

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)
- Parent Sign Off Sheet Health Care Plan

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

9/21 2021 - 2022		Mental Health Association In Fulton and Montgomery Counties, Inc. EMPIRE STATE AFTER-SCHOOL PROGRAM APPLICATION		Boulevard Elementary Park Terrace		Kingsborough SUMMER PROGRAM	
CHILD'S FULL NAME				Date of Birth	AGE	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
CHILD'S HOME ADDRESS				Home Tele			
MAILING ADDRESS (if different from above)				TEACHER		GRADE	
Circle the days of the week your child (children) will be attending the After School Program Mon. Tues. Wed. Thurs. Fri. Pick – Up Time:				SCHOOL SPECIAL ED <input type="checkbox"/> RESOURCE ROOM <input type="checkbox"/> AIS MATH <input type="checkbox"/> AIS READING <input type="checkbox"/> SERVICES: SPEECH <input type="checkbox"/> COUNSELING <input type="checkbox"/> 504 PLAN <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/>			
NAME of PERSON APPLYING FOR CHILD:			Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELE		DAY TIME TELE	
ADDRESS of PERSON LISTED ABOVE (if different from child's)				EMAIL ADDRESS			
OTHER PARENT/GUARDIAN			HOME ADDRESS		DAY TIME TELE		
Special Arrangements regarding custody?				Siblings, Ages			
Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, what is your child allergic to?				
*** Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with the Program Coordinator. DOES YOUR CHILD HAVE SPECIAL NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Medical Conditions / Diagnosis Physical Limitations / Surgeries				Prescription Information any medicines taken regularly			
Child's Source of Medical Care / Primary Care Physician's Name					TELE		
Child's Source of Dental Care / Dentist's Name					TELE		
Name of Medical Care Facility / Hospital					TELE		
HEALTH INSURANCE		ID NUMBER	GROUP NUMBER		PERSON WHO CARRIES INSURANCE		
E M E R G E N C Y	D A T A	CONTACT NAME		RELATIONSHIP to STUDENT	TELE # During Program Hours		OTHER TELE # (Check Type)
					Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>		Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
					Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>		Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
					Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>		Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
					Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>		Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
WRAP-AROUND: Are there days during the week your child will be arriving late or leaving early due to other after school-related activities, i.e. sports or an appointment with the orthodontist? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify days and times below AND submit a practice/game schedule.							
CIRCLE ONE		FALL	WINTER	SPRING			
AGREEMENTS:							
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 the program & Office of Children and Family Services regulations under which it operates. YES <input type="checkbox"/> NO <input type="checkbox"/>							
2) I authorize use of Wrap-Around so my child may participate in other school-related activities during program hours. YES <input type="checkbox"/> NO <input type="checkbox"/>							
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 <input type="checkbox"/> NO <input type="checkbox"/>							
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 <input type="checkbox"/> NO <input type="checkbox"/>							
5) 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. YES <input type="checkbox"/> NO <input type="checkbox"/>							
6) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellent, Lip Balm, Hand Lotion, Cough Drops as needed. YES <input type="checkbox"/> NO <input type="checkbox"/>							
7) I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other. YES <input type="checkbox"/> NO <input type="checkbox"/>							
8) I understand that once the Homework Period has ended, my child will participate in other program activities. YES <input type="checkbox"/> NO <input type="checkbox"/>							
9) I agree to review and update this information whenever a change occurs or twice during the program year. YES <input type="checkbox"/> NO <input type="checkbox"/>							
SIGNATURE of PARENT or PERSON LEGALLY RESPONSIBLE						DATE	
OFFICE USE: REVIEWED BY		DATE	COMPLETE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, HIGHLIGHT NEEDED INFORMATION ABOVE.		DATE COMPLETED	STAFF

EMPIRE STATE AFTER-SCHOOL PROGRAM
STUDENT RELEASE FORM 2021 - 2022

Student Name _____ DOB _____

► **SECTION 1.** Students will only be released from the after school 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 After School 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 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 _____

Empire State After School Program
RELEASE OF INFORMATION
School Year 2021-2022

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:

Boulevard, Kingsborough, Park Terrace Elementary Empire After-School Program Administered by Mental Health Association in Fulton & Montgomery Counties 307-309 Meadow Street Johnstown, NY 12095	Gloversville Enlarged School District 234 Lincoln Street Gloversville, NY 12078
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***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 2021-2022
☐ 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

EMPIRE STATE/ADVANTAGE AFTER SCHOOL PROGRAM ELEMENTARY SCHOOL PARENT/GUARDIAN SURVEY

Please check appropriate box.

- ☐ Boulevard Elementary School
☐ Kingsborough Elementary ☐ Park Terrace Elementary

You are invited to complete this short questionnaire about the 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?

