YWCA Westfield

Ripley Central School

After/Before School Program

Parent and Student Handbook 2021-2022

PROGRAM CONTACT INFORMATION

YWCA SACC Director	Nicole Gollhardt	Office: (716)326-4012
		Email: ngollhardt@ywcawestfield.org
YWCA Site Supervisor	Dan Kondrik	Email: dkondrick@ywcawestfield.org

Complaint hotline- Office of Children and Family Services (716)847-3828

YWCA Westfield
58 South Portage Street
Westfield, NY 14787

MISSION STATEMENT:

YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

GOALS:

It is the purpose of the YWCA Afterschool Program to provide a safe, educational, and fun environment which will allow all youth to develop their full potential.

- To create a wide variety of recreational, educational, and athletic activities for youth in grades K-6.
- To improve students' social, emotional, and academic skills.
- To increase positive choices and behavior of youth.
- To create a sense of belonging to the community as a whole.

PROGRAM OPERATION:

- The Afterschool Program is a school-age childcare program licensed by the New York State Office of Child and Family Services.
- **The program is open Monday-Friday 7:00am-8:00am and 3:00pm-6:00pm (following the school calendar)**
- This program does **NOT** operate on half-days, snow days, holidays, summer, or any day school is not in session.
- The program offers a wide variety of activities that have been planned based on the interest and developmental stages of the students. Daily activities include: a healthy snack, homework time, and physical fitness activities.

REGISTRATION:

- A Registration Fee will be charged for each student enrolled.
- Parents must complete a Registration form, Blue Medical Card, contract and parent pick form.
- The school is not responsible for notifying the program if your child is absent, leaves school early or if you need to make a schedule change. This responsibility remains with the parent. The YWCA Childcare phone number is 326-4012; this number rings at the YWCA office and at the school. **Program cell 716-401-2307.**

SIGN IN/OUT PROCEDURES:

- ➢ The manner in which the student is released (picked up, walk, etc.) and the departure time is designated on the registration form.
- ➢ All students must sign in/be signed in and out of the program.
- ➢ Elementary students must be signed out by an authorized person. Your child will not be released to anyone not listed on this form.
- ➢ Once a student is signed out of the program, the YWCA staff is no longer responsible in any way for the student. Students must leave school property upon signing out unless they are staying with another school staff person.
- ➢ YWCA visitors and partners are also required to sign in and out each day. A visitor is considered to be anyone other than YWCA staff.

PICK-UP POLICY:

- ➢ For the protection of your child we must have a written authorization for the person or persons responsible for the discharge of your child daily.
- ➢ Please list the names and relationship to your child of all persons you authorize to pick up your child. Also, list the name and relationship of any individual whom you suspect may attempt to pick up your child and from whom you are specifically withholding authorization.
- ➢ No Elementary child can be released from the program unsupervised except upon written instruction from the parent. Such instruction must be acceptable to the YWCA and should take into consideration such factors as the child's age and maturity, proximity to his/her home, the weather, or other factors.
- ➢ You must pick your child up by 6:00. If you pick your child up later than 6:00 more than twice you will then be charged $1.00 per minute you are late.

STAFF:

- ➢ Staff are hired in accordance with the New York State Office of Child and Family Services regulations and are trained in First Aid and CPR.
- ➢ The SACC Director is available during program hours and during the school day to meet with students, parents, and community members.

FACILITY USE/PROGRAM ENVIRONMENT:

- ➢ The Afterschool program is held on school grounds. The pick-up location for all students will be upstairs in the home economic room . You will need to enter the school building from the Ross st door . Walk up the step until you reach the door, where a staff member

will be waiting.

- Activities such as field trips will require special permission from a parent/guardian; however, we may participate in activities that are within walking distance as part of our regular programming. Parents will be kept informed when we will be off the school grounds. Please check your child's bag regularly so that you can be kept informed.
- The YWCA is not responsible for any personal property, this includes personal toys. We do not allow students to trade or give away personal property. Students are asked not to bring toy weapons and we do not allow pretend weapon play of any kind. All valuables should be left at home.
- The school and the YWCA promote open communication and work together on a regular basis to meet the needs of the students.

