If interested in the Boulevard Morning Program, please fill out the information packet and return to the Boulevard Main Office.

Attention: Melissa Geier

The cost of this program is $150.00 a month due on the first day of every month that program is in session in the café.

2023-2024
Student Application Checklist

Student Name:__________

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- Book bag search form
- Program Policy Agreement Form
Mental Health Association in Fulton & Montgomery Counties

**Johnstown Office:** 307-309 Meadow Street Johnstown, NY 12095  
Phone: 518 762-5332  Fax: 518 762-6823  
**Amsterdam Office:** 11 Mohawk Place Amsterdam, NY 12010  
Phone: 518 842-3717  Fax: 518 842-0228  
Janine Dykeman, Executive Director

Dear families,

The Before School Program will be administered by the Mental Health Association in Fulton and Montgomery Counties in collaboration with the Gloversville Enlarged School District. Program will begin on Tuesday, September 6th and will run daily, Monday through Friday when school is in session. Students in kindergarten through fifth grade are eligible to attend. Program will run from 7:00 am-8:30 am. Payment will be due on the first day or program and checks can be made out to MHA. A monthly fee of $150 will be charged for one student. A 10% discount will be issued for each additional child enrolled.

The payment schedule is as follows:
September 7, 2023  
October 2, 2023  
November 1, 2023  
December 1, 2023  
January 2, 2024  
February 1, 2024  
March 1, 2024  
April 8, 2024  
May 1, 2024  
June 1, 2024

Please complete the attached application and either return it to your child's home school or Boulevard. Questions about the Before School Program can be directed to Melissa Geier at mgeier@mhafm.org or (518) 762-5332 x 108.

Thank you,

Melissa Geier  
Community Programs Director  
Mental Health Association in Fulton and Montgomery Counties
**Mental Health Association In Fulton and Montgomery Counties, Inc.**  
**GESD Elementary AM Program**  
**Morning Program Application**

<table>
<thead>
<tr>
<th><strong>CHILD’S FULL NAME</strong></th>
<th><strong>Date of Birth</strong></th>
<th><strong>AGE</strong></th>
<th><strong>Sex: Male □ Female □</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD’S HOME ADDRESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAILING ADDRESS</strong></td>
<td></td>
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</tr>
</tbody>
</table>

*(if different from above)*

**Teacher:**

**NAME OF PERSON APPLYING FOR CHILD:**

**ADDRESS of PERSON LISTED ABOVE (if different from child’s):**

**OTHER PARENT/GUARDIAN:**

**SPECIAL ARRANGEMENTS REGARDING CUSTODY:**

**Does your child have any allergies? YES □ NO □**

**If yes, what is your child allergic to?**

**Medical Conditions / Diagnosis**

**Physical Limitations / Surgeries**

**Child’s Source of Medical Care / Primary Care Physician’s Name**

**Child’s Source of Dental Care / Dentist’s Name**

**Name of Medical Care Facility / Hospital**

**HEALTH INSURANCE ID NUMBER GROUP NUMBER PERSON WHO CARIES INSURANCE**

**CONTACT NAME RELATIONSHIP TO STUDENT TELE # DURING PROGRAM HOURS OTHER TELE # (CHECK TYPE)**

**EMERGENCY DATA**

1. I have **provided information on my child’s special needs** (Allergies, Diet, Disabilities, Medical information) to the provider, as may be necessary to assist the program in properly caring for my child in case of an emergency.  
2. In case of accident or injury, I **authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised** by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child.  
3. I understand that the program cannot give my child any medication without written permission from a physician and that my child cannot carry any medications on his/her person during program time.  
4. I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellant, Lip Balm, Hand Lotion, Cough Drops as needed.  
5. I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other.  
6. I agree to review and update this information whenever a change occurs or twice during the program year.

