

**Hancock Community Education Foundation After/Before School Program  
Enrollment Application and Agreement**

This form must be complete before your child can attend the After /Before School Program

Name of Child \_\_\_\_\_ Today's Date \_\_\_\_\_ Grade \_\_\_\_\_

Gender M / F Race: White / Hispanic/ African American / Other DOB \_\_\_\_\_

Total number of family members \_\_\_\_\_ Special Education Y / N IEP Y / N

Teacher \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Workplace \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_ same as above

City \_\_\_\_\_ Workplace \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Before School Program 7:00 am until 8:00 am in the 5-9 grade after school room. Self-Transport only.**

My child, \_\_\_\_\_, will be attending the before school program on  
the following days Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**K-9<sup>th</sup> Grade After School Program 2:30 pm-5:30 pm**

My child, \_\_\_\_\_, will be staying after school on the following days  
for the After School Program: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**There is a 48-hour waiting period for all students after application is returned. This provides time to notify  
the bus garage and school with the names and address of students. Parents must send a note to the school  
that your child will be attending ASP and what days they will be attending ASP.**

**After School Program Transportation Agreement**

My child will: \_\_\_\_\_ Take the late bus at 5:30 to home / \_\_\_\_\_

\_\_\_\_\_ Walk home at 5:30

\_\_\_\_\_ Will be picked up at school at 5:30

If bus drivers are not available on any given day the program will be self-transport. You will be notified in  
advance.

Parent/Guardian Signature \_\_\_\_\_

Other persons authorized to release your child: under NO circumstances will your child be released to anyone not identified below or not otherwise known to staff without authorization from the parent/guardian.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name of person who your child should **NOT** be released to \_\_\_\_\_

**Health** – Any health or special situations concerning the child of which the director or assistants need to be aware, such as allergies, existing / pre-existing illnesses, injuries, disabilities or any medications prescribed for long term use: \_\_\_\_\_

Does your child have dietary restrictions? YES \_\_\_\_ NO \_\_\_\_ If yes, what? \_\_\_\_\_

Topical ointments may be used by the After School staff on my child as needed, (sunscreen, antibiotic cream)

YES \_\_\_\_ NO \_\_\_\_ Parent Initials \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL AUTHORIZATION** – We hereby grant the After School Program permission for the above-named child to: (a) Take part in all program activities including the use of all indoor and outdoor equipment.

(b) Be photographed or videotaped in connection with daily program activities.

(c) Take part in supervised walking field trips off premises.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hours** – Unless otherwise specified, hours of operation will be from 2:30 till 5:30 p.m., Monday, Tuesday, Wednesday, Thursday, and Friday. The schedule operates on a school schedule; if school is not in session for any reason the program will not operate. We would like to give every child an opportunity to attend. If there is an Early Dismissal, there will be no After School Program on that day. After School Program activities may be cancelled due to weather-related or unforeseen circumstances.

**If your child is not picked up the acting Director will call all emergency numbers.**

**Cancellation will be posted on the HCS Emergency number at (607) 637-8000. Please do not contact the Elementary School office.**

**Transportation** – Will be provided for students in the program by Hancock Central School. Group leaders will take students to their bus/parent at 5:30 each day. Please do NOT enter the building to pick up your child. This causes confusion and we need to deliver each child to their transportation safely. If you will be providing transportation, please be prompt when you arrive. Consistently late pickups will be grounds for dismissal of your child. The acting Director will stay at the school until every student has arrived home safely.



**Field Trips** – A permission slip will be sent home one week prior to any Field Trips. These permission slips must be returned to the After School Program by Thursday prior to the Friday Field Trip. Parents are responsible to pick up their child/children after all Field Trips.

**Early Dismissal** – Only authorized persons will be allowed to pick up your child from the program. When picking up a child early you will need to sign your child out with the acting Director. Identification will be required for unknown persons. 5-9 grade students can sign out of the program to attend regular school activities with written permission from their parent/guardian. These activities include, but are not limited to sports, plays, book club and remediation.

**Illness** – If a child becomes ill during the program the director will call the emergency contact information. The Director/Acting Director will stay with that child in the health office until his/her parent/guardian arrives.

**Snacks** – Nutritious snack will be provided on a daily basis.

**Activities** – The program provides homework assistance, recreational activities, and enrichment activities. All students are required to participate in the daily activities designed by the curriculum coordinator and Program Director.

