

Minford MARCS

The Spot for LEARNING

Brent Howard, Program Coordinator

Neysa Riffe, Site Associate

Phone: 820-2225

Dear Parent or Guardian,

Minford Elementary/Middle School is once again taking part in the 21st Century Learning grant for the 2022/2023 school year. The monies will be used to implement an academic enrichment program entitled Minford MARCS. Minford MARCS will primarily focus on intervention and enrichment in the areas of math and reading. The program will service students in grades K-8. The morning program is set to begin on Monday, October, 3 2022 and the evening program will begin on October 10, 2022. Please review the MARCS calendars to see what days the program will be in session.

The program will not be able to provide transportation for students attending the afternoon program this year due to a bus driver shortage. If something changes with transportation we will notify families. PLEASE fill out these forms so your child can receive the extra interventions we will be providing at Minford MARCS.

If you have any questions or concerns about the program please contact Brent Howard, program coordinator or Neysa Riffe, site associate at 820-2225 or 820-2287.

MINFORD MARCS

Dear Parents and Staff,

HURRAY! Minford MARCS is ready for another year.

If your child has attended the MARCS program in the past, you know how beneficial the program is for our students at Minford. If MARCS is something that you are unfamiliar with, let me explain.

Minford received a 5 year grant in 2006 and again in 2011 geared toward helping students in math and reading. The same grant has again been awarded to us in 2018.

The grant will provide funding for a program called **Minford MARCS**. The acronym **MARCS** stands for Math And Reading Collaborative Support.

This grant offers a variety of services which include:

- ✓ Before and after school tutoring in MATH and READING
- ✓ Before and after school intervention activities
- ✓ A snack program which offers a healthy snack for students who attend the after school portion of the program
- ✓ An activity geared toward promoting physical health and fun
- ✓ A variety of activities that promote active learning through our community and school

We feel that this program can help make our schools and community even stronger.

We would greatly appreciate your support in the program so we all can make this year's Minford MARCS program a success.

Enclosed you will find the rules and guidelines for the MARCS program.

*******PLEASE REVIEW THE ENTIRE PACKET PRIOR TO SIGNING YOUR CHILD UP FOR THE PROGRAM.**

MINFORD MARCS DISCIPLINE POLICY

Students are expected to follow the regular school discipline policies during the Minford MARCS Program.

Students are expected to show respect toward all staff members and other students.

The MARCS Program will operate under “the three offenses and you’re out” discipline plan.

If a problem arises, the procedure will be as follows:

1st Offense – Parents will be notified by phone or letter and the offense will be documented.

2nd Offense – Student will be excluded from MARCS activities for one week and the incident will be documented.

3rd Offense – Student will be excluded from MARCS activities for the remainder of the school year.

In extreme cases of misbehavior, the MARCS program coordinator and/or the school administrator will have the authority to remove a student from the before or after school program at any time, even if it is the first offense.

MINFORD MARCS

BAD WEATHER POLICY

If at any time, the school transportation coordinator feels that inclement weather could be a factor at the time the MARCS program would be dismissed, we might need to cancel the MARCS program unexpectedly. If this should happen, the MARCS staff will make every effort to contact the parents. We will have the closing information sent out through our auto caller system and posted on the district website. We realize that this can sometimes cause a great inconvenience to some parents, but the safety of the students is of the greatest concern. We have to make decisions based on that consideration and apologize for any inconvenience. There will be no MARCS program on the days school is cancelled.

****If our school is on a delay, the morning MARCS program will be CLOSED for the day.**

Student Name _____

First

Last

Address _____ City _____

Home Telephone _____ Grade _____

Please check the following days and program sessions your child will be attending the program:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday (MORNINGS ONLY)

Program Times:

____ Morning Session ____ Afternoon In-Person

Parent Signature _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose--To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian (ALLCONTACTS MUST BE FILLED OUT COMPLETELY**)**

**Mother's Name _____ Daytime Phone () _____

**Father's Name _____ Daytime Phone () _____

**Additional Contact _____ Daytime Phone () _____

**Additional Contact _____ Daytime Phone () _____

**Additional Contact _____ Daytime Phone () _____

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone () _____

Dentist _____ Phone () _____

Medical Specialist _____ Phone () _____

Local Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-name doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

Address _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Address _____

Student _____ **Grade** _____
Last Name First Name

Teacher _____

Minford Local Schools

STUDENT RELEASE AUTHORIZATION
(Non Medical)

The below listed individuals may pick up my child from school. They will follow regular early dismissal procedures and may be asked to present picture identification. This is not a release for medical (accident or illness) reasons, but a courtesy to parents who may need to have other individuals get the child from school. Medical release information is listed on the Medical Authorization Form.