HEALTH & MEDICAL TREATMENT:

- Two (2) Blue Medical Cards must be completed by the parent/guardian of any child enrolled in the program.
- A Health Check is completed daily by staff for each child enrolled in the program.
- In the event that a child becomes ill while under our care, the parent/guardian will be contacted and is responsible for picking the child up as soon as possible.
- Any child with a high temperature, vomiting, diarrhea, or a contagious illness will be sent home.
- An Ouch Report is filled out for any injury or illness requiring medical treatment to a student and an Incident Report is filled out for any unusual event.
- Please coordinate with the School Nurse any medications your child may need.
- It is recognized that occasionally there may be a child attending the program who has special health care needs that may require individual attention. When this situation arises the childcare staff, parents, and a healthcare consultant will work together to devise specific protocols and recommendations for the individual child.
- All student information is confidential. Sharing confidential information beyond family members, program personnel, school employees and consultants that have a need to know requires parent/guardian consent.
- YWCA staff are considered mandated reporters and have a legal obligation to report any suspected abuse/neglect to Child Protective Services.

HOMEWORK HELP/TUTORING:

- Homework help is offered Monday-Friday from YWCA staff. Additional time is available for those children who require it.
- The YWCA does not guarantee that homework will be completed during program hours.

We encourage parents to discuss homework obligations and remain involved with their child's school work every day.

- The YWCA provides academic guidance and feels that the homework submitted to the teacher should be a reflection of your child's grasp of the material so that the teacher knows when your child needs additional classroom support.
- All programming provided by the YWCA is designed to help your child academically, emotionally, physically and to promote healthy lifestyle choices in the future. Academic assistance is only one part of the program provided. Students should plan to attend full time to gain all of the benefits of the program and students will be encouraged to participate in other activities even if their homework is not completed during homework time so that they can benefit fully from the program.
- The YWCA stays in contact with teachers to help provide support for students who are attending the program and with parental permission regularly share information to benefit the students on an as needed basis.

PARENT EXPECTATIONS:

- To communicate regularly with teachers/YWCA staff and check backpacks daily for messages and additional homework/tests/projects, etc.....
- To keep your child home when he/she is sick where he/she can recover comfortably.
- To complete all necessary paperwork so that your child may begin program and that staff have all of the information needed to support your child.
- To make payments in a timely manner as agreed upon in the contract.

STAFF EXPECTATIONS:

- To provide emotional support, warmth, and assistance.
- To provide clear rules and safety/health measures.
- To be strong, positive adult role models.
- To provide a varied and enriched program format.
- To be a liaison for family and school communication.

STUDENT EXPECTATIONS:

- To respect and listen to others, treating others as you would like to be treated.
- To save very active play for the gym or outside.
- To use toys appropriately, not as weapons.
- To listen carefully to announcements and directions given by YWCA staff.
- To exhibit the same behavior expected during the school day.
- To use their words to solve problems. If you cannot solve a problem by yourself, ask an adult for help.

PROMOTING POSITIVE BEHAVIOR:

The behavior policy is based on the understanding that students are constantly making choices about whether they will positively or negatively contribute to a situation. We believe students can and will make good choices if they are given the opportunity and support. We also believe it is important to hold students accountable for the decisions they make. Our staff makes every effort to help children learn positive values, rules, and patterns of behavior. Positive guidance and reinforcement are stressed, promoting desirable behavior. Corporal punishment is not allowed.

- Ground rules will be made very clear to all staff and students.
- We encourage parents to communicate to the staff suggestions for working with your child that you feel are most effective; you know your child best!
- We encourage appropriate behavior and good decision making with incentives offered throughout the year. Typical incentives range from a "Well Done!" to a special outing or activity. Students are always involved in the process to ensure they feel invested in the program and the expectations.
- Students are set goals both as a group and on an individual basis as needed.
- While the YWCA places an emphasis on positive behavior there are times when students will receive a consequence for their actions that is appropriate to the situation for example, if a student has poor sportsmanship in gym they may be asked to sit out for 5 minutes to calm themselves down and will then discuss the situation with a staff person who will provide guidance and suggestions for how to make better choices in the future.

- Any student exhibiting violent behavior will have their parent called and a conference will be required before the child may return.

YWCA IS ON A MISSION **Advantage After/ Before School Program 2020-2021**

Parent Acknowledgement

Child(ren):_____

I _____, acknowledge receipt of the Advantage After / Before School Program Handbook. I understand that I am to contact the YWCA of Westfield SACC Director at 716-326-4012 if there are any questions or concerns about policies outlined in this handbook.

_____ _____

Parent Signature *Date*

This institution is an equal opportunity employer.

eliminating racism
empowering women
ywca

58 South Portage Street
Westfield, NY 14787
P: 716-326-2011
F: 716-326-2012

The YWCA of Westfield provides my child with Before and After school programming while I'm at work.