**Volunteers** – Parents and Guardians are encouraged to volunteer. All volunteers must fill out an application and be approved by SACC before they work with the children.

**Visitors** – A visitor is someone that is not employed by the Hancock Community Education Foundation. All visitors must sign in at the main office and get a visitor pass.

**Rules** – The following rules will be in effect during program hours:

\*All children are expected to follow directions given by volunteers and employees of the After School Program  
\*Inappropriate language, bullying, lying, racial comments, cheating, yelling, running in the hallways, and other unacceptable behavior as determined by the Program Director.

1<sup>st</sup> offense: Parent/guardian will be contacted to discuss what happened and referral will be sent home.

2<sup>nd</sup> offence: Parent/guardian will be contacted to discuss what happened. Student will be dismissed from the program for 1 week, and referral will be sent home.

3<sup>rd</sup> offence: Parent/guardian will be contacted to discuss what happened. A referral will be sent home explaining that the child's behavior does not meet the standards of the program and they are no longer welcome to attend.

The following behaviors will result in immediate loss of the privilege to attend the After School Program:

- Destruction of school or personal property
- Use or possession of cigarettes, flame-producing materials, alcohol, drugs, or drug paraphernalia.
- Use or possession of weapons
- Any act or threat of violence or harm towards oneself or others



The Hancock Community Education Foundation's goal is to have a safe, productive, and fun environment where children can receive assistance with their studies and engage in recreational activities. Please go over the rules with your child and have them sign this agreement and application with you.

**ENROLLMENT AGREEMENT:** By signing this agreement you agree to send your child on the day(s) you have specified. If your child will not be attending, they will need to be excused for that day. Please send a written excuse to your child's teacher. If your child is absent from school, we will not need an excuse as we will have the daily attendance log. If your child does not attend on a regular scheduled day and we have not been notified the Acting Director will call all contact numbers to find out if you would like to un-enroll your child from the program, a written request must be sent to the main office.

Please initial each section to indicate that you have received and read a copy of the After School Program's policies. If you have any questions, please ask.

I have received and read a copy of the After School Program's policies including:

- The responsibilities of the program \_\_\_\_\_
- The responsibilities of the parent/guardian \_\_\_\_\_
- The policies of the program regarding admission and disenrollment policies \_\_\_\_\_
- How parents will be notified of accidents, serious incidents \_\_\_\_\_
- The plan for behavioral management \_\_\_\_\_
- The evacuation plan (see attached) \_\_\_\_\_
- The program's activities \_\_\_\_\_
- A summary of the program's health policies to include the level of illnesses the program will accommodate \_\_\_\_\_
- Actions the program will take in the event a child is not picked up as scheduled \_\_\_\_\_
- Meal arrangements \_\_\_\_\_
- Instructional materials on the available procedures if they suspect their child has been abused or maltreated (refer to "say no" materials) \_\_\_\_\_
- How to access the regulations posted on site and on ocfs.ny.gov website \_\_\_\_\_
- Contact information for the Office, including the Child Care Complaint Line (refer to childcare materials 1-800-732-5207) Report child abuse or neglect (1-800-342-3720) \_\_\_\_\_
- Transportation policy and plan \_\_\_\_\_
- The policy for Field Trips \_\_\_\_\_
- Annual Review of the program's Allergy and Anaphylaxis policy \_\_\_\_\_

The Hancock Community Education Foundation grant requires them to report student achievement as a means to document their impact on academic success. In compliance with FERPA laws, I agree to have my child's medical files, State ID number and academic information shared between the Hancock Central School and the After School Program.


\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

	PROGRAM NAME		ADDRESS		PHONE NUMBER ( ) -
	CHILD'S FULL NAME:			DATE OF BIRTH / /	GENDER:
	PREFERRED NAME/NICKNAME:				
	CHILD'S HOME ADDRESS:				
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			<input type="checkbox"/> ok to text		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH / /
<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: ( ) -
PREFERRED HOSPITAL:		PHONE NUMBER: ( ) -
CHILD'S DENTAL CARE:		PHONE NUMBER: ( ) -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>		
<b>AGREEMENTS</b>		
<ul style="list-style-type: none"> <li>I consent to emergency medical treatment for my child.....</li> <li>I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....</li> <li>I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....</li> <li>I provided information on my child's special needs to the program to assist in caring for my child.....</li> <li>I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....</li> <li>I agree to review and update this information whenever a change occurs and at least once every year.....</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE / /