Marion School District
Afterschool Bear Care Program

Purpose

The Marion School District will offer after-school childcare for elementary students in grades K-5. Bear Care will provide a safe, secure place where students can go after school and on days that school is not in session. Preschool students become eligible to enroll in Bear Care upon turning five (5) years old, provided space is available.

Enrollment

Students enrolled in grades K – 5 in the Marion School District may apply for the afterschool program. Enrollment is limited to 15 students and will be accepted on a first-come, first-served basis. Once enrollment is full, completed applications will be placed on a waiting list. Acceptance will be based on the date and time the completed enrollment packet is received in the main office. Enrollment information can be found on the back of this notice or on Marion's school website. The form may be submitted to Amanda in the main office.

Days/hours of operation

The first day of operation for the afterschool program is Tuesday, August 25, 2026. The hours of operation will be 3:45 PM – 6:00 PM on the days outlined below (see "Cost") and will be in session from 12:35 – 6:00 early-dismissal days (Aug 25, Oct 15, Nov 25, Jan 14, Feb 11, May 20). In the event of inclement weather, school may be canceled. If school is closed or dismisses early due to weather conditions, the afterschool program will not be in session, and no refunds will be remitted.

Please text, call, or email the program director, Rita Schmidt, in advance if you know your child will not be attending the afterschool program.

Cost

***Bear Care is a pre-pay program which is billed monthly. Full payment is due by the first childcare day of each month, regardless of the number of days a student attends. Parent/Guardian Initial _____

Late Fee: A late fee of $10 per child per day will be assessed for payments not received as outlined above. After one week of non-payment, students will no longer be eligible to attend the Bear Care Program until full payment (and late fees) have been received. Parent/Guardian Initial _____

Bear Care's dates/cost are as follows (per-child basis, $7.00/day for after school care and $28.00/day for all-day care, $17.50 /Half-Day): Aug 25-28, Aug31) (Sept.1- 4, Sept. 8-11, 14-18, 21-25, 28-30,) (Oct. 1-2, 5-9, 12-16, 19-23, 26-30), (Nov. 2-6, 9-13, 16-20, 23-25, 30), (Dec. 1-4, 7-11, 14-18), (Jan. 4-8, 11-15, 18-22, 25-29), (Feb. 1-5, 8-12, 15-19, 22-26), (March 1-5, 8-12, 15-19, 22-25,** 30-31), **No care 26 & 29 because of Easter) (April 1-2, 5-9, 12-16, 19-23, 26-30) (May 3-7, 10-14, 17-20). May 20th will be the last day of the 2026-2027 after school care cycle and summer Bear Care will begin on the 24th of May.

Location of afterschool program

Students will report to the music room for the after-school program. Other areas, such as the gym or outdoor playground may be used as well.

Parents picking up students may enter the building using the east doors. Please see Mrs. Schmidt for a door access code for picking up students.

Student sign-out

Students are to be signed out each day only to the parents or guardians listed in the student's file, or other adults with written consent of the parent or guardian. In the event that you have requested the student be picked up by an adult other than yourself, you must inform the supervisor in writing. **A photo ID may be required for adults who will be picking up students.**

Late pickups – If you are late picking up your child(ren) please email or text Mrs. Schmidt as soon as you're able. Late fees are as follows: $5.00 for the first 1–15 minutes, and $1.00 per minute for each minute thereafter. Late fees will be added to the following month's bill.

Student behavior

Each student has the right to a safe and secure environment within the program. The after-school staff will promote self-control, responsibility, cooperation, and problem-solving skills that correspond with the children's level of development.

The role of the parent is to actively assist in this endeavor. Cooperation between home and school is essential (and appreciated) to ensure each child's development.

Questions: Please call/text/email Marion's program director, Rita Schmidt at 605-744-9890 between the hours of 3:45 PM to 6:00 PM.