Name	Telephone Number
1.	()
2.	()
3.	()
4.	()
5.	()
6.	()
7.	()
8.	()
9.	()

Parent Signature _____

Date _____

MINFORD MARCS

Minford MARCS program will be screening all students to help identify any possible social emotional dilemmas that students may face. Teachers will be using the Devereux Student Strength Assessment (DESSA) to help provide social emotional support to students who may be in need of extra help.

I grant permission for my child to take part in the DESSA screening.

I DO NOT want my child to take part in the DESSA screening.

Minford MARCS will establish teams to evaluate the effectiveness of the after school program. These teams will consist of staff members, community partners, and school administrators. Team members will use student information such as achievement and attendance records to make improvements to the program.

I grant permission to share my child's information with the MARCS evaluation teams.

I DO NOT want to share my child's information with the MARCS evaluation team.

To ensure each student's safety we ask you check the statement below as to if you give permission to take part in any type of media (pictures or video of all aspects of the Minford MARCS program).

I grant permission for my child to take part in any type of media (pictures or video of all aspects of the Minford MARCS program).

I DO NOT want my child's picture/video taken during the Minford MARCS program.

Please check one of the following boxes below in regards to PG rated media viewings:

I grant permission for my child to watch PG rated media viewings.

I DO NOT want my child to watch PG rated media viewings.

I have read the MARCS information packet and fully understand the guidelines and procedures concerning the after school program.

Signature: _____

Date: _____

Minford MARCS

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Neysa Riffe, Site Associate
Phone: 820-2225

*****This form, along with all the forms in the MARCS Packet, must be read and signed by each parent who sends their child to Morning MARCS!!*****

MISSION STATEMENT: To provide a safe and clean enrichment environment for children and caregivers. We strive to provide for parents a before and after school childcare service. The Minford MARCS staff will have high morals and will always provide a good atmosphere for the child to grow emotionally, socially and educationally. We will always encourage the child to be the very best they can be.

Morning MARCS PHILOSOPHY: All parents deserve the peace of mind that the Minford MARCS Program can provide. By maintaining a safe, well supervised place for children, parents can be assured that their children will be comfortable and well cared for.

A MARCS staff member will prepare for children, activities that are both fun and appropriate for the time of day. Outdoor recreation activity is encouraged, as well as indoor activities that promote cooperation and independent problem solving.

Children are given the opportunity to complete their homework.

ENROLLMENT

- Registration is to be done through the guidance office (additional forms required).
- It is necessary for the MARCS enrollment form to be on file with the MARCS caregiver at the school for each child. Telephone numbers must be accurate and constantly updated for home, work, and another emergency contact in case the parent cannot be reached.
- Applications are accepted on first come, first served basis.
- Morning MARCS is available for K-8 students.

ATTENDANCE

- Attendance is based on the Minford MARCS calendars provided by the program.
- Morning program hours are from 6:30am to 8:30am. Drop off doors will be open from 6:20am – 6:30am and from 7:20am – 7:30am. Parents should not bring their child before 6:20am.

Children must be accompanied into the building by their parent/guardian, who must sign in the child. You may enter through the K-1 hallway door between 6:20am – 6:30am or 7:20am – 7:30am, students dropped off any other times must enter through the Elementary office.

SAFETY

- If a child is injured and we deem necessary, an emergency squad will be called for treatment and/or transport to the hospital. We will make every effort to notify the parent/guardian as quickly as possible, but the immediate care of the child is our primary concern.

ILLNESS

- Children who are ill and/or running a temperature cannot be left at our site. Parents will be called and requested to pick up their sick child as soon as possible.

BEHAVIOR GUIDELINES (Refer to the behavior guidelines in the MARCS Packet)

- Children are expected to follow the directions of the staff.
- They are to show respect for others and not fight, kick, pinch, bite, or do anything, which would hurt, frighten, or humiliate another child.
- Children are to use a normal tone of voice indoors and use acceptable language at all times.
- Children are to use furnishings and materials properly, and carefully, and return all items to their designated place when they finish using them.
- If an extreme behavior incident would occur the MARCS Coordinator would dismiss the student from the program.
- All Minford Schools behavior expectations apply at the Morning MARCS program.

OTHER

- Media viewings shown in MARCS will have a PG rating. The media viewings have been previewed and are approved by the MARCS Coordinator. If you do not want your child to see these media viewings, please make a note on your permission page.
- If a weather related delay should become a “school closing”, the child is to be picked up as soon as possible (Please refer to the weather policy in the MARCS Packet).
- MARCS is not responsible for any lost items.

THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO YOUR CHILD STARTING THE PROGRAM.

I, {PARENT'S NAME} parent of {CHILD'S NAME} who is in grade {CHILD'S GRADE} have read and agree to all terms regarding the Minford Morning MARCS program and will be sending my child to the morning program beginning at {Time} .

Signature: _____ Date: _____