_____

Parent's signature

YWCA IS ON A MISSION

United Way

YWCA Westfield Before and After School Program Registration Form 2021-2022

Child's Full Name:_____Date of Birth:_____Age:_____ Ethnicity: _____ Grade:_____
Teacher(s):_____

Parent/Guardian Full Name:_____
Address:_____Home
Phone:_____ Work Phone:_____ Cell Phone/Other:_____
Please check the days of the week you would like your child to attend the Before School Program:

_____Monday _____Tuesday _____ Wednesday _____Thursday _____Friday
What time will your child be dropped off at program each day?_____ Does your child currently have any allergies/medical conditions /dietary restrictions/special needs? Please explain:
_____

Do you permit the YWCA Before/After School Program a part of any planning meetings regarding your child's needs to enable us to support your child? [ ]Yes [ ]No
Do you give permission to RCS Faculty/Staff and YWCA Program staff to share pertinent information about your child so that each can be aware of areas in which your child may need support?
[ ]Yes [ ]No

Do you give permission to RCS Faculty/Staff and YWCA Program staff to share progress reports/reports cards in order to provide information to our grant funders? [ ]Yes [ ]No

Do you give permission for your child to have his/her photograph taken and name used in publicity related to the YWCA Before/After School Program? [ ]Yes [ ]No

Due to the nature of some activities offered, I understand that potentially severe injuries can occur in any activity that may take place during the YWCA Before/After School Program. I hereby forever release the agencies providing programs and their officers, employees, teachers, volunteers, and coaches from all liability for any and all damages suffered by my child while in any way under the supervision of the agencies in the YWCA Before/After School Program at Ripley Central School, their officers, employees, teachers, volunteers, and coaches. I hereby agree to protect the agencies in the YWCA Before/After School Program from any future medical expenses which may be incurred by my child as a result sustained while under the direction of the YWCA Before/After School Program.

Signature of Parent/Guardian:_____ Date:_____

Please return this to:

YWCA Westfield: Nicole Gollhardt, 58 South Portage Street, Westfield, NY 14787

Please do not send your child to program until you have heard from the YWCA that your child has been accepted. If you have any questions, please call Nicole Gollhardt at 326-4012 or ngollhardt@ywcawestfield.org

It is strongly advised that you return your paperwork as soon as possible to reserve a place for your child as waiting lists will be created and new applications will be dealt with on a first come, first served basis.

2021-2022 YWCA Westfield <u>After/ Before School</u> Enrollment Contract

I consent to the enrollment of my child _____in the YWCA Westfield **<u>After/ Before School</u>** Program and agree to abide by all written policies. Fees are based on a household income scale as outlined on the back of this form. In the event that we have a waiting list, full time children are given first priority. Any of the following areas are subject to change without notice.

1. A non-refundable, non-transferable registration fee of __$25___is due and includes a YWCA Westfield youth membership.
2. I understand that my child may be walking to locations within the Village of Westfield/ Ripley. I assume responsibility for all accidents and injuries incurred by my child as a participant in the YWCA program and authorize treatments as deemed necessary by attending personnel.
3. Children must be scheduled for specific days of attendance. **<u>Payment is expected for those days, regardless of attendance.</u>**
4. Families receiving financial assistance through DSS, are responsible for ensuring continued eligibility. Should eligibility expire or discontinue for any reason you will be responsible for fees incurred.
5. I agree to pay the parent fees according to the schedule that I select below. If I cannot meet this schedule I will notify the office as soon as possible, but no later than two days past my agreed upon payment date.
6. Two weeks' notice is required for schedule changes, extended absences or withdrawal from the program. If proper notice is not received for an extended absence, full payment will be due for the first week of absence and half payment will be due for each subsequent week. For withdrawal without notice, payment will be required for the two week period.
7. I have received and reviewed the current fee schedule and the information contained in this contract. I agree with the financial terms and conditions outlined.
8. I understand there is a Late Pick-Up Fee of $1.00 per minute past 6:00 pm.
9. I agree to pay a returned check fee of $30 for checks that do not clear my financial institution. I understand the YWCA then has the option of refusing checks and requesting payments via cash, money order, MasterCard or Visa.

My Child's schedule will be as follows: (Open at the end of the school day and closes at 6:00pm)

<u>After/Before School:</u>

Beginning Date:_____Pickup Time:_____ M T W Th F (circle days)

<u>PLEASE COMPLETE THE FOLLOWING SECTION USING SCHOLARSHIP SCALE ON BACK OF THIS FORM</u>:

Daily Rate: _____ Weekly Rate:_____Payment Frequency: **Weekly** **Bi-Weekly** **Monthly in Advance**

Based on this payment amount and frequency, I agree to pay the YWCA Westfield $_____plus my Registration Fee of $_____ __prior to my child starting the program.

