



## Offered by Youth Development Coalition of Lincoln County

**Location:** Newport Recreation Center  
225 NE Avery St. Newport, OR 97365  
**Phone:** 541-961-6123

**Hours:** 7:30-5:30 Monday-Friday (Open 10hrs per day)

**Ages:** 5-11 years old

**Lunch:** USDA Provided by Lincoln County School District

**Discovery Program Components:**

- Personal development and growth; leadership/teamwork
- Physical exercise and games
- Arts & Crafts
- Experiential learning focused on local history, artifacts, geology, and animals.

Discovery Program instructors are knowledgeable and will create a fun learning environment for all participants.

**We accept cash, credit card, or debit card**

Slots are on a waiting list; first come, first serve, provided payment is made on time.

- Monthly slots must be paid "in full" by the 25th of the prior month.
  - (Example: 25th of May for June childcare) Failure to pay by the 25th of each month, will forfeit your slot to the next youth on waiting list.
- Weekly and daily clients must pay in advance; no later than the preceding Wednesday of each week.

**Full Month:** \$750 (\$25/day)

**Weekly:** \$175 (\$35/day)

**Daily:** \$45.00

**Registration Required**



Youth Development Coalition of Lincoln County  
Discovery Program 541-961-6123  
P. O. Box 657, Newport, OR 97365

**PARENT/GUARDIAN PROVIDER CHILDCARE CONTRACT**

The following contract is between

\_\_\_\_\_

(parent/guardian of child(ren) in care) and **Youth Development Coalition's Discovery Program** located at 225 SE Avery Street, Newport, OR 97365 for the children listed below:

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

**Standard Rates and Payment Policies:**

Each child holds one slot allotment.

1. The fee will be \$750.00 monthly - paid in advance no later than the 25<sup>th</sup> of the previous month.
2. The fee will be \$175.00 weekly – paid in advance no later than the prior Wednesday.
3. The fee will be \$45.00 daily fee – (space available) – reservation request by previous Wednesday.
4. Late fee of \$25 for the first 15 minutes; \$1 per each minute following.  
(children not picked by ½ hour will result in Child Welfare call for assistance)
5. The Discovery Program will provide USDA Breakfast, Morning Snack, Lunch, Afternoon Snack provided in partnership with the Lincoln County School District at no cost.  
(parents/guardians may provide food from home without sugars. There is no fee adjustment.)

**Hours of Operation:**

Monday – Friday

Summer: 7:30AM – 5:30PM – full day (no half-day slots available)

Closed on Legal Holidays

Parents will notify the Discovery Program if the child is not attending due to illness, family vacation, or other reason.

Parents are responsible for any damage that occurred to equipment or materials of the Program – normal wear and tear will not apply.

**Termination:**

The contract begins on \_\_\_\_\_ day of \_\_\_\_\_ month, 2024 and may be terminated by parent/guardian or Discovery Program with a written 2-week advance notice.

The provider, Discovery Program, may terminate immediately if the parent/guardian fails to pay the fee as described in this contract.

If a child’s behavior poses a risk of harm to self or others, the child will be denied care until a resolution can be established by both parties. The child may be suspended or terminated.

**Signatures:**

By signing the contract, all parties agree to all the above terms and policies, including financial responsibility for childcare provided. The provider is responsible for providing copies of the signed contract to the parent/guardian.

\_\_\_\_\_  
Discovery Program signature Date

\_\_\_\_\_  
Mother/Guardian signature Date

\_\_\_\_\_  
Mother/Guardian Address Phone

\_\_\_\_\_  
Father/Guardian Signature Date

\_\_\_\_\_  
Father/Guardian Address Phone

Emergency Contact:  
\_\_\_\_\_  
Name Phone

**Discovery**  
**YDC at Newport Recreation Center**  
**225 SW Avery Street, Newport, OR 97365**  
**541-961-6123**

Registration Summer Program 2024

Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

Youth name: \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ School grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Ethnic group (please check one)

- |                               |                      |
|-------------------------------|----------------------|
| _____ Native American         | _____ Caucasian      |
| _____ Asian/ Indian           | _____ Hispano/Latino |
| _____ Afro-American           | _____ Other          |
| _____ Hawaiian/Pacific Island |                      |

School name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Teacher name \_\_\_\_\_

**My child will attend regularly on the following days: (please circle attendance days)**

**Monday    Tuesday    Wednesday    Thursday    Friday**

How does your child leave the program at end of day. \_\_\_\_\_

Walking home \_\_\_\_\_ Paren pick-up \_\_\_\_\_ Friend pick-up \_\_\_\_\_

**MEDICAL ALERT!** Does your child have allergies or medical conditions?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, write it down \_\_\_\_\_

Food Allergies: \_\_\_\_\_

In consideration of the YDC's Discovery Program accepting my child's registration, I agree to assume all risk of accident or injury sustained from any cause in connection therewith and to release the Youth Development Coalition of Lincoln County Inc. their officers, agents and employees from any and all liability for that mentioned accident or injury. I understand that the Youth Development Coalition of Lincoln County, Inc. does not make any provision for medical/accident insurance for anyone participating in any class or program sponsored by the Youth Development Coalition of Lincoln County. I further declare that I am aware of the risks and dangers associated with the class or program previous one I have registered for.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Parents are responsible for any and all medical costs associate with medical treatment associated with the Program. Insurance will be required for ambulance, hospitalization, etc.

