

Summer 2019 Information

Entering 2nd – 4th grade Adventure Club

Dates/Hours:

- Thursday, June 6th – Friday, August 23rd
(CLOSED July 3rd – 5th)
- 6:30am – 6:00pm

Location:

Hilltop Primary

5700 Game Farm Road, Minnetrista

Preschool and K-4 families will enter through the main door of the Early Learning Center labeled 11S.



Payment/Change of Schedule:

You will receive a monthly invoice by the 10th of each month. Full payment is due on the 15th. A late payment fee of \$25 will be charged for all late payments. Once your vacation credit has been used, no refunds or credits will be issued for absences. Payments can be made in your online account at www.westonkace.org

Withdrawal or change of schedule requires a one week written notice. Please submit this change in your online account.

All pick your day schedules MUST be submitted by the 15th of the month prior. Any days chosen after this date will be accepted on a space-available basis. Please remember you MUST pick 8 days per month.

Drop Ins:

Drop ins will only be accepted Monday – Thursday if space is available at \$40/day. Please ask the Site Supervisor if you are in need of a drop-in. Please note that as we are currently full each day for this age group, it is unlikely we will be able to accept drop-ins in our 2nd – 4th grade program.

Sign In/Out Procedures:

All sites will be using iPads for sign-in/out this summer! Children must be signed in and out daily by a parent,

guardian, or other listed authorized individual. Authorized pick-ups must be 16 years of age or older. You may add authorized pick-ups for your child via your online account. Children may not walk or ride bicycles to Adventure Club unsupervised. All individuals who are listed as authorized pick-ups should be prepared to show a photo ID daily.

Absences:

If your child will be absent from the Adventure Club program due to illness or vacation, please let the Site Supervisors know via email. Vacation request forms can be found at the parent table.

Remind 101:

We will again be utilizing the **one-way** communication service, Remind 101. This allows us to send reminder text messages to a number of your choosing. Reminder messages will include things like field trip information, special events, etc. To enroll in this service, please see the attached document for instructions.

Appropriate Attire:

Tennis shoes are required to play in the gym and preferred for warm weather outdoor play. Children should wear comfortable clothing that allows for participation in all activities.

Lockers:

Children at all locations will be given a locker to store their personal items (extra clothes, swimsuits, water bottle, etc). Please do not send toys from home.

Meals/Snacks:

Breakfast will be provided in the Hilltop cafeteria until 8:15am daily. Hot lunch will be provided from food service at the High School Monday - Thursday each week (with the exception of June 25th – July 2nd as they will not have power). Please pack a disposable bag lunch labeled with your child's first/last name & any food allergies for Friday field trips or on any other days that have the bag lunch photo on your summer calendar. These lunches will NOT be kept in coolers on these days so please pack accordingly. A light morning and afternoon snack is provided daily.

Second Step – Social Emotional Curriculum

NEW THIS SUMMER! We are delighted to have Eddie Kutz and Alissa Runke provide weekly whole class social emotional lessons to each classroom throughout the summer program. The effort to add this into our program

is to help children continue to practice using social emotional skills throughout the summer just as it's done throughout the school year. We are fortunate to have two staff who teach these lessons throughout the school year to facilitate this for us!

Medication:

If your child needs medication during the summer program, you must fill out a medication authorization form. This form does require a doctor's signature. No medication will be given without this form. Medication can only be accepted in the original bottle with your child's name on it. Please note that we do not cut pills. If only a ½ pill needs to be taken, they must be already cut.

Allergies:

If your child has an allergy, please double check that staff are aware of it on their first day. All students with allergies that require an Epi pen MUST bring a completed Food Allergy Action Plan, Medication form and the Epi pen. Your child will not be able to attend until these items have been received.

Sunscreen:

SPF 30 sunscreen will be provided for your child. If you prefer your child to use sunscreen from home, please make sure it is labeled with your child's first & last name. Please do not bring spray sunscreen.

Enrichment Classes:

All 2nd – 4th grade Adventure Club students will participate in enrichment classes Monday – Thursday from 9 am – 12 pm. Enrichment classes will run for 8 weeks from Monday, June 17th – Thursday, August 15th. Due to the holiday, there are no enrichment classes the week of July 1st.

Friday Field Trips:

We have scheduled age appropriate 2nd – 4th grade field trips for each Friday of the summer program. Calendars with field trip locations will be provided. Please remember that NO STAFF STAY BACK on off-site field trip days so please make alternative arrangements if necessary.