**SIGNATURE OF PARENT or PERSON LEGALLY RESPONSIBLE**

**DATE**

**OFFICE USE: REVIEWED BY DATE COMPLETE? YES □ NO □ IF NO, HIGHLIGHT NECESSARY INFORMATION ABOVE DATE COMPLETED STAFF**
GESD ELEMENTARY AM PROGRAM
STUDENT RELEASE FORM 2023 - 2024

Student Name ___________________________ DOB ___________________________

SECTION 1. Students will only be released from the AM program to those persons
designated in writing by the parent or guardian. Please include parents below. Our full Release
Policies are found in the Parent Handbook. "I authorize the AM Program to release my
child to the following person(s):"

1. Name ___________________________ Relationship to Student ___________________________
   Address ___________________________ City/Town/Zip ___________________________
   Day Phone ___________________________ Cell Phone/Pager ___________________________
   Home Phone ___________________________

2. Name ___________________________ Relationship to Student ___________________________
   Address ___________________________ City/Town/Zip ___________________________
   Day Phone ___________________________ Cell Phone/Pager ___________________________
   Home Phone ___________________________

3. Name ___________________________ Relationship to Student ___________________________
   Address ___________________________ City/Town/Zip ___________________________
   Day Phone ___________________________ Cell Phone/Pager ___________________________
   Home Phone ___________________________

4. Name ___________________________ Relationship to Student ___________________________
   Address ___________________________ City/Town/Zip ___________________________
   Day Phone ___________________________ Cell Phone/Pager ___________________________
   Home Phone ___________________________

5. Name ___________________________ Relationship to Student ___________________________
   Address ___________________________ City/Town/Zip ___________________________
   Day Phone ___________________________ Cell Phone/Pager ___________________________
   Home Phone ___________________________

SECTION 2. In the event that school closes early or cancels, your child must know what to
do. In the space below, please share your family’s plan:
   □ Student will ride Bus # ______ to go . . . (check one below)
   □ Home
   □ Babysitter - Name & telephone: ___________________________
   □ Relative - Name & telephone: ___________________________
   □ Neighbor/friend - Name & telephone: ___________________________
   □ Student will walk home.
   □ Other (please describe): ___________________________

SECTION 3. The telephone number you provide the school district is the SAME number used
to notify you of any early dismissals. Please recognize that we CANNOT PERSONALLY
CONTACT EACH FAMILY in the event of an early dismissal.

Do you need to be contacted personally? YES □ NO □

IF YES, please specify the best means to reach you:

By Phone # ___________________________ By Email: ___________________________

Form completed by ___________________________ Date ___________________________
GESD ELEMENTARY AM PROGRAM
RELEASE OF INFORMATION
School Year 2023-2024

PLEASE NOTE: ALL * AND BOLDED AREAS MUST BE FILLED IN.

*Child’s Name ___________________________  *Date of Birth ___________________________

I hereby authorize the use or disclosure of my child’s information as described below. I understand that the authorization is voluntary.

Exchange of Information between:

GESD Elementary AM Program  Groversville Enlarged School District
Administered by Mental Health Association in Fulton & Montgomery Counties  234 Lincoln Street
307-309 Meadow Street  Groversville, NY 12078
Johnstown, NY 12095

*Description of Information to be released:
___ School records including attendance and academic reports, including IEP, 504 Plans and other pertinent student information.
___ Medical Records as they pertain to the child’s involvement in program, e.g. allergies, special accommodations, physical limitations
___ Other

* Purpose for this disclosure is: (Check all that apply)
___ Medical Condition (allergies, including food, environmental, etc.)
___ To work towards similar goals for student
___ Coordination of Services
___ Other

I understand that I may revoke this consent at any time except to the extent that action has been taken on it. It is understood that the information to be released is confidential and protected from further disclosure.

