Student Application Checklist

Student Name: ________________

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- CACFP – Income Eligibility Form (Not for Gloversville School District or Greater Amsterdam School District)
- Parent survey
- Book bag search form
- Program Policy Agreement Form
- Student Survey
- Parent Volunteer Form
- Walk Home Permission Slip (Gloversville School District & Greater Amsterdam School District Only)
- Financial Information Form (Fonda Only)
- Do you have any other household members attending any other After School Programs? YES or NO

NAME: _________________________
Attendance
Raffle

Each Month your Child/ren must attend After School Program everyday of the MONTH

Your name goes in the raffle tub

To win a prize for the month and mentioned in the monthly newsletter

BOULEVARD, KINGSBOROUGH, PARK TERRACE ELEMENTARY AFTER SCHOOL PROGRAM
REWARDS FOR REGULAR ATTENDANCE
**Mental Health Association In Fulton and Montgomery Counties, Inc.**

**ADVANTAGE AFTER-SCHOOL PROGRAM APPLICATION**

**Kingsborough Elementary**

<table>
<thead>
<tr>
<th>CHILD'S FULL NAME</th>
<th>Date of Birth</th>
<th>AGE</th>
<th>Sex: Male □ Female □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (if different from above)</th>
<th>Date of Birth</th>
<th>AGE</th>
<th>Sex: Male □ Female □</th>
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<tr>
<th>CIRCLE THE DAYS OF THE WEEK YOUR CHILD (RE:) WILL BE ATTENDING THE AASP:</th>
<th>Date of Birth</th>
<th>AGE</th>
<th>Sex: Male □ Female □</th>
</tr>
</thead>
</table>

| SCHOOL SERVICES | SPECIAL ED □ RESOURCES ROOM □ AIS MATH □ AIS READING □ SPEECH □ COUNSELING □ 504 PLAN □ OT □ PT □ |
|-----------------|-------------------------------------------------|-----------------|-----------------|

<table>
<thead>
<tr>
<th>NAME OF PERSON APPLYING FOR CHILD</th>
<th>HOME ADDRESS</th>
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<tr>
<th>ADDRESS OF PERSON LISTED ABOVE (if different from child's)</th>
<th>HOME ADDRESS</th>
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<tr>
<th>OTHER PARENT/GUARDIAN</th>
<th>HOME ADDRESS</th>
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<tr>
<th>Special Arrangements regarding custody? If yes, please provide legal documents</th>
<th>HOME ADDRESS</th>
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<tr>
<th>MEDICAL CONDITIONS / DIAGNOSIS</th>
<th>PRESCRIPTION INFORMATION</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CONTACT NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>TELE #</th>
<th>DURING PROGRAM HOURS</th>
<th>OTHER TELE # (CHECK TYPE)</th>
</tr>
</thead>
</table>

| WRAP-AROUND: Are there days during the week your child will be arriving late or leaving early due to other school-related activities, i.e. sports or an appointment with the orthodontist? YES □ NO □ If yes, please specify days and times below AND submit a practice/game schedule. |
|----------------|----------------------|--------|----------------------|--------------------------|

<table>
<thead>
<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
</tr>
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<tbody>
<tr>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
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<table>
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<tr>
<th>AGREEMENTS:</th>
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</table>

1) I consent to the enrollment of the child listed above & have been advised of the policies regarding medication administration, services, fees & transportation provided by AASP & Office of Children and Family Services regulations under which it operates. **YES □ NO □**

2) I authorize use of Wrap-Around so my child may participate in other school-related activities during AASP hours. **YES □ NO □**

3) 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. **YES □ NO □**

4) 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. **YES □ NO □**

5) I understand that the AASP **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.** **YES □ NO □**

6) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellant, Lip Balm, Hand Lotion, Cough Drops as needed. **YES □ NO □**

7) I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other. **YES □ NO □**

8) I understand that once the Homework Period has ended, my child will participate in other program activities. **YES □ NO □**

9) I agree to review and update this information whenever a change occurs or twice during the program year. **YES □ NO □**

**SIGNATURE OF PARENT or PERSON LEGALLY RESPONSIBLE**

**OFFICE USE: REVIEWED BY**

**DATE**

**COMPLETE? YES □ NO □ IF NO, HIGHLIGHT NEEDED INFORMATION ABOVE. DATE COMPLETED**

**STAFF**
Student Name __________________________ DOB __________________________

SECTION 1. Students will only be released from the AASP 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 Advantage ASP 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 after school activities, 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 __________________________
Advantage After School 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:

Kingsborough Elementary Advantage After-School Program
A Program of Mental Health Association in Fulton & Montgomery Counties
307-309 Meadow Street
Johnstown, NY 12095

Gloversville Enlarged School District
234 Lincoln Street
Gloversville, NY 12078

*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 the 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
ADVANTAGE AFTER SCHOOL PROGRAM
ELEMENTARY SCHOOL PARENT/GUARDIAN SURVEY

Please check appropriate box.