Your child will receive both a cotton t-shirt and swim shirt. For safety purposes, field trip shirts MUST be worn on all field trip days. Please make sure your child wears their swim shirt on swimming field trip days! Drawstring bags have also been provided for field trip days. Please place your child's bag lunch and any other items they may need to bring on the field trip each Friday. Money is not permitted on ANY field trips!

Activities/Swimming Lessons/Summer School:

If your child is participating in any additional enrichment activities or swimming lessons please complete an activity form (located at the parent table). Activity forms MUST be completed and turned in one week prior to the class beginning. We will transport/walk children to these activities Monday – Thursday from 1:00-4:00 pm. The only exception to these hours will be for swimming lessons. *If you register for swimming lessons the time choices that we will transport for are: 12:10pm, 1:20pm, 2:10pm or 3:00pm sessions.* If you sign up for an activity outside of these hours, you are responsible for getting your child to and from those activities. Please note that if you choose to attend other activities, you will still be responsible for your full Adventure Club tuition.

If your child is attending Summer School (Targeted Services) or Extended School Year (ESY) during the month of July, please also fill out an activity form. We will walk your child to and from these programs each day. On Friday field trip days, you will need to choose whether your child will attend Summer School, ESY or the field trip as we do not keep staff back. If you choose Summer School or ESY, please remember you will need to provide alternate care for the remainder of the day.

Contact Information:

Site Supervisors (2nd – 4th grade):

Please email both Site Supervisors for absences, questions, information pertaining to your child, etc.

Lindsay Endersbe

Email: endersbel@westonka.k12.mn.us

Kali Ellingson

Email: ellingsonk@westonka.k12.mn.us

Site Cell Phone: 952-292-0773

Child Care Coordinator

Ashley Tupper

tuppera@westonka.k12.mn.us

Office Number: 952-491-8046

Program Support Specialist

Michelle Cheney

cheneym@westonka.k12.mn.us

Office Number: 952-491-8060



Community Education

Class Information

- * If your child is participating in a Westonka Community Education sponsored activity separate from their scheduled morning classes with Adventure Club/Enrichment (ie. Archery, Soccer, Swimming or Dance), the Adventure Club staff need to be notified. We only transport children to activities in district buildings between the hours of 1:00 – 4:00pm, Monday – Thursday. *The only exception to these hours will be for children in the 12:10pm swimming lessons.*
- * Please complete the information below and turn your completed form in at the parent table. Forms will not be accepted via email.

First Participant's Name: _____

Start Date:	Course Title:	Class Time:	# of Sessions:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Second Participant's Name: _____

Start Date:	Course Title:	Class Time:	# of Sessions:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Third Participant's Name: _____

Start Date:	Course Title:	Class Time:	# of Sessions:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Name: _____

Daytime Phone #: _____

Work Phone #: _____

Today's Date: _____



Adventure Club

Vacation/Sick Day Request

Site: ELC HT GF

Today's Date: _____

Date(s) of absence: _____

Child(ren)'s Name: _____

Vacation/Sick Day Credit Policy

- Vacation days are allotted based upon how many days your child is currently contracted for. Due to the already flexible nature of Pick Your Day schedules, no vacation days are allotted for families with Pick Your Day schedules.
- In order to use these days, the child must be absent from Adventure Club for the entire day.
- Once the allotted days have been used, payment is required for any additional absences.
- It is your responsibility to fill out a request form in order to receive credit. Forms must be turned into the parent table and will not be accepted via email.

Parent's Signature: _____



Adventure Club

Vacation/Sick Day Request

Site: ELC HT GF

Today's Date: _____

Date(s) of absence: _____

Child(ren)'s Name: _____

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Parent's Signature: _____



An Innovative District Modeling Educational Excellence

ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

Parents of students requesting that **any** medication be administered during school hours by school staff are requested to provide for the school:

- 1) the **physician's order**,
- 2) a **parental release**, and
- 3) medication supplied in the **original container**. Please ask the pharmacist for a second bottle for school.

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION

Student's Name: _____ DOB _____

I have prescribed the following medication for this student and request that it be given during school:

Medication _____ Dose & Time _____

(Morning medication dose _____ mg. to be given at school, **only** if student forgets to take it at home.)

For treatment of _____

Possible side effects _____

Special Instructions _____

PRINT Physician's name and address: _____

Physician's Signature: _____ Phone: _____ Date _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request this medication be given at school as prescribed by the above physician. Medication information may be shared with school personnel working with my child and with 911 personnel, if they are called.