*This authorization/consent expires: (Please Specify)
___ End of school year 2023-2024
___ Upon Release of Specified Information
___ When child is withdrawn from program
___ Other Conditions:

*Signature of parent/guardian ___________________________  *Printed Name of parent/guardian ___________________________  *Date _____________
Legal representative relationship to the recipient: ___________________________

CANCELLATION / REFUSAL TO RELEASE INFORMATION
I hereby cancel or refuse to authorize the release of information indicated above.

Signature of recipient or legal rep. ___________________________ Relationship ___________________________ Date _____________

Signature of witness ___________________________ Title ___________________________ Date _____________

Effective 9/23
Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we have found that, at times, our program participants have not utilized our homework time during program as successfully as we would like them to do. We also know from many of you that the completion of homework during program time is a key priority for you. Therefore, we believe there will be times that we may need to enter a youth's book bag to determine what, if any, homework has been assigned to your child and whether or not, the homework was completed during the school day.

As always, we want to give parents the opportunity to exclude their child(ren) from this programming procedure that addresses student academics, behavior, attitudes and skills. Therefore, we are sending this notice home to inform you of this policy and to give you the opportunity to let us know if you do not want your child(ren) to participate in it. We believe that the entering of a youth's book bag to determine homework assignments will help in our ongoing efforts to improve the academic success for your children. Therefore, we want to encourage you to allow your child to participate. If you DO NOT want to give permission for this, please let us know by completing the form on the next page and returning it to your child's program staff no later than the first day that they begin program. **If you are willing to have your child participate you do not need to take any further action.** If you have any questions about this procedure, please feel free to call our Operations Manager at 518-762-5332 ext. 101. Thank you for your cooperation.

Sincerely,

[Signature]

Janine Dykeman
Executive Director
EASP/AASP Parental Permission Form
Book Bag Searches

2022-2023 School Year

PERMISSION FORM

Please Sign and Return to the Program Staff No Later than the First Day of Program for your child(ren).

I DO NOT want my child(ren),

______________________________________________, to
participate in the Book Bag Homework Search.

Parent(s)/Guardian(s)

Signature(s):_________________________________________

Print Name:_________________________________________

Today’s Date:______________________________________
GESD ELEMENTARY MORNING PROGRAM

Parent Handbook
2023 - 2024

Program Location
Boulevard Elementary School

A program administered by
The Mental Health Association in Fulton & Montgomery Counties, Inc.
GESD ELEMENTARY AM PROGRAM
SITE LOCATION: BOULEVARD ELEMENTARY SCHOOL

Community Programs Director: Melissa Geier
Telephone Number: (518) 774-0416
Email Address: mgeier@mhafm.org

The Morning Program at Boulevard Elementary School operates from 7:00am – 8:30am, on days that school is in session.

This program is available to children who attend Boulevard, Kingsborough, or Park Terrace Elementary Schools.

In case of a fire at the school, the primary relocation site for the children will be the Tractor Supply Store, and the secondary relocation site will be at the Label Shopper Store.
HANDBOOK

This handbook contains the POLICIES AND PROCEDURES of the GESD ELEMENTARY MORNING PROGRAM.

PLEASE KEEP THIS BOOKLET TO REFER TO WHILE YOUR CHILD ATTENDS THE PROGRAM.

This program is a result of the active partnership of the Gloversville Enlarged School District and the Mental Health Association in Fulton & Montgomery Counties.

MISSION STATEMENT

The parents, community members and school district takes ownership in the program and are involved in helping children make better life choices, enhance personal strengths and overcome obstacles.

ENROLLMENT POLICY

All students in the appropriate program grades are eligible to attend once enrolled by the parent/guardian. Participants are enrolled in the program on a first come first serve basis. You will be notified as to when your child may start attending. A waiting list will be instituted when needed.

CUSTODY AND VISITATION

Certified copies of any court orders or divorce decrees provided by the custodial parent, which restrict a parent’s ability to seek release of his/her child, should be submitted. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these documents. Therefore, it is imperative that we have the information immediately upon its dispensation.
EMERGENCY SCHOOL CLOSINGS

When school activities are cancelled by the school district (for example, due to inclement weather) the Morning Program will NOT be held. Families must have a back-up plan that students can initiate if school is cancelled after your child(ren) have arrived to the morning program. Students need to know the family’s plan in advance.

