



**September 5, 2019**

Dear Parent or Guardian;

The 2019-2020 school year is upon us! We are looking very forward to a new year and having your child be a part of the after-school program. The program will begin on Tuesday, Oct. 15th and run Monday-Thursday, 2:00-4:30. **If you are interested in signing your child up, please fill out the enclosed application and return to school by Thursday, September 12th. Any applications received after September 12th are not guaranteed a bus for the first two weeks of the after-school program.**

**All forms must be filled out entirely and signed on all pages where designated.** Each child must have a separate application. **Applications will be returned if they are not completely filled out and signed.**

**If your child needs emergency medication (inhaler or epipen),** the after-school program director must have all the paperwork and medication before he/she can start after-school. This is separate paperwork and medication than what the school-nurse has in her office. I will send this information and paperwork to you after I receive your child's application.

When your child has been accepted into the program, I will send a letter home with dismissal (bus, walk, pick up) information.

Thank you and we look forward to having your child in the after-school program.

Kristin Swift

Program Manager, After-School Program McKinley-Brighton

315-435-4605

315-435-6000 x5307

## McKinley Brighton/YMCA 2019-20 After-School Program

The After School Program is an extension of the school day. Students can only enroll in the program at their day school. Please complete one application per child.

### Student Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender (circle): Male / Female Grade: \_\_\_\_\_  
Address (street and zip code): \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address (street and zip code): \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Evening Phone #: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Evening Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Evening Phone #: \_\_\_\_\_

Would you be interested in attending After School Program Advisory Planning meetings?

Yes  No  I'd like more information

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I agree that if I pick up my child from the After School Program at McKinley-Brighton before the program has ended, I give permission for him/her to be called down by the office from his/her classroom and walk without an adult to the office to meet the parent.

Child's first and last name \_\_\_\_\_

**Select only one:**

(Please Print Clearly)

\_\_\_\_\_ My child is to walk home.

\_\_\_\_\_ My child is to be bused **Home**.

\_\_\_\_\_ My child is to be bused to **Daycare**.

\_\_\_\_\_ My child is a pickup.

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**Enter afterschool program drop off address**

My child will be picked up by: **1.** \_\_\_\_\_

Address (street and zip code):

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

**2.** \_\_\_\_\_

Address (street and zip code):

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

## Student Health/Special Alerts

PLEASE PROVIDE INFORMATION FOR YOUR CHILD

This information will be kept confidential and shared with only those who need to know such as: the school nurse, classroom teachers, transportation, building administrator. If you answer "yes" to questions 1, 2, and/or 4 and have been prescribed medication, **you must provide emergency medications to the After-School Program Administrator before they can start the program.**

1. Does your child have any known allergies? If "YES" please provide details.
  
2. Does your child require an Epi-Pen? If "YES", please provide details.
  
3. Does your child have any dietary concerns or restrictions? If "YES", please provide details.
  
4. Does your child need any medications during school hours? Is this medication in the nurse's office? \_\_\_If "YES", please provide details.
  
5. Does your child receive any of the following special education services?  
If "YES", please provide details.

\_\_\_Catherization \_\_\_G Tube Feeding or \_\_\_G Tube Medication

6. Does your child have any physical limitations? If "YES", please give details.
  
7. Does your child wear glasses or contact lenses? If "YES", please give details.

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**Authorization for Consent to Medical Treatment of Minors**

NYS Day care regulations require that providers obtain written permission from each child's parent/guardian in the event emergency health care for children is required and parents/guardian cannot be reached.

In the event the undersigned parent/guardian of the child's name below cannot be contacted through reasonable efforts, does hereby empower and grant to: YMCA Of Greater Syracuse 21st Century After School Program the right to consent permission of any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or Hospital Care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of New York, when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

This authorization shall be valid for the period of time commencing on 10/1/2019 and ending on 6/1/2020.

Information:

Parent/Guardian can be located at the following address/phone number during day-care hours:

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

\_\_\_\_\_  
Parent/Guardian Address

\*Emergency contacts on page 2.

Telephone # \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address (street and zip code): \_\_\_\_\_

Telephone # \_\_\_\_\_

Insurance Company and Policy# \_\_\_\_\_

## McKinley Brighton/YMCA 2019-20 After-School Program

### Walking Field Trips Release

\_\_\_\_ I hereby give consent for my child to participate in scheduled and approved walking field trips that take place away from the school grounds. I acknowledge my understanding that the school cannot be held responsible in the absence of its own negligence for events over which it has no control.

\_\_\_\_\_ *I DO NOT* give permission for my child to go on walking field trips.

### YMCA Media Release

Child's Name \_\_\_\_\_

Yes \_\_\_\_\_ My child's photograph may be taken and used for archival and promotional use by the YMCA.

No \_\_\_\_\_ My child's photograph may not be taken and used for archival and promotional use by the YMCA.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## **McKinley Brighton/YMCA 2019-20 After-School Program**

### **After School Program Expectations**

#### **Attendance Expectations:**

All students registered for the YMCA/McKinley-Brighton After-School Programs are expected to strive for 100% attendance. Please follow the After-School Programs 2019-2020 Calendar Digest provided. The calendar outlines planned program dates into a one-page 8-month digest. Please keep it handy and encourage your child to attend on a consistent basis.

#### **Transportation Expectations:**

The Syracuse City School District Transportation Department contributes to student achievement by ensuring that our students have a safe and reliable means of getting to and from school and school related activities on a daily basis. The school bus is an extension of the classroom, and as such, follows the guiding principles of the Code of Conduct, Character, and Supports.