- | | |
|--|---|
| <input type="checkbox"/> Safe afterschool location | <input type="checkbox"/> Nutritious meal or snack |
| <input type="checkbox"/> Increasing reading ability/level | <input type="checkbox"/> Socialization with peers |
| <input type="checkbox"/> Homework assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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.

- | | |
|---|--|
| <input type="checkbox"/> Spending time with friends | <input type="checkbox"/> Baking or Cooking |
| <input type="checkbox"/> Exercise/Sports/Swimming | <input type="checkbox"/> Science Experiments |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Civic Activities |
| | <input type="checkbox"/> Other ideas: _____ |

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Through School Liaison |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other: _____ |

Any other Comments/ideas/suggestions: _____

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)

- | | |
|--|---|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Exercise / Sports |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Computer Games / Activities |
| <input type="checkbox"/> Spending time with my friends | <input type="checkbox"/> Do projects that help others / our community |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Drama Club |
| <input type="checkbox"/> Homework | <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> My parents want me to | <input type="checkbox"/> I can't be home alone |
| <input type="checkbox"/> I want help with my homework | <input type="checkbox"/> It sounds like fun |
| <input type="checkbox"/> My friends are here | <input type="checkbox"/> Other: _____ |

If you attended last year, what did you like best about the program? _____

EMPIRE STATE AFTER SCHOOL PROGRAM BEGINNING OF PROGRAM ELEMENTARY STUDENT SURVEY

Please check appropriate box.

☐ Boulevard Elementary

Student Name: _____

Circle Grade: 3 4 5

What do you want to do in the After School Program this year? (check off as many as you would like)

- | | |
|--|---|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Exercise / Sports |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Computer Games / Activities |
| <input type="checkbox"/> Spending time with my friends | <input type="checkbox"/> Do projects that help others / our community |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Drama Club |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Scrapbooking |

Other Ideas to make the program more interesting to or for 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)

- | | |
|---|--|
| <input type="checkbox"/> My parents want me to | <input type="checkbox"/> I can't be home alone |
| <input type="checkbox"/> I want help with my homework | <input type="checkbox"/> It sounds like fun |
| <input type="checkbox"/> My friends are here | <input type="checkbox"/> Other: _____ |

If you attended last year, what did you like best about the program? _____




ADVANTAGE AFTER SCHOOL PROGRAM

K – 2ND GRADE STUDENT SURVEY – END OF SCHOOL YEAR

Staff: Please check appropriate box

☐ Kingsborough Elementary

☐ Park Terrace Elementary




	 Yes	 No	 I don't know
I felt safe in the after school program.			
My program leader helped me learn about math.			
I liked going to the after school program.			
All the kids in my grade that went to program followed the rules.			
I liked the activities of the program.			
I read better because of the after school program.			
I always finished my homework.			
My family helped me with my homework.			
I got good grades in school because of the program.			
I had fun at the after school program.			
My parents came to the after school program with me sometimes.			
I liked when we had guest speakers.			
My favorite was: _____			
The program staff were there for me if I needed to talk.			
I want to come back to the after school program next year.			

EMPIRE STATE AFTER SCHOOL PROGRAM

3RD – 5TH GRADE STUDENT SURVEY – END OF SCHOOL YEAR

Please check appropriate box

☐ Boulevard Elementary

	 Yes	 No	 I don't know
I felt safe in the after school program.			
All the kids in the program followed the rules.			
I have lots of friends in the program.			
My parents wanted me to be in the program.			
I liked going to the program.			
We had lots of fun activities in the program.			
The staff in my grade were considerate and fair.			
My program leader helped me with my homework.			
My program leader helped me learn how to solve problems.			
My program leader helped me understand my school work better.			
I always finished my homework.			
I think I got good grades in school because of the program.			
My program leader liked me.			
I liked when we had guest speakers at the after school program. My favorite was: _____			
My parents helped and checked my homework when I got home.			
My parents came to program with me.			
The program staff were there for me if I needed to talk.			
I want to come back to the after school program next year.			

Here are my ideas for next year's program: _____

EMPIRE AFTER SCHOOL PROGRAM ELEMENTARY SCHOOL PARENT/GUARDIAN END OF SCHOOL YEAR SURVEY

Please check appropriate box.

☐ Boulevard Elementary

☐ Kingsborough
Elementary

☐ Park Terrace Elementary

You are invited to complete this short questionnaire about the Empire 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 was the most important one or two things for you that the Program provided for your child?

- ☐ Safe afterschool location
- ☐ Increasing reading ability/level
- ☐ Homework assistance
- ☐ Developing healthy interpersonal skills/relationships, e.g. friendships

- ☐ Nutritious meal or snack
- ☐ Socialization with peers
- ☐ Other: _____

What was the biggest challenge for school/after school success that your child faced this year?