PLEASE BE AWARE that the telephone number you provide the school district for emergency calls is the SAME number used to notify you of any early dismissals. Therefore, if the number you provide the school will not reach you during the day time, YOU MUST PROVIDE the Morning School Program ANOTHER WAY to notify you.

PROHIBITED

Youth are not allowed to have I Pads players, cell phones, cameras, video games or other electronic items in the Morning Program. The above will be confiscated and given back when they are released to their applicable classroom.

Any item from home, including toys, stuffed animals, trading cards and sports equipment are to be kept in the child’s backpack and not used during program hours.

The Morning Program is not responsible for any child’s personal equipment or other items, that may be lost, stolen, or broken during program.

PROGRAM ACTIVITIES

 Homework/Tutoring Assistance  
Staff members work with youth to help complete assignments and strengthen academic skills. If a child needs to complete homework in the Morning Program for that school day, please inform program staff when the child (ren) enter programs.
ATTENDANCE POLICY

Daily attendance is taken when your child comes to the Morning Program. Please notify the program staff if your child will be absent. This is important so that all children who are scheduled to attend are accounted for.

STUDENT DISCIPLINE

SCHOOL CODE OF CONDUCT
The students are familiar with the codes of conduct and discipline standards established by the school districts in which they attend. Therefore, the regulations and expectations utilized in the after-school program are based upon these regulations.

Disciplining students can be a very sensitive subject for all involved: students, parents and staff. To ensure we use uniform procedures, there is a significant amount of background information provided here.

PHILOSOPHY
All persons have a lot of choice in their behaviors, that is, we can choose how we respond to different situations. It is important to remember that with this power of choice, we must be held responsible for our actions. Students and adults alike tend to choose behaviors that fulfill their needs.

Occasionally, behavior problems arise that require discipline. The best types of discipline result in some growth for the student. Discipline teaches appropriate behaviors in order for students to have a healthy relationship with others and a good sense of their own self-worth. This process of teaching students how to behave appropriately also addresses the importance of respecting the individual student, group and staff. Good discipline provides opportunities for students to learn from mistakes, negligence or impulsiveness.

STUDENT BEHAVIOR REPORTS
All student discipline problems must be written down on the day of occurrence and as soon as possible. This is important! When you take the time to write down inappropriate behavior, as soon as possible, it helps to keep consistency within the program. The situation will be fresh in your mind and it gives students an immediate consequence. Also, in case you are absent the next day, the behavior report will be completed and available. It is important to talk with children soon after their misconduct in order to hold them accountable. There is no tolerance for name-calling, hitting, kicking, pushing, fighting or hurting someone else. Notify the Community Programs Director immediately.

REMINDERS, ROLES MODELS, AND ENVIRONMENT
Staff must remind students of established boundaries and when students are approaching these boundaries. Frequently, staff also need to call attention to positive behavior as role models for the group. This empowers students to know what is acceptable, safe and fair.

When a staff member witnesses inappropriate student behavior, the staff member will consider whether the environment can be altered in any manner to alleviate the problem. For example, if two students are disruptive during the homework period, staff would remind the students about their personal responsibilities and then separate the students.

Disciplining a student implies that staff guide students’ behaviors “to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care”.

“The staff must use acceptable techniques and approaches to help children solve problems.” Corporal punishment is prohibited.
"Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care."

**EXPECTATIONS OF STUDENTS**
When a child's behavior causes concern, a staff member will speak with the student and the parent or guardian will be notified. These behaviors include but are not limited to: disrespectful behavior; inappropriate language, gestures, notes or pictures; physical or verbal threats.

It is our expectation that the student will learn to:
- Identify and recognize other options available to the student at the time of the incident,
- Assume self-control
- Accept personal responsibility and
- Make amends as necessary.