Billing Questions:
Crystal Longe, Business Manager
605-648-3615 Ext. 5
8:00 AM – 4:00 PM

Marion Afterschool Program Application

Applications will be processed in the order they are received. **The first day of operation for the afterschool program is Tuesday, August 25, 2026. Enrollment is not complete until all required State of South Dakota childcare forms have been submitted.**

Children

Full Name:_____ Date of Birth:_____ Grade:_____

Full Name:_____ Date of Birth:_____ Grade:_____

Full Name:_____ Date of Birth:_____ Grade:_____

Legal Guardian(s): List adults (18 yrs. or older) who you approve to pick up your child(ren). **Bring photo ID.**

Name:_____ Cell phone:_____

Home Address:_____ Home phone:_____

City, State, Zip:_____ Work phone:_____

Relationship to child(ren)_____ Email address:_____

Name:_____ Cell phone:_____

Home Address:_____ Home phone:_____

City, State, Zip:_____ Work phone:_____

Relationship to child(ren)_____ Email address:_____

Name:_____ Cell phone:_____

Home Address:_____ Home phone:_____

City, State, Zip:_____ Work phone:_____

Relationship to child(ren)_____ Email address:_____

PERMISSION TO PARTICIPATE and INDEMNIFICATION AGREEMENT

By signing below, I and the child's family acknowledge: A) We have read the aforementioned information regarding the Marion School's Afterschool Program named herein and give our child permission to participate. B) We give Marion Schools permission to use photographs or videos of our child(ren) in its promotional/educational materials, and C) The Marion School District does not carry medical or accident insurance for participants in this program. I also understand the payment structure, payment procedures, and late pick up fee policy.

Realizing that my child is participating for fun, recreation, and personal betterment, I hereby for myself and for my child, our heirs, personal representatives and assigns, waive and release any and all claim for injuries or damages of any kind of nature which either I or my child may have against the Marion School District, any supervisor or assistant thereto, chaperones, sponsors or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of any participation in said afterschool program and indemnify the Marion School District, and all parties named herein against such claim for damages arising from such claims. I understand that the Marion School District assumes no legal or financial responsibility in case of accident or injury, and I assume full responsibility for my child's medical expenses and waive all rights or causes of action which I or my child may have against the Marion School District and each of the persons named herein.

Parent's/Guardian's Signature_____ Date_____

FOR OFFICE USE ONLY ☐ Accepted ☐ Wait List

Time/Date Received_____ Staff Member_____

Payment: Cash ____ Check____ Check No._____ RevTrak_____ Amount Pd. _____

014-102

Child Information

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address: _____

City/State _____ Zip Code _____

Enrollment Date _____ Withdrawal Date _____

Parent/Guardian Name _____ Personal Phone _____

Home Address _____

Place of Business _____

Business Phone _____

Work Schedule _____

Parent/Guardian Name _____ Personal Phone _____

Home Address _____

Place of Business _____

Business Phone _____

Work Schedule

Parent's Marital Status: Single Married Separated Divorced Other

Is either parent deceased?

Remarried?

Custody arrangements?

Is anyone restricted from seeing or picking up the chitd(ren)? If yes, please list and provide a copy of the court order.

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached.

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Individuals who have permission to pick up my child:

Name	Relationship	Phone Number
		Phone Number
Name	Relationship	

Health and Safety Considerations

If a parent cannot be reached, I/we authorize emergency medical treatment if necessary and/or contacting my child's physician. ☐ Yes ☐ No

Name of child's physician: phone:

Does your child have any known allergies or other medical conditions? ☐ Yes ☐ No

If yes, list:

Does the known allergy or medical condition require special precautions, actions, or medications? _ Yes N

If yes, describe:

_____

NOTE: For children with known food allergies, a written care plan must be completed.

I understand that I must provide signed permission prior to administration of any prescription and over the counter medications to my child. Yes N

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? Yes No

If yes, describe:

_____

Is your child able to safely participate in swimming activities? Yes No

Describe any special precautions for diet, medication, or activity, when applicable:

_____

Are there any other special considerations that would assist this program in providing care to your child, i.e., favorite things, special interests or fears, etc.? Yes No

When yes, describe:

_____

Will your child receive any specialized services from professionals outside of this program's personnel?

s No

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines.

Transportation

C) I do not give permission to transport my child.