☐ Fonda-Fultonville Elementary  ☐ Kingsborough Elementary  ☐ Park Terrace Elementary

You are invited to complete this short questionnaire about the Advantage After School Program. Your responses will be kept confidential. Your feedback will help us improve our program. By completing and returning this survey, you agree to participate in this study.

Youth’s Name: __________________________  Grade Level: ________

What is the most important one or two things for you that the Program provides for your child?

☐ Safe afterschool location  ☐ Nutritious meal or snack
☐ Increasing reading ability/level  ☐ Socialization with peers
☐ Homework assistance  ☐ Other: __________________________
☐ Developing healthy interpersonal skills/relationships, e.g. friendships

What is the biggest challenge for school/after school success that your child is facing this year?

________________________________________________________

How can the After School Program help?

________________________________________________________

Is there anything else you can tell us about your child that you think would help the After School Program support his/her success in the program?

________________________________________________________

What will/has your child enjoy(ed) in the After School Program? Check mark all that apply.

☐ Spending time with friends  ☐ Baking or Cooking
☐ Exercise/Sports/Swimming  ☐ Science Experiments
☐ Board Games  ☐ Arts and Crafts
☐ Computers  ☐ Civic Activities
☐ Other ideas: __________________________

What is the best way for the program staff and coordinator to communicate with you regarding Program happenings?

☐ Newsletter  ☐ Through School Liaison
☐ Email  ☐ Other: __________________________

Any other Comments/ideas/suggestions: __________________________
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

2023-2024 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:________________________________________
Advantage After-School Programs

Play, Learn and Grow... Together!

Parent Handbook 2023 - 2024

Program Locations
Fonda- Fultonville Elementary School
Fonda-Fultonville Middle School
Kingsborough Elementary School
Park Terrace Elementary School

A program administered by
The Mental Health Association in Fulton & Montgomery Counties, Inc.
The Afterschool Program at Park Terrace operates from 2:55pm - 5:55pm, on days that school is in full session and after school activities have not been cancelled by the district due to inclement weather, etc.

This program is available to children in grades Kindergarten through Second Grade.

In case of an evacuation at the school, the primary relocation site for the children will be Park Terrace Elementary School and the secondary relocation site will be at the Gloversville Transportation Garage in Gloversville.
HANDBOOK

This handbook contains the POLICIES AND PROCEDURES of the ADVANTAGE AFTER-SCHOOL PROGRAM.

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

Funding is provided by the New York State Office of Children and Family Services for a period of five years. There is no cost to parents/families. ($10 per child/month Fonda-Fultonville)

This program is a result of the active partnership of the Gloversville or Fonda-Fultonville School District and the Mental Health Association in Fulton & Montgomery Counties, with support from other community organizations.

The Advantage After-School program supports the development of youth programs designed to offer educational, interpersonal, and recreational activities to school age youth in safe and accessible places during non-school hours.

Mounting evidence shows that how children occupy their time during non-school hours is directly related to their ability to achieve in school and contribute to society. The critical hours from 3pm to 8pm are when the majority of crimes are committed by or against youth. These are also the hours where youth are most likely to engage in risky behaviors without adult supervision.

MISSION STATEMENT

The Advantage After-School Programs presents a safe, nurturing environment where children have opportunities to participate in activities that enhance and extend academic experiences while providing for positive social and emotional growth and development.

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 weaknesses.

The participating school districts and Mental Health Association in Fulton & Montgomery Counties will work in conjunction and cooperation to meet the goals and objectives set forth by the Advantage After-School Grant and the school districts in which the program is offered.
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. Students attending 4-5 days per week are preferred. 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 restricts a parent’s ability to seek release of his/her child, should be submitted to the School Liaison or Program Coordinator. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these papers. Therefore, it is imperative that we have the information immediately upon its dispensation.

HOURS

The Advantage After-School Program is a 3 hour program that is open Monday – Friday, directly following the normal school day dismissal time.

