

Crete UMC e-Learning Pod Program Policies and Procedures

MISSION STATEMENT: To provide safe social and instructional resources to aid children toward academic success during a time where a virtual classroom experience is the only option.

DESCRIPTION: What we are offering is a “closed”, facilitated, learning group or “pod” that will run 8:30a-2:00p, Monday-Friday, \$100 per week per child. **The families that commit to this shared learning experience agree to keep their family “bubbles” tight to limit exposure to and transmission of Covid 19.** This is a multi-age group, limited to the number of children that can safely socially distance in the “Big Room” aka - Fellowship Hall area where the pod will operate. We are starting with an enrollment of 12, 5 days a week, and 4 part-time students. Two adult facilitators (qualifications on page 2) will help the children with their daily, on-line lessons. CM201U school district will provide on-line curriculum and instruction.

DROP-OFF AND PICK-UP: 8:30-8:45a on North Street – the one-way street on the north side of the building by the head-in parking and pick-up between 2:00-2:10p.

REQUIREMENTS FOR ENTRY: Two things must happen before participants may enter the building each morning. Temperatures will be taken and recorded at the entryway and a person will not be admitted with a temperature of 100.4 degrees or above or 100.4 degrees and below but presenting symptoms. The second requirement is a text submission of a daily health survey form to Miss Kathy. This is found on page 2. If any response to the 4 questions is yes, then the student must remain home and CM201U district guidelines will be followed to determine the participant’s return to the program. **If a student is diagnosed with Covid 19, the entire Pod will quarantine for 14 days and tuition will cease for the duration of the quarantine.**

UPON ARRIVAL: All students will put their coats on hooks and wash their hands before moving to their work stations. Students will have two assigned, socially distanced work areas – a work station at a table and a washable bean bag area. They will need to bring their own e-learning devices, headphones and any additional learning materials (pencils, paper, etc).

MEAL TIMES & FOOD HANDLING: Our boxed lunch program will provide daily lunches and snacks. Breakfast will be provided by CM201U. Students will take all uneaten food home to limit trash in the building. Crete UMC is requesting that students not bring food from home unless it’s an allergy issue. Students may bring a refillable water bottle that will be filled using filtered bottled water.

BREAK TIMES: Outside break times will be taken with short, organized, socially distanced activities. The computer lab and other areas of the Before and After School program will remain closed.

HEALTH & SAFETY: Students, facilitators and food service personnel will wear masks at all times. Hand sanitizer will be available through-out the pod area. Bathrooms will be cleaned after each use. Plexiglass dividers will be at all the work station tables. All surfaces and floors will be cleaned and sanitized at the end of each day.

BEHAVIOR EXPECTATIONS: Every effort will be made to make the e-Learning Pod an enjoyable learning experience. Breaks will be taken to minimize the possibility of “burn-out” or “shut down”. The students will need to commit to doing their part to participate in the e-learning process and not cause distraction. Failure to do so will necessitate a call home and possible removal from the e-Learning Pod Program.

LATE FEE: The e-Learning Pod Program will end at 2:00p. A late fee of \$1 a minute per child will begin after 2:10p and will be strictly enforced.

Vanessa Caldwell, Facilitator

B.A. Biopsychology, double minor in Human Services and Child Development. Focus on development of the brain and body and interaction between the two. Senior research tested how yoga and meditation affects stress, anxiety and depression. Before & After School participant and high school counselor at the Before and After School Program for 3 years.

Lauren Devore, Facilitator

B.A. cum laude, Elementary Ed with concentration in reading. Her thesis received departmental honors which focused on how the brain and physical activity coincide. Before & After School high school counselor for 2 years.

DAILY HEALTH SURVEY

- 1) In the last 2-14 days, have you received a confirmed diagnosis for Corona Virus (COVID19) by a Corona Virus Test or from a diagnosis by a health care professional, or are you waiting for a pending COVID19 test result?
- 2) In the last 2-14 days, **have you traveled to an area of high concentration of Covid 19, or events (such as weddings, birthday parties, etc) with a high concentration of people in an enclosed area OR internationally (outside of the United States) and**
- 3) In the last 2-14 days, have you had close contact with or cared for someone currently diagnosed with COVID19?
- 4) In the last 2-14 days, have you experienced any cold or flu-like symptoms to include fever, cough, shortness of breath or difficulty breathing, sore throat, pressure in the chest, extreme fatigue, ear ache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking with chills, and persistent loss of smell or taste?