- Ride only the bus assigned to you.
- Stay in your bus seat while the bus is in motion and until you reach your bus stop.
- Use all equipment on the buses in a safe manner.
- Accept direction, requests, feedback and support respectfully from adults.
- Take care of the property that belongs to you, to other students, adults and the school.
- Ask for assistance when you need help resolving conflicts and differences.
- Put everyone's safety first.
- Not engaging in violent or destructive, acts that harm others and the community.
- Not making threats about using dangerous objects or harming others.
- Before you cross the street, wait at your stop for the universal crossing signal from the driver (a hand signal you will be taught at the beginning of the year), or wait for an attendant to come across to get you. If the driver honks the horn while you are crossing, it means it is not safe to cross and you should return to the curb.
- Remain in your seat while the bus is in motion. Keep your arms and head inside and don't throw objects out of the windows or in the bus;
- Drinking of any beverage or eating is not permitted on the bus.

- Any student who disrupts the normal operation of the bus or endangers the safety of others while entering, leaving, or riding the bus may be immediately suspended from transportation and the student and their family may be too expected to work co- operatively with the school and transportation for accountability and restoration (repair any harm caused (to others, personal, or to other property and to ready the student and adults for the student to use the bus).
- Immediate suspension of transportation will result if a student uses a sharp instrument, tool, or displays inappropriate sexual behavior.

If your child qualifies for curb-to-curb stops, you must be present at the stop or the child may be returned to the home school. The adult over the age of 16 who is to supervise the student should arrive at the stop at least ten minutes before the student is scheduled to be picked up or dropped off.

If a student does not conduct himself/herself properly on a bus, the bus driver is expected to bring such misconduct to the principal's attention. Students who become a serious disciplinary problem may have their riding privileges suspended by the principal or the superintendent or their designees. In such cases, the student's parent/guardian will become responsible for seeing that his or her child gets home from after-school programs safely.

### **Behavior Expectations:**

The Syracuse City School District has behavior expectations for conduct on school property and at school functions. These expectations are based on the principles of civility, mutual respect, citizenship, character, tolerance, honesty and integrity.

All district students have the responsibility to:

1. Be a partner in and contribute to maintaining a safe school learning environment for all students and to show respect for and to you, other persons and to property (person, others and the schools).
2. Be familiar with and abide by all district policies, rules, and regulations dealing with student behavior.
3. Attend school regularly and on time unless they are legally excused and be in class, on time, and prepared to learn.
4. Work to the best of their ability in all academic and extracurricular pursuits and strive challenge themselves and make their best effort every day.
5. React to direction given by teachers, administrators and other school personnel in a respectful, positive manner.



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6. Work to develop mechanisms and tools to express thoughts, emotions opinions that are positive, such as:

a. Treating everyone the way they want to be treated.

b. Being positive, respectful and courteous and using an appropriate voice and body language at all times

c. Listen when others are speaking.

7. Ask questions and for assistance when they do not understand.

8. Seek help in solving problems to avoid a behavioral violation with intervention and consequences.

9. Dress appropriately for school and school functions.

10. Accept responsibility for their actions.

11. Conduct themselves as representatives of the district when participating in or attending school-sponsored extracurricular events and to hold themselves to the highest standards of conduct, demeanor, and sportsmanship.

12. Manage and take care of their personal belongings.

I have read and understand the above expectations. For things I do not understand, I have asked for and received a satisfactory explanation. I agree that if my child **does not** follow the attendance, transportation or behavior expectations he/she may be dismissed from the after-school program for the 2019-20 school year.

**Parent/Guardian**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

## McKinley Brighton/YMCA 2019-20 After-School Program

### Survey Consent Form – YMCA 21st Century Community Learning Center

The YMCA 21st CCLC program that your child attends is evaluated each year to make changes that improve the quality of the program and demonstrate to New York State and the U.S. Government that such programs contribute to the well-being of our children. New York State is interested in knowing if the program participants are gaining positive youth development skills such as self-confidence, engagement in school, life skills, positive choices, and positive core values. It is important to understand both your and your child's impression of the program. This information is one of our ways to have your voice and your opinions valued and incorporated into program improvements, quality, and implementation.

With your permission, your child will be asked to complete a brief pre-survey and outcomes-survey online about YMCA's 21st CCLC program. The pre-survey will ask your child about what types of activities he/she would like to participate in during the 21st CCLC program. The outcomes-survey will ask what he/she thinks of the program and how going to the program has affected him/her. All responses are anonymous and will be kept confidential. Some sample questions for the outcomes-survey are included here:

**Example:**

*Because of coming to the program ...*

*I get along better with people my own age*

Yes\_\_\_\_ Kind of\_\_\_\_ Not Really\_\_\_\_\_

*I am better at making friends*

Yes\_\_\_\_ Kind of\_\_\_\_ Not Really\_\_\_\_\_

Your child's participation in the surveys is strictly voluntary. Your child is free to refuse participation or skip questions. Participation in the surveys is not required nor does it affect program attendance in a positive or negative way.

Participation may present a minor risk to your child. He/she may be embarrassed or uncomfortable answering questions about self-esteem or personal behaviors. All responses are anonymous and your child's name will not appear on any survey form or report.

I understand that my child's privacy will be protected because my child's responses cannot be traced to my child.

I have read and understand the above participation and survey description. For things I do not understand, I have asked for and received a satisfactory explanation. I agree to have my child participate in evaluation activities through June 30, 2020.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_