The program will NOT operate on early dismissal days, vacation days, snow days, and days of emergency school closings. If program is cancelled on a full session school day due to weather or some other reason, your child will be sent to the location written on the student release form.

If your child will not attend program on a given day, please notify us in advance by sending a note or email or call the school or AASP office.

EMERGENCY SCHOOL CLOSINGS

When after-school activities are cancelled by the school district (for example, due to inclement weather) the AASP will NOT be held. Families must have a back-up plan that students can initiate if program is cancelled unexpectedly. 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 AASP ANOTHER WAY to notify you.
PROHIBITED

Youth are not allowed to have MP3 players, cell phones, cameras, video games or other electronic items in the After-School Program. The above will be confiscated and sent home with parents.

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 After-School Program is not responsible for any child’s personal equipment or other items.

PROGRAM ACTIVITIES

USDA Meal
Participants will receive a healthy and nutritious snack/meal daily. In most cases, this will occur shortly after the beginning of program. All food choices are in compliance with the Child and Adult Food Care Program (CACFP) and focus on good nutrition to combat childhood obesity. Our full meal preparation agency is Kingsboro Catering.
(Gloversville programs only)

After attendance and meal time, participants will be engaged in the following activities:

Homework/Tutoring Assistance
Staff members work with youth to help complete assignments and strengthen academic skills. Participants are responsible for bringing homework and if applicable, their homework agenda to the After-School Program as they will not be allowed in classrooms to obtain homework after the academic day dismissal. Therefore, it is the youth’s responsibility to come to program prepared with all belongings. If the child does not complete their homework in the allotted time, it is expected that they will finish it at home, so that they may participate in the other activities that the program offers. All homework completed at program should be submitted to the appropriate teacher (s) by the youth on the next school day or when it is due.

Recreation
Participants have the opportunity to participate in organized physical activities, to learn large and small motor skills, and good sportsmanship.
Sneakers are required for students to participate in exercise.

Enrichment
Participants in the After-School Program may attend a variety of enrichment classes or clubs such as arts & crafts, STEM, international club, cooking club, computer, youth planning council, photography club, group exercises, and other programs based on student interests.
Service Learning Projects
When children feel a part of the community, they become more connected to family and friends, and develop a positive outlook for the future. Participants have the opportunity to take part in various service projects – projects that help members of their school and local community and, at the same time, expand the children’s view of the world.

Workshops
Several community agencies offer workshops and presentations to the students that inspire students to make positive choices and to develop high goals of themselves. Topics address boundaries, emotional and mental wellness, abstinence from tobacco, drugs, and alcohol, safety, goal setting, good decisions, and a yearly Career Exploration Week.

Aquatic Activities
If the program your child(ren) attends, offers swimming, a written, signed permission slip will be required prior to the start of this activity.

FIRE AND SHELTER IN PLACE DRILLS

Each month fire drills are conducted during different times and with different egress strategies at the after school program to ensure all children and youth know the various exit routes of the building(s) in the event of a real fire.

Shelter in Place is a response to an emergency that creates a situation in which it is safer to remain in the building/afterschool program rather than to evacuate. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. Some situations that might require sheltering in place are: severe weather conditions; a public disturbance that escalated to violent acts; a chemical or biological spill; or rabid animal sighting.

Parents/guardians will be notified in advance of when a Shelter in Place drill is scheduled.

ATTENDANCE POLICY

It is expected that a child who is enrolled in the program will attend every day they attend school unless ill or excused for special circumstances. The program will set a reasonable time (3 weeks) for regular attendance to resume before an enrollee is placed on inactive enrollment and not counted as a part of the program’s list of enrollees. An enrollee who is on inactive enrollment can be given preference to resume regular enrollment in the program when slots become available for new enrollees.
Daily attendance is taken when your child comes to the Advantage After-School Program. Please notify the program coordinator if your child will be absent. This is important so that all children who are scheduled to attend are accounted for.

If a child is scheduled to attend but does not arrive, we will look for the child within the school building, including communication with the school office and transportation department, and outdoor school property. However, if we do not find him/her, then we will:

1. Contact parent(s) and if unavailable, then
2. Contact the persons whose names you provided us on the emergency data section of the enrollment form.
3. Lastly, if your child is not found, we will contact the local law enforcement agency and report your child as missing. We will do this so we can make certain your child is out of danger.

