

# Enrollment Packet

2025-2026

Class Schedule:

Tuesday, Wednesday and Thursday

1-3 p.m.



## S.M.A.R.T.I.E.S.

Social Studies/Science.Math.Art.Reading.Together.In  
an.Educatioanl.Surrounding.

**FAIRFIELD**  
PARKS AND RECREATION



## **General Information**

This is a 3 days a week educational ,recreational and nature program for children of the ages 4 - 6. Child must turn 4 by December 31, 2025 and also be potty- trained. Through hands on activities your child will get the academic, motor and social skills he/she needs to excel in kindergarten. The first day of school will be September 2, 2025 and the last day will be May 14, 2026. Starting and ending dates may change. You will be notified if either one changes.

## **About the Program**

Kids will be taught with hands on learning technique, in addition to develop social and motor skills. Nature-based education is interweaved within the lesson plans to support multiple developmental domains. Including, emotional, social, physical, cognitive, and communication.

## **Transportation**

You are responsible to have your child here at the Community Arts Center ready to start learning at 1:00 pm. Please take your child to the restroom before class begins. Field Trips will be announced ahead of time and it is your responsibility to transport your child to and from the location and stay with your child unless otherwise noted.



## **Cost and Availability**

This program runs for an entire school year from September - May (a list of closings is attached). Each week is designed to be a building block for the next week. The registration rates are \$170/month for residents or \$190/month for non-residents. Please see the form in this packet when payments are due. Registration and/or payments are taken by calling Fairfield Parks and Recreation Department at (513) 867-5348 or in person at the Fairfield Community Arts Center.

Thank you for your interest in S.M.A.R.T.I.E.S. We look forward to having a great school year. If you have any questions, I can be reached at (513) 896-8410 or by email at [lhaven@fairfield-city.org](mailto:lhaven@fairfield-city.org).

Sincerely,

Lori Haven

Recreational Programmer



# **S.M.A.R.T.I.E.S.**

Social Studies/Science.Math.Art. Reading.

Together. In an. Educational. Surrounding

Fairfield Community Arts Center

Fairfield, Ohio

(513) 867-5348

# **No S.M.A.R.T.I.E.S.**

November 4, 2025

November 25—27, 2025

December 23, 2025—January 1, 2026

January 8, 2026

March 31, 2026—Apr 2, 2026

If the Fairfield City schools close due to inclement weather, SMARTIES will be cancelled



## **ADDITIONAL INFORMATION**

### **Refund and Transfer Policy**

--Reserving your child a place in the program requires a registration fee of \$85/\$95. This fee will be used towards the last two weeks of the program. If you decide that your child will not attend the program before the beginning of the class, the registration fee is NOT refundable. Once the program begins and you choose for your child not attend the program anymore, a 2 week notice must be given in writing and the fee will be used towards the remaining 2 weeks.

--Unfortunately: Even if you have a vacation scheduled during the school year, payment for that week or weeks is still required.

-- Refunds for the class will not be given except for the reasons listed below. A two week written notice is still required which at that time your registration fee will be applied. The registration fee is not refundable for any reason.

---Participant moves out of the State

---Participant becomes ill and will be out the entire week. (A doctor's statement must be present along with a note from the parent requesting a reimbursement).

---We do not refund or make up classes for snow/weather closings

---Exceptions: Exceptions are still subject to the \$5.00 program/processing fee



## **Parent Participation Policy**

The first week or so of class, parent/guardians will be advised of the opportunities to participate in our activities. Some of the activities are as follows:

---Halloween Party- October 30, 2025

---Christmas Party- December 18, 2025

---Valentine Party- February 12, 2026

---Easter Party— March 26, 2026

## **Supply List**

---Healthy snack every day (optional)

---Back pack (**large enough for a folder**) to be brought every day

---Change of clothes (left in the back pack). Make sure you include a change of underwear and socks. Please make sure the change of clothes is appropriate for the season.

—See attached additional supply list

## **Gifts**

Please keep in mind that as city employees our teachers are not permitted to accept money (e.g. tips) or other consideration or favors from anyone other than the City for the performance of an act which they would be required or expected to perform in the regular course of their duties. Employees may not accept any form of extra compensation such as cash tips, gifts, services, etc. whether it is for use by themselves, family and/or friends.



## **Management of Illness**

Please do not bring your child to class if they have any of the following symptoms. If your child comes with any of the following symptoms we reserve the right to send your child home. We want to protect the other children as well as your child.

---Temperature of at least 100 degrees Fahrenheit or more.

---Diarrhea-three or more loose stools within twenty-four hour period.

---Severe coughing causing the child to become red or blue in the face or to make a whooping sound

---Difficult rapid breathing

---Yellowish skin or eyes

---Redness of the eye, obvious discharge, matted eyelashes, burning or itching

---Untreated infected skin patches, unusual spots or rashes

---Unusually dark urine or gray or white stool

---Stiff neck with an elevated temperature

---Evidence of untreated lice, scabies, or other parasitic infestations

---Sore throat or difficulty in swallowing

---Vomiting more than one time or when accompanied by any other sign or symptom of illness

— Positive test or exposed to Covid, ( follow current CDC protocol).