MEDICAL CONTACTS AND OTHER INFORMATION

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date the child entered the program: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age when the child enters the program: \_\_\_\_\_

**Parent or guardian contact information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Workplace \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Workplace \_\_\_\_\_ Phone \_\_\_\_\_

We always try to contact our parents first. The program ends at 5:30 pm. We are required to have other contacts on file to call for an emergency or late pick-up. Please list the people who are also authorized to pick up your child from the program.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Medical provider \_\_\_\_\_ Phone \_\_\_\_\_

Dental provider \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance provider \_\_\_\_\_ Phone \_\_\_\_\_

**My initials and signature gives permission for the following:**

\_\_\_\_\_ In case of emergency Centro de Ayuda has permission to call an ambulance and to obtain medical treatment for my child in my care. Parents/Guardians will be notified as soon as possible.

\_\_\_\_\_ My child will not be administered any medications. If the child has a fever or is uncomfortable, we will notify the parent.

\_\_\_\_\_ My child must have a signed field trip form in order to participate in trips outside of the childcare facility. Failure to submit a form, will tell the program you child will be staying home that day.

\_\_\_\_\_ My child may be photographed for advertising or news purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



**General information**

Has your child had previous experience in childcare? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

In Newport? \_\_\_\_\_ Where: \_\_\_\_\_

For how long? \_\_\_\_\_

Information about your child helps us provide better care:

Games: \_\_\_\_\_  
\_\_\_\_\_

Eating habits/Schedules: \_\_\_\_\_

Nap habits/Schedules: \_\_\_\_\_

Fears: \_\_\_\_\_

What he/she likes and doesn't like: \_\_\_\_\_

Special words and their meaning: \_\_\_\_\_

Special behaviors: \_\_\_\_\_

Health problems, medical conditions, or \_\_\_\_\_  
restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other minors in home:**

Name/nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name/nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name/nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Special transportation arrangements**

There will be no transportation during the summer. Parents should plan to drop off students after 7:30-8:30 am and pick them up no later than 5:30. If other arrangements are made, please provide the name of the person below so they can pick up your child.

Alternative person name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Details about allergies; details about medical conditions; details on transportation; special circumstances; and other comments or considerations affecting your child's participation: (write them down)

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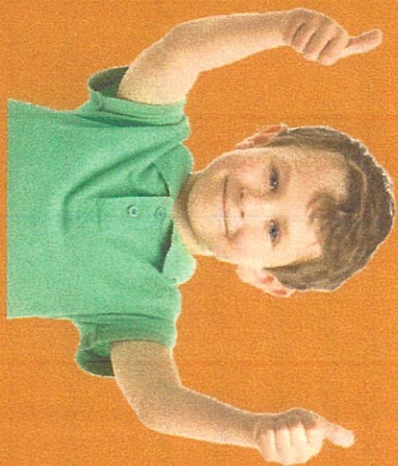
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# Discovery Summer Program

**General:**

- Parents should notify the program if child will be absent and for how long.
- Parents should keep information current—addresses and phone numbers including emergency contacts.
- No smoking on the premises.
- We will conduct fire drill monthly—FYI.
- Conferences can be arranged at any time, please ask staff to arrange.
- Parents are welcome to drop-in at any time to observe or volunteer.

**Questions & Concerns:**

Debra Jones

Discovery Director 541-351-1160

I have read and fully understand this contract. By signing this agreement, I agree to comply with all terms herein and those of the fee schedule.

Parent signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Provider: \_\_\_\_\_

**Over-Time or Late Pick-up:**

First 15 minutes \$25 \$1 per following minute

Emergency Contact must be provided on contract. This person will be called if parent/guardian is late and does not respond to phone calls.

As a last resort, DHS Child Welfare will be notified if no one responds to our efforts after 1/2 hour has passed.

**Extra Fees:**

This would be for field trips or other educational events outside of the facility.

**Legal Holiday Closures:**

New Year's Day	Memorial Day
4th of July	Labor Day
Thanksgiving Day	Christmas Day

**Medical Emergencies:**

Minor bumps and scratches are inevitable, but we make every effort to keep children safe through supervision and childproofing. Minor injuries receive appropriate first aid, and if an emergency injury or illness occurs, the parent/guardian will be contacted as soon as possible. If necessary, your child will be taken to the nearest hospital where you will be asked to meet staff.