All medications will be kept in the health office. If the student is to keep his/her inhaler/epipen with him/her, please specify:

I feel my student should carry and self-administer his/her inhaler. Yes _____ No _____

I feel my student should carry and self-administer his/her epipen. Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

Respect

Integrity

Scholarship

Tradition

Community

Food Allergy Action Plan

Student's Name: _____ D.O.B.: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

Give Checked Medication**:

(To be determined by physician authorizing treatment)

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____
b. _____	1.) _____ 2.) _____
c. _____	1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____

Date _____

Doctor's Signature _____

Date _____

(Required)



Sign up for important updates from Michelle.

Get information for Hilltop Primary School right on your phone—not on handouts.

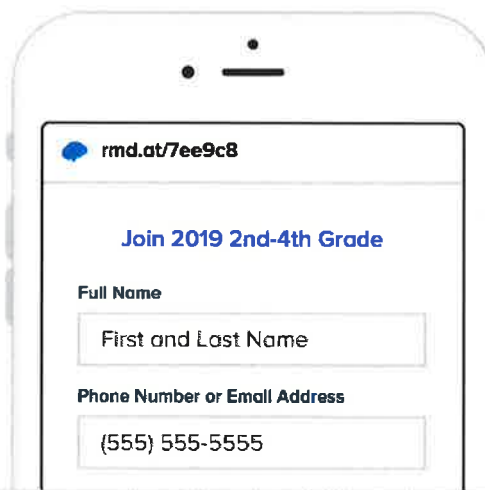
Pick a way to receive messages for **2019 2nd-4th Grade**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/7ee9c8

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message [@7ee9c8](https://t.me/7ee9c8) to the number **81010**.

If you're having trouble with **81010**, try texting [@7ee9c8](https://t.me/7ee9c8) to **(724) 426-4276**.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/7ee9c8 on a desktop computer to sign up for email notifications.

June 2019 2nd-4th



	MON	TUE	WED	THU	FRI
3					
4					
5			Summer Open House 5:00-6:30		
6				First Day of Adventure Club	
7					Onsite



10					
11					
12			Ice Cream Truck 2:30		
13					
14					Science Museum (Dry)

17					
18					
19			Bounce House (All Day)		
20					
21					State Capital History Center (Dry)

24					
25					
26					
27					
28					Fort Snelling (Dry)

*** SUBJECT TO CHANGE**

Please Arrive Promptly By 8:30 For Friday Field Trips

Contact Information
5700 Game Farm Road
Minnetrista, MN 55364

(952) 292-0773

Hours: 6:30 am—6:00pm

Site Supervisors On Duty:
Lindsay Endersbe
Endersbel@westonka.k12.mn.us

Kati Ellingson
Ellingsonk@westonka.k12.mn.us

Program Support Specialist
Michelle Cheney
cheneym@westonka.k12.mn.us
(952) 491-8060

Child Care Coordinator
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tuppera@westonka.k12.mn.us
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July 2019

2nd-4th

MON

TUE

WED

THU

FRI

1



2

Dress Up Day
(USA)



3

ADVENTURE CLUB CLOSED

4

5

8

Enrichment,
Session 2

9

Bounce House
(All Day)

12

Sand Venture
(Water)

15

Enrichment,
Session 2

Dress Up Day
(Disney
Character)

Ice Cream
Truck
2:30

19

Bloomington
Aquatic
(Water)

22

Enrichment,
Session 3

Lynx Game
(Dry)



Juventas
Dress Up Day
(Super Hero)

26

Onsite
(WAC)

29

Enrichment,
Session 3

Dress Up Day
(Character)

Zoomobile
(1:00)

31

*** SUBJECT TO CHANGE**



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Please Arrive Promptly By 8:30 For Friday Field Trips

August 2019

2nd-4th

MON TUE WED THU FRI

Enrichment, Session 3 1
2 Bell Museum (Dry)

5 Enrichment, Session 4 6
7
8 Dress Up Day (Sport & Hat) 9 Urban Air (Dry)

12 Enrichment, Session 4 13 Dress Up Day (PJ Day) 14 Bounce House (A11 Day) 15
16 Poplar Goat Farm (Dry)

19 Airmaxx 20 Hukkio's 21 Talent Show 22 New Hope Cinema Grill 23 Dance Party Dress Up Day (Rock Star)

*** SUBJECT TO CHANGE**

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