Payment Schedule for S.M.A.R.T.I.E.S  
(Fairfield Resident/Fairfield Non-Resident)

<u>Due Date</u>	<u>Amount Charged</u>
September 1	\$170/\$190
October 1	\$170/\$190
November 1	\$170/\$190
December 1	\$170/\$190
January 1	\$170/\$190
February 1	\$170/\$190
March 1	\$170/\$190
April 1	\$170/\$190

**Weeks 5/5 and 5/12**

**registration fee applied**





## **Late Pick UP**

If you are continually late picking your child up, the listed fees below will be enforced. A letter will be given to you regarding the amount owed and payment must be made immediately following pick-up.

5 minutes=\$5.00 per child

6-20 minutes=\$10.00 per child

21-30 minutes=\$15.00 per child

31-45 minutes=\$20.00 per child

## **Forms**

Attached forms need to be filled out and turned into the Community Arts Center by the first day of class.

Health Information

Rules and Regulations

Parent/Child Information Sheet



**To: Parents and Students**

**From: Fairfield Parks and Recreation/Community Arts Center Staff**

**Re: Behavior Policy and Procedures**

We sincerely hope you will enjoy our program. We have established the following rules that should be reviewed with your child.

---Cooperation is needed at all times, especially when the instructor is talking.

---Running is not permitted in the Community Arts Center.

---Please keep hands to yourself (i.e. No pushing, shoving, smacking, etc.).

---Please treat others with respect. We will not tolerate put downs, back- talk or foul language.

---No throwing of objects.

---No fighting.

---Bring your child to the restroom before class.

---All medications must be administered by staff. ( signed form from a Dr. must be provided)

---Please wait outside until the instructor opens the door.



If time-outs are not effective, children will be sent to sit with management. If necessary, management will call the parents. And if the situation warrants it, parents could be asked to pick up their child early. If parents are called, the child will be put on probation for one week. Any further incidents will prohibit the child from returning to our program for five days. We certainly hope not to be in these situations, but we must have a plan for discipline. The Parks and Recreation department/Community Arts Center reserve the right to change or amend these rules as necessary.

It is our intent to make our programs the best experience possible for everyone. If you have any questions or concerns, please do not hesitate to contact me.

Detach and return bottom portion

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**S.M.A.R.T.I.E.S.**

**Please sign and return this form indicating you have reviewed our Behavior**

**Policy and Procedures with your child.**

**Signature:** \_\_\_\_\_



## **Fairfield Parks and Recreation**

### **Health Information Form**

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

Birthdate:\_\_\_\_\_Age:\_\_\_\_\_Sex:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_State:\_\_\_\_\_

Mother's Name:\_\_\_\_\_Cell Number:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_State:\_\_\_\_\_

Work Place::\_\_\_\_\_Work Phone Number:\_\_\_\_\_

E-mail:\_\_\_\_\_

Father's Name:\_\_\_\_\_Cell Number:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_State:\_\_\_\_\_

Work Place:\_\_\_\_\_Work Number:\_\_\_\_\_

E-mail:\_\_\_\_\_

Caregiver/ Babysitter:\_\_\_\_\_Cell Number:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_State:\_\_\_\_\_

E-mail:\_\_\_\_\_



**Other Family Members in Household with Birthdates:**

_____	_____	_____
_____	_____	_____

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Policy Group #:** \_\_\_\_\_

## **Medical History of Child**

**Medical Information past or present (Please Circle): Please explain each yes**

**Asthma** Yes No

**Allergies** Yes No

**Diabetes** Yes No

**Hemophilia** Yes No

**Seizures** Yes No

**Ulcers** Yes No

**ADD/ADHD** Yes No

**High Blood Pressure** Yes No

**Psychiatric Treatment** Yes No

**Other Conditions/Diseases** Yes No

**Please explain yes circles here: (if need to write on back)**

_____
_____
_____



## **Child Information Sheet**

**What are 3 words you would use to describe your child?**

**Have there been any major/minor “life interruptions” (divorce, death, move, etc...?)**

**Are there any concerns you may have about your child that we should be aware of?**

**What motivates your child?**

**What special interests does your child have?**

**What is one thing that your child would want us to know about him/her?**



**Please list Person(s) allowed to pick up your child:**

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**Please list Person(s) NOT allowed to pick up your child:**

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## **Supply List**

1 folder  
1 subject Notebook (70 sheets)  
16 pack of crayons  
Elmer's Glue  
2 boxes of 8 pack wide markers  
Glue sticks

### **Class Wish List: Volunteer basis**

Sandwich, quart, and gallon size zip-lock bags  
White paper plates (dessert and dinner size)  
Shaving cream  
Cotton Balls  
Clorox wipes  
Glue sticks  
Baking Soda

**We will reevaluate before Christmas Break**