PICK UP POLICY

Parents are required to pick up their children before the designated closing time of Program. For your child’s safety, it is required that you enter the school building to sign out your child. After-School Program staff will notify your child/ren of your arrival. Program staff will not release your child to anyone who is not on your authorized list. Persons may be added and removed as the parent/guardian deems necessary. However, this can only be done in writing. Phone calls are not accepted.

Always be on time to pick up your child from the After-School Program. If you are going to be late on account of an emergency, you must notify the program coordinator. If your child has not been picked up by closing time, our staff will try to contact you and/or anyone listed on the registration form. If no one can be reached, local authorities will be contacted. Therefore, it is extremely important to have up-to-date, accurate information for you or anyone listed as a contact on the student release form.

No student will leave the program unsupervised (i.e. to walk home) without prior written notification from parents or legal guardian stating that it is acceptable for this student to leave the program without supervision. (This only applies to Gloversville Advantage After School Programs).

Any youth who is not picked up by a parent or person listed on the Registration Form by closing time is considered late. Parents/guardians will incur a late fee of $50.00 for every 15 minute period, or fraction thereof, a child remains at program beyond closing time. This fee is used to pay the staff members who must remain with the youth and are due within one week of the late pick-up date on the Statement of Late Pick-Up Fee form.
SCHOOL BUS POLICY

Youth who receive transportation from the school district will need a note from their caregiver stating that the child is to come to the after school program, rather than take the bus. Also, it is important that the Student Release Form is current and accurate so in case the school closes early your child is aware of his/her transportation route to home, e.g. bus; pick-up; walking.

SHUTTLE SERVICE

A shuttle bus service will operate from the Boulevard Elementary School to the primary school (Park Terrace or Kingsborough) near the end of the program time, or at approximately 5:00pm - 5:30pm to take students home (In case you have 1 child at each school). This shuttle service is an effort to reduce the parent’s need to go to multiple locations to pick up their children at various afterschool program locations, if they should have children at Park Terrace or Kingsborough and Boulevard.

PARENT INVOLVEMENT

Parent and guardian involvement is strongly encouraged at the After-School Program.

You are welcome to visit at any time and encouraged to become a regular volunteer. Volunteers are needed to plan and chaperone special events, to provide enrichment activities, and to offer assistance to staff members. Please contact the Program Coordinator if you are able to volunteer in the After-School Program.

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 Program Coordinator 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.

OCFS SCHOOL-AGE CHILD CARE REGULATIONS
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.”

(NYS OCFS School-Age Child Care Regulations).

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 Site Supervisor as well as the Program Coordinator immediately.

Any behavior that causes concern should be addressed tactfully with a parent/guardian by the Site Supervisor. The Program Coordinator 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 Program Coordinator. Parents are asked to sign the report which indicates they were informed of the incident and may receive a copy.

Behavior Interventions
The Program Coordinator, in collaboration with the Site Supervisor 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, Program Coordinator and/or Site Supervisor to determine if the child requires a more controlled, smaller setting than the After-School 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 Program Coordinator 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 After School 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 Program Coordinator.

At the AASP, there is a ZERO TOLERANCE for the behaviors listed below. These will not 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, lighters, firearm, BB gun, or other weapon.**
HEALTH INFORMATION

Illness Policy
If an After-School Program participant becomes ill, a parent or authorized person will be called to pick up the child.

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

Please notify the Program Coordinator 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.

Medications
The After-School Program has staff certified to administer medications. If your child needs medication during program hours please make the necessary arrangements with the Program Coordinator.

First Aid/Accidents
If a child is slightly injured while attending the Advantage After-School Program, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid. The parent/guardian will be notified that day when they come to pick up their child of the injury.

Serious Injury
If a child is seriously injured or has a medical emergency while attending the Advantage After-School 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 Advantage After-School 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 ARE THE STAFF MEMBERS?

Program Aides, Assistants and Supervisors work directly with the students; they model and encourage appropriate behaviors in a positive, constructive environment. Program Assistants plan and implement activities suitable for the children’s abilities and learning styles while providing direction and oversight to Program Aides. They work in collaboration with the Site Supervisor who supervises students and oversees the staff and daily activities.

The School Liaison works with parents to facilitate a stronger relationship between the school and the family. At times, a sizeable group of parents are waiting at the Parent Table – please be PATIENT so that you may receive staff’s full attention.