Parents are responsible for all healthcare including emergencies and emergency transportation. Parents may elect to pick-up their child.

**Medications:**

Both nonprescription and prescription medications will not be given to a child unless required to complete a medication protocol. When necessary, instructions from the manufacturer or doctor must accompany the medication to be given and medication form completed by parent. Containers must be labeled with the child's name.

The **Discovery Program** provides a comprehensive, age-appropriate summer and after-school program committed to an inclusive environment for children that offers exposure to social, emotional learning, reading skills, history of our area, outdoor STEM learning, and physical exercise.

We believe children will gain solid interpersonal skills including self-confidence, acceptance, empathy, and communication. Inclusion will teach children to relate and interact with others positively.

We value the importance of individuality, character, commitment to family, commitment to community, and respect for the individual.

**REGISTRATION:**

Parents/Guardians must complete the registration form completing all open areas and the payment/fee contract.

**HOURS OF OPERATION:**

Monday—Friday      CLOSED LEGAL HOLIDAYS

Summer      7:30 AM —5:30 PM

Afterschool      2:30 PM—5:30 PM

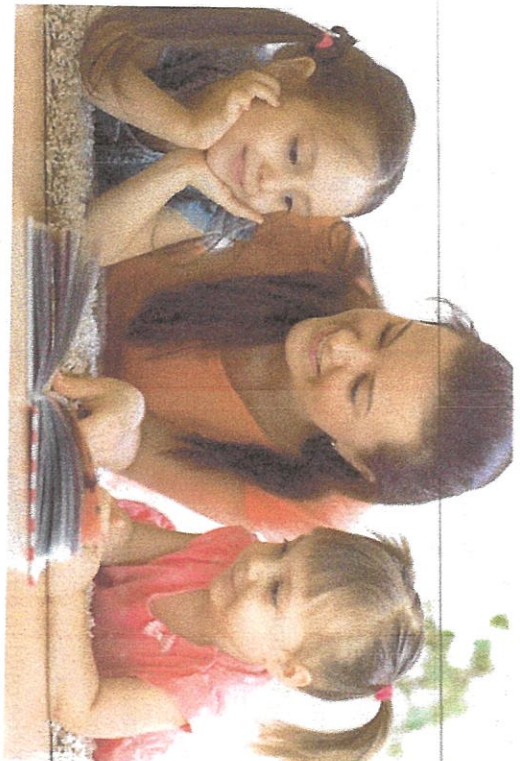
(1:30-5:30 Wednesdays)

**Fees:**

Must be paid in cash, credit card, debit card

Monthly      \$750.00

Weekly      \$350.00      Daily      \$45



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**Illness:**

No child will be accepted with a fever, vomiting, diarrhea, runny crusty eyes, or unexplained rash or has had any of the above symptoms within the last 24 hours. If a child is thought to have a communicable disease, parents will be notified and asked to pick them up. The child will be isolated from other children and given special attention and comfort until the parents arrive. The child may return when not contagious. All parents will be notified regarding a communicable disease.

**Field Trips:**

A special form is used for this purpose identifying location, time, and mode of transportation. Generally, transportation will be provided by public bus or chartered bus. The permission slip must be signed for the child to attend. Do not bring a child for care if they are not able to attend field trip due to other conflicts.

**General Permissions:**

The provider has my permission to:

Take photos of my child

Yes

No

**Program Rules:**

The following rules are reinforced for the safety and well being of everyone. There is no running inside. There is no hitting, biting, grabbing, kicking, pinching of other children or staff. Obscene language is not allowed. Children are supervised when moved within the Rec Center from classroom to gym.

Respectful treatment of other children and all property, toys, and furniture is expected. Willful destruction of property will be charged to the parent/guardian at the cost to replace.

**Discipline:**

Children are guided and informed of expected behaviors. We support the child as we explain rules and expectations for the day.

Once a child understand the rules and disobey's them, the following developmentally or other appropriate guidance techniques will be used. These techniques are redirection, time out, removal of privilege, and last resort when a parent/guardian will be called to arrange a conference and parent pick-up. Safety of all persons is of utmost importance. If the problem cannot be resolved, the child will have to find other childcare arrangements.

**Arrival & Departure:**

Children can be dropped off during hours stated—not before. If a parent is late, fees are charged and must be paid immediately.

**Items from Home:**

Please ask permission to bring a special toy or item to the classroom. Know that every child will have access and we are not likely to allow these items. A collection or presentation is different but will be kept in backpack unless being shown to the entire group.

**Birthdays/Parties:**

Gifts are not allowed. We will celebrate every child born in a month's birthday as a group. No cupcakes or other items are needed on their special day.

**Meals:**

Parents must indicate allergies on registration form. USDA snacks and lunches will be served. Parents may choose to provide food for their child, but food must be healthy and without sugar.