**REPORTING BEHAVIORS**
Any incident of negative behavior must be verbally reported to the appropriate Community Programs Director immediately.

Any behavior that causes concern should be addressed tactfully with a parent/guardian. The Community Programs Director may also be involved in addressing student behaviors with parents.

**DOCUMENTATION**
Staff members who witness an incident of negative behavior must complete a report that includes a description of the incident, time and location, and the names of staff and student participants and/or witnesses. This report needs to be completed by the end of Program and submitted to the Community Programs Director. Parents are asked to sign the report which indicates they were informed of the incident and may receive a copy.

**Behavior Interventions**
The Community Programs Director, in collaboration with the Staff will determine strategies for any behavioral incident that is considered a safety risk or an inappropriate experience/interaction with another child. The rise of redirection will be implemented by staff initially while the child is still in the current setting. If that does not prove beneficial for the child, a staff member will either sit and support that child while still in their current environment and/or offer the child the opportunity to move away from that setting and go read a book together, go for a walk, or do a learning activity, e.g. cross-word, puzzle. This will be done in an attempt to help the child self-regulate his/her emotions and bodily actions. If none of these interventions are successful a call to the parents/guardians will be made so the child can speak to his/her parent/guardians in an attempt to have the child return to a positive baseline behavior. If the call does not help the child then the parent/guardian(s) will be asked to now pick up the child at program.

*Following several serious incidents, a meeting will be held with the student, parent/guardian, Community Programs Director and/or Staff to determine if the child requires a more controlled, smaller setting than the Morning Program can provide. At that point in time, the student may be discharged from program for the remainder of the school semester. The student may return to program the following semester with a clean slate if prior approval from the Community Programs Director is granted.*
REPARATION
A student may make amends for certain situations through various methods ranging from an apology to some type of community service performed within the hours of the Morning Program. Consequences will be determined through conversation with the student(s) and his/her parent(s).

Following several serious incidents, the youth may be discharged from program for the remainder of the school semester. The participant may return the following semester with a clean slate if prior approval is granted from the Community Programs Director.

At the Morning Program, the behaviors listed below are of grave concern to the program staff due to the risks that they pose for the safety and well-being of the other youth and staff. These actions cannot be tolerated and may result in the immediate discharge from program for the remainder of the school year:

- **Assault** – Physically hitting or injuring others.
- **Unsafe Behavior** – Any serious, intentional incident that could cause physical injury to others.
- **Larceny** – stealing from any person, school, organization or business.
- **Use or possession of drugs, alcohol, tobacco, matches or lighters.**

HEALTH INFORMATION

**Emergency/Health Information**
Parents are asked to provide emergency information on the Morning Program Registration Form. Information needed includes home and work phone numbers, names and phone numbers of your family physician(s), information regarding medication needs, and your child’s medical history. It is important that the Morning Program have this information and that it is current at all times.

Please notify the Community Programs Director of any changes in health needs or contact information.

**Independent Toileting**
Children must be able to self toilet as well as be able to communicate with staff in a timely manner regarding their needs to use the bathroom facilities.

**First Aid/Accidents**
If a child is slightly injured while attending the Morning Program, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid; and the parent/guardian will be notified about the injury that day.
**Serious Injury**

If a child is seriously injured or has a medical emergency while attending the Morning Program, emergency services will be called and the child will be transported to the hospital. Every effort will be made to contact the parent/guardian or emergency contact person listed on the child’s registration form. The emergency information you have provided will be taken to the hospital.

The parent authorizing treatment will be that parent signing the Morning Program Enrollment Form. That person will be the responsible party for the child receiving treatment regarding payment of all treatment costs associated with the injury.

*It is vital that the emergency information regarding your child be kept current.*

---

**WHO DO I CONTACT IF I HAVE QUESTIONS?**

Questions regarding your child’s activities or behaviors may be discussed in person with staff who directly works with your child. Additionally, you may contact the Community Programs Director. This person can be reached at 518-762-5332.