If the answer is “YES” to any of the above questions, or if your temperature is above 100.4, you will need to stay home until you have a written clearance from a medical professional.

PLEASE DO NOT COME TO THE PROGRAM IF THE ANSWER IS “YES” TO ANY QUESTION ABOVE.



STUDENT DIAGNOSED WITH COVID-19

ACTION
 Student isolates at home for:

- At least 10 days from the onset of symptoms or confirmed diagnosis **AND**
- At least 24 hours fever free without use of medication **AND**
- Improvement of symptoms
- Receive a negative test

Doctor’s note may be required before returning to the e-Learning Pod

STUDENT EXPOSED TO SOMEONE DIAGNOSED WITH COVID-19 WITHIN 2-14 DAYS

ACTION

- Student quarantines at home for 14 days
- Monitor for symptoms of Covid 19
- Contact physician for testing recommendations

STUDENT IN CLOSE CONTACT TO SOMEONE EXPOSED TO A PERSON DIAGNOSED WITH COVID-19 WITHIN 2-14 DAYS

ACTION

- Quarantine may not be required.
- Quarantine requirements vary based on multiple factors such as: type of contact, exhibition of symptoms, time since contact, etc.
- Monitor for symptoms
- Contact physician for testing recommendations

Crete UMC e-Learning Pod Program 2020-2021

School Attending: <input type="checkbox"/> Crete <input type="checkbox"/> Bal <input type="checkbox"/> CSK <input type="checkbox"/> Middle		CM201U Program Attending: <input type="checkbox"/> 50/50 <input type="checkbox"/> on-line / M T W Th F	
Child's/Children's Last Name:		Home Phone:	Address:
Mother's Name:		Father's Name:	
E-mail:		E-mail:	
Mother's (Guardian's) work number:	Circle one: Call 1 st , 2 nd , 3 rd , 4 th	Father's (Guardian's) work number:	Circle one: Call 1 st , 2 nd , 3 rd , 4 th
Mother's (Guardian's) cell number:	Circle one: Call 1 st , 2 nd , 3 rd , 4 th	Father's (Guardian's) cell number:	Circle one: Call 1 st , 2 nd , 3 rd , 4 th
Additional Person:	Number:	Additional Person:	Number:

Child's First Name:	Date of Birth	Grade	Allergies (Food & Meds), Special Needs, IEP:
Child's First Name:	Date of Birth	Grade	Allergies (Food & Meds), Special Needs, IEP:
Child's First Name:	Date of Birth	Grade	Allergies (Food & Meds), Special Needs, IEP:

The following persons also have permission to pick up my child/children:

Name:	Relationship:	Name:	Relationship:
_____	_____	_____	_____

I have read the Program Policy and Procedure statements regarding my child's/children's expected behavior while in the program. I understand that if my child/children fail to participate at an acceptable level that the policy will be put into effect.

Parent/Guardian Signature Date

I understand the Health and Safety requirements and Late pick-up fee.

Parent/Guardian Signature Date

I understand that my child/children may be photographed at the program and these photographs or videos may be used in promoting the program either in print or on the Internet.

Parent/Guardian Signature Date

The following person/persons are not allowed under any circumstances to pick up my child/children from the Crete UMC e-Learning Pod Program:

Legal documents must be submitted to be kept on file

Crete United Methodist Church



CUMC Before and After School Program

1321 Main St.
Crete, IL 60417
P: 708.672.8353
C: 708.670.6822
F: 708.672.8701



Credit Card Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express, Discover card or Electronic Bank Transfer. A receipt will be emailed to you and each charge will appear on your statement.

Please complete the information below:

I _____ authorize **CUMC Before & After School Program** to charge my credit card indicated below for \$ _____ on the ____th of each month for payment of my child's/children's monthly tuition. Or, \$ _____ on the ____th & the ____ each month for payment of my child's/children's monthly tuition.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Electronic Bank Payment:

Bank Name: _____

Account Number _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.