I give permission for my child to be transported by this program under the following circumstances (select all that apply):

When an emergency occurs and I cannot be reached

Field trips

To and from home Drop-off time:_____ Pick-up time:_____

Specific plan for transfer and supervision:

_____

To and from school Drop-off time: Pick-up time:

Specific plan for transfer and supervision:

_____

Other, specify:_____

Confidentiality

Permission is granted to use my child's picture in publications and promotional literature. Yes No

Permission is granted to use my child's picture in public social media posts.

Permission is granted to use my child's picture in the program's private posts to parents.... Ye

Permission is granted to share information about a child and your family with other service providers to better meet the needs of your child.

I/We attest that the information listed on this application is as accurate and complete as possible.

_____	_____	_____
Parent Printed Name	Parent Signature	Date
_____	_____	_____
Parent Printed Name	Parent Signature	Date

Bear Care Field Trip Permission Form

I, the undersigned, give permission for my child to participate in any and all field trips organized by the Marion School District's Bear Care Program. I understand the nature of these activities and acknowledge that all necessary precautions will be taken to endure the safety of my child. I agree to release and hold harmless Marion School District's Bear Care Program and its staff from any liability arises from my child's participation in these field trips.

I also authorize Marion School District's Bear Care Program to secure any necessary emergency medical treatment for my child during these trips.

Parent/ Guardian Signature: _____Child Name:_____

Date: _____

Additional Permissions

Transportation: I give permission for my child to be transported to and from field trip destinations.

- YES
- NO

Photos/ Videos: I give permission for my child to be photographed or videotaped during field trips for educational or promotional purposes.

- YES
- NO

Contact Information: For any questions or concerns regarding the field trips, please contact

Rita Schmidt
(605)744-9890
rita.schmidt@k12.sd.us

Thank you for allowing your child to participate in our field trips.

Marion School District's Bear Care Program
100 S. Cedar Ave.
Marion SD 57043

Office Use Only

Date Received:_____

Staff Initials:_____

Child Medication Permission and Administration Form

Parents must provide this information before any prescription or non-prescription medication is administered. Use a separate sheet for each medication.

Child's Name: _____

Name of medication to be administered: _____

Refrigeration Required: ☐ Yes ☐ No

Dosage and method (orally, eye, ear, topical, etc.): _____

Time(s) to be given: _____

Dates to be given: From:_____ To_____
mm/dd/yr mm/dd/yr

Special instructions, i.e., symptoms signaling need for administration, medication indications, reasons to hold medication.

_____

_____

_____

_____

Parent Signature_____ Date_____

Documentation That Medication Was Administered

Date Administered mm/dd/yr	Time Administered (a.m. / p.m.)	Dosage Given	Comments	Provider Initials

NOTE: You may wish to document the reasons why medications may not have been given as requested, i.e., child absent, medication not sent, and any adverse reactions. When administering over-the-counter medications, parental permission should be obtained monthly to cover a 30-day period of administration as needed. If prescription medication is required to be administered daily or emergency medications such as an inhaler or Epi Pen on an as needed basis, programs should ask parents to complete a new permission form each time a prescription is renewed or changed. This documentation must be retained for at least six months and be made available to the child's parent upon request. The medication must be returned to the parent when no longer needed or expired.

Written Care Plan for a Child with Allergies

Child Information

Last Name _____ First Name _____ Birthdate (mm/dd/yyyy) _____

Parent Or Guardian

Last Name _____ First Name _____ Phone No. _____

Physician's Name: _____ Physician's Number: _____

1. Please indicate items your child has an allergy to:

☐ Peanut / Peanut Products ☐ Milk ☐ Nuts ☐ Gluten

☐ Soy Products ☐ Eggs ☐ Fish / Shellfish ☐ Bee Stings

☐ Other (please indicate):

2. What steps need to be taken to avoid an allergic reaction?

_____

_____

3. What are the specific signs and symptoms if your child is having an allergic reaction?

_____

_____

4. What treatment or medication does your child receive in the event of an allergic reaction? (include medication name, dose, method of administration, and when it should be administered):

_____

_____

5. What are the procedures for responding if your child has an allergic reaction? Note if your child is able to give themselves medication.

_____

_____

_____ _____

Signature of Parent / Guardian Date