**MANDATED REPORTING OF CHILD ABUSE AND NEGLECT**

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The Morning Program will report any reasonable suspicion of abuse or neglect of a child participating in our program to the New York State Central Registry.

If you suspect a child is being abused or maltreated in New York State, call the Statewide Central Register of Child Abuse and Neglect at 1-800-342-3720. The Child Abuse Hotline is open 24 hours a day; every day of the year. Information is attached to this handbook regarding recognizing and reporting child abuse and neglect.
Child Abuse and Neglect Reporting

Recognizing and Reporting

How can I find out more about child abuse and neglect?

Child Abuse Hotline:

To report suspected child abuse or neglect, call the New York Statewide Children's Resource Center (CRC) and Parent Helpline at 1-800-342-3720.

What else can I do if I think a parent is abusing or neglecting a child?

If you suspect abuse or neglect by friends, neighbors, or relatives, ask questions often asked.

Who should I share this with?

Support groups with their children to attend a parenting class or encourage a parent who is abusing their child to seek further help are important. Other your school for example give their parents or other family members information and guidance on how to handle the situation. You can use your school to work with the child and family. You may need to adjust your approach to work with the child and family.

What if I see a child being mistreated in a public place?

Don’t give the parent dirty looks or make single statements.

Special topics

New York State Office of Children and Family Services
Report made to the Department of Children and Family Services (DCFS) by a concerned individual who believes a child is in need of protection due to the potential risk of abuse or neglect. The purpose of the report is to seek support and guidance from the department.

Why should I make a report? - If you believe a child is in a situation where they may be at risk of abuse or neglect, it is important to take action. Reporting the situation to the Department of Children and Family Services (DCFS) can help ensure the child's safety and well-being.

What is child abuse? How do I recognize it? - Child abuse is any act or omission by a parent or other person who has the care, custody, or control of a child that results in harm or the risk of harm to the child's physical or emotional well-being. It can include physical, sexual, or emotional abuse, as well as neglect.

What happens after I report? - After receiving the report, DCFS will conduct an investigation to determine the nature and extent of the alleged abuse or neglect. Depending on the findings, they may provide support services or initiate legal action.

Then what happens? - If the investigation determines that abuse or neglect has occurred, DCFS will work with the family to ensure the child's safety and well-being. This may involve workshops, counseling, or other support services.

Do I have to give my name? - No, you do not need to provide your name if you do not wish to do so. The information you provide will be kept confidential.

Was reported to DCFS by a concerned individual who believes a child is in need of protection due to the potential risk of abuse or neglect. The purpose of the report is to seek support and guidance from the department.
GESD ELEMENTARY MORNING PROGRAM

Program Policies Agreement 2023-2024

GESD ELEMENTARY MORNING Program Site Location:
SCHOOL NAME: _____________________

Student’s Name (please print) _____________________ Grade _____

Student’s Name (please print) _____________________ Grade _____

Student’s Name (please print) _____________________ Grade _____

PARENT / GUARDIAN:

➢ I have received the 2023-2024 Morning Program Parent Handbook and agree to familiarize myself with its policies and procedures. Yes ☐ No ☐

➢ I understand that I am responsible to follow the policies and procedures described within the Morning Program Parent Handbook. Yes ☐ No ☐

➢ I agree to speak with my child/children concerning the described behavior expectations and consequences. Yes ☐ No ☐

Parent/Guardian Signature _____________________ Date __________

Parent/Guardian Signature _____________________ Date __________

A PROGRAM OF THE
Mental Health Association in Fulton & Montgomery Counties, Inc.
307-309 Meadow Street, Johnstown, NY 12095
TEL (518) 762-5332 - FAX (518) 762-6823
www.mentalhealthassociation.org
Executive Director: Janine Dykeman