All staff report to the Program Coordinator, who is responsible for all aspects of the daily functioning of the program. The Program Coordinator reports to the MHA Community Services Director of the Mental Health Association in Fulton & Montgomery Counties.

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 or the Program Site Supervisor. Additionally, you may contact the Program Coordinator. The Program Coordinator or designated person in charge is at the program every day. The MHA Community Services Director can be reached at 518-762-5332. Additionally, if you have concerns or complaints that you feel have not been properly addressed the OCFS Division of Child Care Services has a toll-free complaint line (800)732-5207. The website is ocfs.ny.gov, and Part 414 School-Age Child Care Regulations can be located on this website.

MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The Advantage After-School 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.

A copy of the OCFS school–age program regulations, along with the names, addresses and phone numbers of people with administration authority is available for your viewing at the desk of the School Liaison.
What is child abuse? How do I recognize it?

Child abuse includes physical abuse, physical neglect, sexual abuse, and emotional abuse of a child under 18 years of age by a parent or other caretaker.

**Physical abuse** is a non-accidental injury to a child by a parent or caretaker. You may see frequent and unexplained bruises, burns, cuts, or injuries; the child may be overly afraid of the parent’s reaction to misbehavior.

**Physical neglect** is a parent’s failure to give the child food, clothing, hygiene, medical care, or supervision. You may see a very young child routinely left alone at home. You may know that a severe illness or injury is not being medically treated. A neighbor’s child may frequently turn up at your door— inadequately dressed for the weather— saying his or her parent told him or her to stay away. Physical neglect can be hard to determine. Sometimes what you see is simply poor judgment, but not neglect; sometimes what you see is the result of poverty, and not parental neglect.

**Sexual abuse** ranges from non-touching offenses, such as exhibitionism, to fondling, intercourse, or using the child for pornographic materials. You may see sexual behavior far beyond what is expected for the child’s age; a young child might have sudden, unusual difficulty with toilet habits; there may be pain, itching, bruises or bleeding in the genital area. The child might tell you.

**Emotional abuse** includes severe rejection, humiliation and actions intended to produce fear or extreme guilt in a child. You may see a parent who verbally terrorizes the child, who continually and severely criticizes the child, or who fails to express any affection or nurturing.

Why should I make a report if I suspect child abuse or neglect?

The reason to make a report is to get help for the child and the family. The Statewide Central Register of Child Abuse and Maltreatment (Child Abuse Hotline) will notify the local Child Protective Services (CPS), which is part of the county Department of Social Services. In New York City, the Administration for Children’s Services (ACS) will be notified. CPS will investigate and take needed action to protect the child and to help the parent solve problems that are leading to abuse or neglect. For example, the family may be referred to day care or homemaker services to help relieve the pressures of parenthood. CPS might suggest counseling, participation in an alcohol program, or a parenting education program.

**Will the child be taken away from the home if I report?**

Only if the child is in immediate danger will she or he be taken into protective custody. Removing the child from the home is not a routine occurrence. Unless the child is in serious danger, the goal is to keep the family together.

Then what happens?

Within 24 hours of receiving a report, CPS begins an investigation. Within 60 days they must determine whether the reported suspicion is “indicated” or “unfounded.” Indicated means there is evidence that the children have been abused or neglected. If abuse or maltreatment is indicated, CPS will develop a plan with the family to protect the child and to help the parents solve problems that are leading to abuse or neglect.

Should I be certain? What if I make a mistake?

You need to have a reasonable suspicion of child abuse, not to prove it or be absolutely certain. You might be mistaken, but it is better to err on the side of the child. Not reporting your suspicions may mean that abuse will continue.

If you make a report in good faith, you are immune from civil or criminal liability.

Do I have to give my name? If I do, will it be confidential?

Reports may be made anonymously. Although you don’t have to give your name, we recommend that you do so. The CPS caseworker who will investigate the situation is not the same person—or even the same office—that takes your report.

The caseworker may want to talk to you for additional information or clarification. Giving your name will assure that the worker can contact you, and that important information will not be forgotten or lost. Your name will be kept confidential. By law, CPS may not release the name of the person who made the report to the family who was reported.
Recognizing and Reporting
Child Abuse and Neglect

Questions often asked by friends, neighbors and relatives

How will I know what happens after I make a report?

You may not know, except by seeing changes in the child and family. Our laws require CPS to work under very strict confidentiality rules. The protection of everybody involved. The workers cannot share information about the report.