Did the After School Program help address that challenge? ☐ Yes or ☐ No

- And how so or how not? _____

Was there anything else you can tell us about your child's experience in the After School Program that helped support his/her success in the program?

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

- ☐ Spending time with friends
- ☐ Exercise/Sports/Swimming
- ☐ Board Games
- ☐ Computers

- ☐ Baking or Cooking
- ☐ Science Experiments
- ☐ Arts and Crafts
- ☐ Civic Activities
- ☐ Other ideas: _____

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

- ☐ Newsletter
- ☐ Email _____
- ☐ Through School Liaison
- ☐ Other: _____

Any other Comments/ideas/suggestions: _____

**EASP/AASP Program
2021-2022**

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**
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 _____



Empire State After-School Program



Parent Handbook 2021 - 2022

Program Location

Boulevard Elementary School
Kingsborough Elementary School
Park Terrace Elementary School

A program administered by
The Mental Health Association in Fulton & Montgomery Counties, Inc.

EMPIRE STATE AFTER SCHOOL PROGRAMS
SITE LOCATION: BOULEVARD ELEMENTARY SCHOOL

Program Coordinator: Katie Kiffney

Telephone Number: (518) 774-0416

Email Address: katherine.kiffney@gesdk12.org

The Summer Program at Boulevard Elementary School operates from
8:30pm - 3:00pm, Monday - Thursday.

This program is available to children who attend Boulevard
Elementary School, Kingsborough, Park Terrace. and are in grades
Kindergarten through Fifth Grade.

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 **EMPIRE STATE AFTER-SCHOOL 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, with support from other community organizations.

The Empire State After-School Program supports the development of educational, interpersonal, and recreational activities for school age youth that are offered at the school location where children have a safe place to be after school.

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 Empire State After-School Program 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 obstacles.

The Gloversville Enlarged School District and Mental Health Association in Fulton & Montgomery Counties will work in conjunction and cooperation to meet the goals and objectives set forth by the Empire State After-School Program Grant and the Gloversville Enlarged School District.

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 Family 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 documents. Therefore, it is imperative that we have the information immediately upon its dispensation.

HOURS

The Empire State After-School Program is a 3 hour program that is open Monday – Friday, directly following the normal 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, send a note or call the school or notify the After School Program Coordinator.

EMERGENCY SCHOOL CLOSINGS

When after-school activities are cancelled by the school district (for example, due to inclement weather) the After School Program 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 After 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 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, that may be lost, stolen, or broken during program.

PROGRAM ACTIVITIES

USDA Meal

Participants will receive a healthy and nutritious meal daily. This will be served most days directly following the youth's signing into 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.

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. Youth are responsible for bringing homework to the After-School Program as they will not be allowed in classrooms to obtain homework after dismissal. Additionally, they are also responsible for submitting assignments to their classroom teacher on the next school day. 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 they may participate in the other activities that the program offers.

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.

FIRE AND SHELTER IN PLACE DRILLS

Each month fire drills are conducted during different times and with different egress strategies at the afterschool 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. These drills are required twice a year.

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 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 your 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.

Any student 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 student remains at program beyond closing time. This fee is used to pay the staff members who must remain with the student and are due within one week of the late pick-up date on the *Statement of Late Pick-Up Fee 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.

SCHOOL BUS POLICY

Students 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 5:30pm 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.

BEHAVIOR EXPECTATIONS AND MANAGEMENT

WE EXPECT YOUTH 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.

WHAT ARE THE CONSEQUENCES FOR MISCONDUCT?

When a child's behavior causes concern, a staff member will speak with the youth and consequences will be determined by the Site Supervisor and/or Program Coordinator. Consequences for any behavior that causes concern range from:

- 1). Separation from the group for a brief period of time,
- 2). Separation from the group for the remainder of the day, and
- 3). Program suspension from one to five days.

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 After School 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, staff, and community members who may be at program. 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

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 After-School 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 when they come to pick up their child.

Serious Injury

If a child is seriously injured or has a medical emergency while attending the 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 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 who work with the **Program Aides** to provide educational, fun, and interesting activities each day. The Assistants and Aides work in collaboration with the **Site Supervisor** who supervises the 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, collaboratively work with the Site Supervisor overseeing the daily operations of the program. The Program Coordinator reports to the Community Services Director who in turn reports to the MHA Executive Director of the Mental Health Association in Fulton & Montgomery Counties who renders any final determinations.

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 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 Executive 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, along with a copy of these regulations at the parent table.

MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

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

EMPIRE STATE AFTER SCHOOL PROGRAM

Program Policies Agreement 2021-2022

Empire State 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 2021-2022 After School 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 After School 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

PARENT VOLUNTEER FORM

<input type="checkbox"/> Boulevard Elementary School	
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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
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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?

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					
Exceptions:					

Thank you for sharing your time with our After School Program.