, food allergy, other allergic reactions, diabetes, seizures, etc.): _____

KidVentures (Pandemic) Summer 2020 Health Update



Child's Name: _____ School (20-21 SY): _____ Grade (20-21 SY): _____

Does your child have any of the following health concerns (Please indicate by circling):

- | | | |
|-----------------|-----------------------|---|
| No Concerns | Bee Sting Reactions | Asthma (See below) |
| Seizures | Hay Fever | Frequent Sore Throat |
| Shunt | Allergies | Constipation |
| Heart Problems | Bloody Noses | Bladder/Bowel Problems |
| ADD/ADHD | Diabetes | Other Social/Emotional/Mental Health Concerns |
| Autism Spectrum | Dizzy/Fainting Spells | Anxiety |

Please describe in more detail anything circled above (types of allergies, specific triggers, symptoms, treatment, if medical bracelet is needed, special care instructions, etc.): _____

Any other Special Need? _____

Does your child require an Epi Pen **Y** or **N** Reason for Epi Pen: _____

Will your child have an Epi Pen at the KidVentures summer program? **Y** or **N** (*Ventures does not have stock epi- pens nor any access to medications kept with the school nurse)

My child has an IEP **Y** or **N**

**Ventures is not designed to provide long term 1:1 assistance for children. If a child received 1:1 student support in the classroom or has a behavior plan developed, Ventures must have a meeting with the family prior to the start date in order to determine the appropriate level of support needed. Information regarding a student's needs will not be used to prohibit a child's enrollment in Ventures, unless it is determined they will need significant assistance beyond our program capabilities.*

Asthma or Other Breathing Problems:

- | | | |
|---|-----|----|
| Has your child ever been diagnosed by a doctor as having asthma? | Yes | No |
| Does your child have an inhaler? Yes No Will your child have an inhaler at KidVentures? | Yes | No |
| Has your child had episodes of wheezing in the last 12 months? | Yes | No |

Diet: Does your child have any special dietary restrictions/considerations: Yes No

Please Describe: _____

Vision: No Vision Problems Glasses/Contacts Prescribed Other

Please Describe: _____

Hearing: No Hearing Problems Frequent Ear Infections: Yes No Hearing Aids: None Right Ear Left Ear

Hearing Loss: Right Ear Left Ear Ear Tubes: Yes No

Medications: Please refer to the Ventures Medication Permission form for procedures regarding the administration of medication. List all medications your child is taking and specify which are needed at KidVentures.

Medication	Purpose	Dose	Time/How Often

Does your child have any health problems that may result in emergency? Yes No Describe: _____

Has your child had surgery in the last year? Yes No Describe/Restrictions: _____

Is there anything else we should be aware of? _____

All information is complete to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

KidVentures (Pandemic) Summer 2020 Authorizations



Child's Name: _____

Please initial all permission statements to which you agree:

_____ **Walking Trips/Field Trips:** I give permission and authorize my child to participate in Ventures walking trips and field trips. I agree that Ventures staff involved in the walking/field trips are not liable or responsible for any accidents or injuries which may occur in the absence of negligence by the Ventures staff. In the event of an emergency situation, I authorize the staff to follow Ventures emergency procedures. I further acknowledge and agree that in the event of a non-emergency situation, such as sickness, minor injury, or behavioral issue, I will make arrangements to transport my child from the field trip site at the request of Ventures staff. In the event that there are behavioral issues on a field trip, the child's family may be contacted to pick up their child immediately from the field trip location. Behavior issues while on field trips may result in suspension from the next field trip or all remaining trips.

_____ **Publicity:** The Northfield Public Schools Community Services Division often takes pictures of activities to use in brochures, Ventures scrapbooks/slideshows, and on the web, including social media (the Community Services Facebook page). Children's names are NOT used. I give permission for my child to be photographed and for the photos to be used in Northfield Public School's publications.

_____ **Movies:** I give permission for my child to view "PG" movies, content to be previewed by staff.

_____ **Sunscreen:** I give permission for Ventures staff to apply sunscreen throughout the summer as needed. KidVentures uses Coppertone spray, Target brand spray, and/or Target Brand Lotion. Lotion is always used for sun screening faces. I understand that if my child is sensitive/allergic to these sunscreens, I must provide sunscreen with my child's name clearly labeled and that I am responsible for making sure my child has enough sunscreen throughout the summer. Under supervision, children will be responsible for applying all sunscreen lotion.

****Ventures is asking that all families that are willing and able to please donate two SPF50 spray sunscreens to the KidVentures Summer Program. Spray sunscreen must be Coppertone Kids or Target Brand. The spray sunscreen tends to be much quicker and more efficient when sun screening a large group of kids, however, it can be a large expense on our program. Any donations of spray sunscreen would be VERY much appreciated.**

_____ **Bug Spray:** I give permission for Ventures staff to apply bug spray throughout the summer as needed.

_____ **Hand Sanitizer:** I give permission for my child to use hand sanitizer.

KidVentures (Pandemic) Summer 2020 Behavior Contract



I/We understand that my child will be expected to abide by Northfield Public School’s expectations for appropriate student conduct at all times as stated in the Student Citizenship Handbook and Ventures Parent Handbook. In order to ensure the health and safety of my child in attendance at Ventures, I/We understand that certain rules must apply to ALL children in the Ventures program. The rules are as follows:

1. Keep hands, feet, and objects to yourself.
2. Follow directions and be respectful of the person(s) in charge as well as my peers.
3. Use appropriate language.
4. Respect other people and property.

If a violation of the rules stated above occurs, the Ventures Coordinator and Site Leaders will work with the parent and child to develop a plan that addresses the behavior.

I/We understand that if my child exhibits any of the following behaviors, it may result in my child being suspended or expelled from the Ventures program.

1. A behavior that takes away any person’s right to feel and be safe.
2. A behavior that keeps any staff person from fulfilling their job requirements to be available for all children because of constant interference of a child.
3. A behavior that includes inappropriate touching of a person’s body, and/or using inappropriate sexual language and/or actions.
4. Any behavior involving purposeful destruction or theft of property.
5. Blatant disrespect or absolute refusal to follow directions of those in charge.

I/We have read and discussed the Ventures behavior contract. I/We understand the behavior contract’s expectations and implications.

Parent/Guardian Signature: _____ Date: _____

Child’s Name: _____

Child’s Signature: _____ Date: _____

WAIVER AND VOLUNTARY ASSUMPTION OF RISK

I am the parent of _____ (“my child”). I understand that the Northfield School District offers students an opportunity to participate in a variety of youth sports activities and that participation in those activities is completely voluntary. I recognize and understand that these activities involve inherent risks, including but not limited to the risk of contracting COVID-19 and the risk of physical injury or death. I also understand that these risks will exist despite careful planning and adequate supervision. Knowing the inherent risks and dangers involved, I voluntarily assume those risks and grant permission for my child to participate in the following school sponsored activity: _____ KidVentures _____.

Knowing the inherent risks and dangers that are involved, I waive, release, and forever discharge the Northfield School District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, sickness, death, or property loss arising out of or relating to my child’s participation in the activity that I have identified above. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful misconduct that directly causes harm to my child.

Finally, I agree to hold the Northfield School District and its board members, officers, directors, employees, agents, insurers, and representatives harmless from any and all claims, demands, or liabilities for injury, sickness, death, or loss of property arising out of or relating to my child’s participation in the activity that I have identified above.

Dated: _____

Signature of Parent

RRM: 162462