You can be assured that if the hotline took your report, CPS is responding to the situation. The law requires that CPS must investigate all reports taken by the hotline. If you think the situation has not changed, or if you know of another incident of abuse or neglect, you may and should make another report to the hotline.

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

You can let the parent know that you are concerned about her or him. Realize the parent may be under stress. Feeling lonely and isolated, or inadequate as a parent. Offer your support. For example, offer her or him a break by taking care of the children for awhile. Encourage the parent to seek other help. Encourage a parent who is having difficulty dealing with their children to attend a parenting class or support group.

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

Don't give the parent dirty looks or make snide remarks. That may increase the parent's anger and make things worse. There are positive, supportive things you can say and do. For example, "It looks as if it's been a long day for both of you." "Children can wear you out. Can't there be something I can do to help?" Strike up a conversation with the adult, see if you can direct the parent's attention away from the child. Praise the child and parent at the first opportunity.

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

For information about child abuse and neglect, refer to local organizations that help parents and children, and to find out what you can do to prevent child abuse, call the Prevention Information Resource Center (PIRC) and Parent Helpline. The PIRC and Parent Helpline can be reached from anywhere in New York State, toll-free, 24 hours a day, in English and Spanish: 1-800-342-PIRC (7472).

To report suspected child abuse or neglect, call the New York Statewide Child Abuse Hotline:

1-800-342-3720

New York State Office of Children and Family Services
New York State Office of Children & Family Services
12 Washington Street | New York, NY 12144
infoochs.ny.gov

NYC Administration for Children's Services
159 Williams Street | New York, NY 10038
www.nyc.gov

Pub 5095 (Rev. 06/2011)
Purpose:

To provide guidance and procedures to be followed in our OCFS SACC licensed programs for both the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis.

Revision history:

Applies to the following employees:

OCFS Afterschool Programs employees, Community Programs Director, Afterschool Operations Manager

Policy:

It is the policy of The Mental Health Association in Fulton and Montgomery Counties to provide for the prevention of anaphylaxis and the response during an anaphylaxis emergency.

Definitions:

Anaphylaxis – a severe, potentially life-threatening allergic reaction. The reaction can occur within seconds or minutes of exposure to an allergen.

Responsibilities:

All staff employed in an OCFS SACC licensed program must familiarize themselves with the DOH/OCFS Anaphylaxis Policy for Day Care Programs as well as with this policy of MHA.

Procedures:

1. Each program year any youth being considered for enrollment in a SACC - licensed afterschool program must complete an enrollment packet which includes a specific section on known allergies. This packet is completed annually for both new and returning youth.

2. If a youth has a known allergy(s) an Individual Allergy and Anaphylaxis Emergency Plan will be completed by the parent/guardian along with the youth’s Healthcare Provider. This plan will be updated as necessary throughout the program year. This plan will be reviewed annually.
3. A list of each child’s known allergies will be maintained in each youth grouping, e.g. first grade, etc. by the program assistant or the lead staff of that child grouping. All staff will know this information and its location.

4. All staff will receive a copy of the program’s Health Care Plan and will attest by signature that they have reviewed it in its entirety. All staff will review the Health Care Plan annually.

5. Part of the orientation to an afterschool program will be a review by the program coordinator with the new staff of any youth in the new staff’s assigned group that has an Individual Allergy and Anaphylaxis Emergency Plan.

6. All staff will watch the OCFS video, “Identifying and Responding to Anaphylaxis” prior to any Independent supervision of youth.

7. For staff over the age of 18 who watched the OCFS video, “Identifying & Responding to Anaphylaxis” and are MAT certified, will be able to administer youth-specific epinephrine auto-injectors. Non-MAT certified staff who are trained by the parents, and also watch the OCFS video, “Identifying & Responding to Anaphylaxis” will be able to administer youth specific epinephrine auto-injector pens in an emergency. These auto-injectors are located in a locked cabinet in the program coordinator’s office.

8. A log of the current youth-specific epinephrine auto-injectors will be kept with the youth’s name, date of birth and auto-injector prescription number and expiration date. This log will be reviewed monthly by the program coordinator for expirations. If the auto-injector is used or expires this will be documented and a request for a new auto-injector will be made to the parent/guardian. A copy of the log will be submitted to their supervisor with their monthly reports.

