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

**All forms must be completed and signed before your child can attend the After /Before School Program.**
**Please keep the handbook for your reference.**

**Name of Child** _____ **Today's Date** _____ **Gender** M / F

**Race:** White / Hispanic/ African American / Other **DOB** _____

**Total number of family members** _____ **IEP** Y / N

**Teacher** _____ **Grade:** _____

**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 6:45am until 7:45 am in the elementary school.** ***Self-Transport only.***

My child, _____, will be attending the before school program on the following days **Monday** ____ **Tuesday** ____ **Wednesday** _____**Thursday** ____ **Friday** ____

**K-9th Grade After School Program M-Th 2:45-5:30, and Friday 1:45-4:45**

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

**There is a waiting period for all students after application is returned. You will be notified by ASP staff with a start date. 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 their child will be attending ASP and what days they will be attending ASP. If your child has an allergy/asthma/food intolerance/health condition you will be required to get documentation with doctor signature prior to starting ASP.**

**After School Program Transportation Agreement**

My child will: _____ Take the late bus at 5:00 M-TH, and Friday at 4:30

_____ Walk home at 5:00 M-Th and Friday 4:30

_____ Will be picked up at school at 5:00 M-TH, and Friday at 4:30

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

Other people 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, dietary restrictions, diabetes, seizures, existing / pre-existing illnesses, injuries, disabilities or any medications prescribed for long term use:

_____

- **If your child has health conditions/behavior concerns/dietary restrictions/allergies/asthma, we will need to follow up with documentation signed by a doctor and approved by Director and SACC prior to your child attending the program.**

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

(d) To leave program to attend play practice and sports as scheduled with school staff.

(e) For my childs photos /videos to be sahred in newsletters, displays, newspaper, social media, and website.

**Mother/Guardian Signature** _____ **Date** _____

**Father/Guardian Signature** _____ **Date** _____

**Hours** – Unless otherwise specified, hours of operation will be from 2:45 till 5:00 p.m., Monday, Tuesday, Wednesday, and Thursday, staff is on site until 5:30 if needed. Friday 1:45-4:30, and staff is on site until 4:45 if needed. 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 Remind App, or a call home. 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 5:00 M-Th, and 4:30pm on Friday. Staff will be at program until 5:30pm on M-Th, and 4:45pm on Friday if needed. 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 provide transportation, please be prompt when you arrive, and do not park in the bus lane in front of school. Consistently late pickups will be grounds for dismissal of your child. Staff will stay at the school until every student arrives home safely.

**Field Trips** – A permission slip will be sent home prior to any Field Trips. These permission slips must be returned to the After School Program by the given date to be eligible for the trip. **Parents are responsible for picking 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 people.

**Illness** – If a child becomes ill during the program the director will call the emergency contact information. Staff will stay with that child 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 will not be tolerated.

1st offense: Parent/guardian will be contacted to discuss what happened and referral will be sent home.
2nd offense: Parent/guardian will be contacted to discuss what happened. Student will be dismissed from the program for 1 day, and referral will be sent home.
3rd offense: 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. Meeting with director to discuss continued enrollment in the program.
4th offense: 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. School will be notified.

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 HCEF ASP Handbook _____**
- **Hold Harmless Policy _____**
- **Cell Phone Policy, Cell phone use is not permitted at 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, IEP and academic information shared between the Hancock Central School and the After School Program.**

_____ _____

**Signature of Parent/Guardian** **Signature of Student**

_____

**Date**

Dear Parents of the after-school program sponsored by the Hancock Community Education Foundation. Please sign the following agreement and send back by with your child's application. We are required by our insurance company to have this on file.

## HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

As part of the consideration for one or more students participating in the Hancock Community Foundation's After School Program, the parent, legal guardian or other person in parental relation of the participating students ("Parent") agrees as follows:

To the fullest extent permitted by law, the Parent agrees to indemnify, defend and hold harmless the Hancock Community Foundation (Foundation), and its officers, agents, employees, volunteers, successors and assigns (collectively, Indemnitees) from and against any and all actions, claims, damages, injuries, liabilities, assertions of liability, losses, fines, costs, and expenses, of whatsoever kind and nature, including, but not limited to, attorneys' fees, reasonable investigative and discovery costs and court costs, which in any manner may arise out of or in connection with the Parent's and/or Students' participation in the After School Program or use of the Foundation's property relating to the After School Program. Such duty to defend, indemnify, and hold harmless shall not apply to the extent of Indemnitee's own gross negligence or willful misconduct.

**Child's Name:** _____

**DATE:** _____ _____

**Parent Signature**

**DATE:** _____ _____

**Parent Signature**

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

# DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

| PROGRAM NAME: | ADDRESS: | PHONE NUMBER: |
|---|---|---|
| HCEF ASP | 67 Education Lane | (607) 637 - 1330 |

| CHILD'S FULL NAME:<br>PREFERRED NAME/NICKNAME: | DATE OF BIRTH: / / | GENDER: |
|---|---|---|
| CHILD'S HOME ADDRESS: | | |
| NAME OF PERSON ENROLLING CHILD: | RELATIONSHIP TO CHILD:<br>☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____<br>☐ Other _____ | |

| PHONE NUMBER(S) OF PERSON ENROLLING CHILD:<br>( ) - ☐ ok to text<br>**EMAIL ADDRESS:** | ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD): |
|---|---|

**EMERGENCY INFO**

| EMERGENCY CONTACT NAMES / ADDRESSES | Authorized to Pick Up Child | PRIMARY PHONE NUMBER | OTHER PHONE NUMBER / EMAIL |
|---|---|---|---|
| PRIMARY CONTACT: | ☐ Yes ☐ No | ( ) - ☐ ok to text | ( ) - ☐ ok to text |
| | ☐ Yes ☐ No | ( ) - ☐ ok to text | ( ) - ☐ ok to text |
| | ☐ Yes ☐ No | ( ) - ☐ ok to text | ( ) - ☐ ok to text |

| ***FOR PROGRAM USE ONLY***<br>DATE OF ENROLLMENT: / / | ***FOR PROGRAM USE ONLY***<br>DATE OF DISENROLLMENT: / / |
|---|---|

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| CHILD'S FULL NAME: | DATE OF BIRTH: / / |
|---|---|

**Check boxes below to indicate if your child has any special needs/services:** ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (Please list) _____

☐ 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: https://nystateofhealth.ny.gov/**

## AGREEMENTS

- I consent to emergency medical treatment for my child..... ☐ Yes ☐ No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child..... ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year..... ☐ Yes ☐ No

| SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE: | DATE: / / |
|---|---|