9. If an anaphylaxis episode is suspected the steps in the youth’s Individual Allergy and Anaphylaxis Emergency Plan are to be followed, and the youth is to be given epinephrine right away. After the epinephrine is administered, 911 is to be called or if staffing allows, another person can call 911 while the epinephrine is given. The parent/guardian is then notified along with the program’s OCFS licensor and an OCFS-4436 Form, Incident Report for Child Care is completed. This form is submitted to the program’s OCFS licensor with a copy kept in the youth’s file and a copy sent to the Association’s Executive Director.

10. In order to reduce the risk of exposure to allergens all OCFS afterschool programs will have latex-free gloves; posters that provide food allergy awareness and are displayed in areas where snack, meals or activities that involve food take place; and handwashing will occur for all staff and youth before and after eating.
A copy of the OCFS school-age program regulations, along with the names, addresses and phone numbers of people with administration authority is available for your viewing at the desk of the School Liaison.

ADVANTAGE AFTER SCHOOL PROGRAM

Program Policies Agreement 2023-2024

Advantage After School Program Site Location: _______________________

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 AASP 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 AASP 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
PARENT VOLUNTEER FORM

☐ Fonda-Fultonville Elementary School ☐ Park Terrace Elementary School
☐ Fonda-Fultonville Middle School ☐ Kingsborough Elementary School

Would you like to volunteer at our After School Program?

Parent volunteers are extremely valuable components of the educational process. Acting as a parent volunteer is a great way to find out what goes on in your child’s after school program and to help support your program and school. Because of the tremendous impact that parent volunteers can have on students, we believe that all parent volunteers should possess the following personal characteristics:

› You must like and enjoy working with children.
› You must feel that being a parent volunteer is an important position, worthy of your time and effort.
› You must be willing to work with many different students in a variety of situations.
› You must be able to accept the responsibility that goes along with your position.
› You must be of good and reliable character.

If you are interested in being a parent volunteer, please fill out the remainder of this form and return it to the After School Program Coordinator.

_________________________  ______________________  ______________________
Your Name                Phone                      E-Mail

Your child(ren)’s Name(s): ____________________________ Grade: ______

_________________________________________________

1. In which activities would you like to volunteer?

☐ Homework Help
☐ Tutoring
☐ Family Nights / Special Events
☐ Other _______________________________

2. Which areas of knowledge or expertise would you be willing to offer to the program?

☐ Computer skills
☐ Reading
☐ Other _______________________________

☐ My hobby _______________________________
☐ My career _______________________________
☐ My cultural heritage _______________________________
3. **When are you available to volunteer in the program?**

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*Thank you for sharing your time with our After School Program.*
ADVANTAGE AFTER SCHOOL PROGRAM
BEGINNING OF PROGRAM ELEMENTARY STUDENT SURVEY

Please check appropriate box.
☐ Kingsborough Elementary    ☐ Park Terrace Elementary

Student Name: ___________________________  Circle Grade: K 1 2

What do you want to do in the After School Program this year? (check off as many as you would like)
☐ Cooking  ☐ Exercise / Sports
☐ Arts & Crafts  ☐ Computer Games / Activities
☐ Spending time with my friends  ☐ Do projects that help others / our community
☐ Board Games  ☐ Drama Club
☐ Homework  ☐ Scrapbooking

Other Ideas to make the program more interesting or you: ___________________________

____________________________

Do you like going to school?  Yes  No  (circle one)

Do you study hard for tests?  Yes  No  (circle one)

Do you enjoy learning new things?  Yes  No  (circle one)

I am attending the After School Program because: (check off only one)
☐ My parents want me to  ☐ I can’t be home alone
☐ I want help with my homework  ☐ It sounds like fun
☐ My friends are here  ☐ Other: ___________________________

If you attended last year, what did you like best about the program? ___________________________
EASP/AASP Program 2023-2024

WALK HOME PERMISSION FORM

Please check-mark the appropriate spot for your child:

1. This does not apply to my child/ren, he or she will be picked up ______

2. This applies to my child/ren ______

If this DOES apply to your child, please complete the information below:

I, __________________________ hereby give my permission for the Advantage/Empire After-
(Parent/Guardian’s Name) School staff to dismiss my child/ren:

_______________________________
(Child/ren Name)

to walk home on:

(Circle the days of the week that apply to your child/ren) Mon Tues Wed Thurs Fri

at _______ P.M.

I authorize my child to walk home from program when dismissed and I understand the program staff would prefer my child to be picked up at the end of the program day.

Parent signature ____________________________ Date ____________________

Advantage Staff signature __________________________ Date ____________________