<u>Collections/Suspension Policy:</u> I agree to this payment schedule.

_____ _____

Parent/Guardian Signature/Date

_____

Parent/Guardian Address and Phone

_____

SACC Director Signature/Date

YWCA BEFORE SCHOOL Fee Scale 2021-2022

Program opens at 7 am. Breakfast can be purchased through the school.

Household SIZE	FAMILY INCOME EQUALS OR IS BELOW $2 PER DAY			FAMILY INCOME IS BETWEEN $3.75 PER DAY			FAMILY INCOME IS BETWEEN $4.50 PER DAY			FAMILY INCOME ABOVE $8.50 PER DAY
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR
2	20,709	1,726	399	20,709-29,471	1,726-2,456	399-567	29,471-38,123	2,456-3,177	567-733	38,123
3	26,117	2,177	503	26,117-37,167	2,177-3,098	503-715	37,167-48,217	3,097-4,018	715-927	48,217
4	31,525	2,628	607	31,525-44,863	2,628-3,739	607-863	44,863-58,201	3,739-4,850	863-1,119	58,201
5	36,933	3,078	711	36,933-52,559	3,078-4,380	711-1,011	52,559-68,185	4,380-5,682	1,011-1,311	68,185
6	42,341	3,529	815	42,341-60,255	3,529-5,022	815-1,159	60,255-78,169	5,021-6,514	1,159-1,503	78,169
7	47,749	3,980	919	47,749-67,951	3,980-5,663	919-1,307	67,951-88,153	5,663-7,346	1,307-1,695	88,153
8	53,157	4,430	1,023	53,157-75,647	4,430-6,304	1,023-1,455	75,647-98,137	6,304-8,178	1,455-1,887	98,137
embers	+5,408	+451	+104	+7,696	+642	+148	+7,696	+642	+148	+7,696

- Discount/Financial Assistance: **(1)** 10% discount will apply for children attending both Before and After School, **(2)** 10% sibling discount, per child, **(3)** 10% monthly advance payment discount, if paid by the first business day of the month. Parents should contact the ***Child Care Unit of Chautauqua County at 753-4133*** directly to determine eligibility for Childcare Assistance. Applications must be completed and returned to DSS before a determination can be made on eligibility and co-payment amounts. Families are responsible for payment up to the time of approval.
- Proof of income/free and reduced lunch verification required: ***Before your child can begin the program the following must be presented to complete the enrollment process: School Lunch approval letter, previous year tax return, and 6 weeks paystubs.***
- *Please contact Nicole Gollhardt, SACC Director at 326-4012 with questions or to discuss special circumstances.*
- ***PLEASE COMPLETE THE FRONT OF THIS FORM BASED ON THE INFORMATION ABOVE.***
- ***Rates above reflect the cost of childcare only. Breakfast must be purchased through the school.*** ***(6/16/2018)***

YWCA After School Program Fee Scale

Program runs from 3:00pm-6:00pm for WACS students and 3:00-6:00pm for RCS students. A healthy snack is provided each day.

HOUSEHOLD SIZE	FAMILY INCOME EQUALS OR IS BELOW $2 PER DAY			FAMILY INCOME IS BETWEEN $ 3 PER DAY			FAMILY INCOME IS BETWEEN $6 PER DAY			FAMILY INCOME ABOVE $10 PER DAY
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR
2	20,709	1,726	399	20,709-29,471	1,726-2,456	399-567	29,471-38,123	2,456-3,177	567-733	38,123
3	26,117	2,177	503	26,117-37,167	2,177-3,098	503-715	37,167-48,217	3,097-4,018	715-927	48,217
4	31,525	2,628	607	31,525-44,863	2,628-3,739	607-863	44,863-58,201	3,739-4,850	863-1,119	58,201
5	36,933	3,078	711	36,933-52,559	3,078-4,380	711-1,011	52,559-68,185	4,380-5,682	1,011-1,311	68,185
6	42,341	3,529	815	42,341-60,255	3,529-5,022	815-1,159	60,255-78,169	5,021-6,514	1,159-1,503	78,169
7	47,749	3,980	919	47,749-67,951	3,980-5,663	919-1,307	67,951-88,153	5,663-7,346	1,307-1,695	88,153
8	53,157	4,430	1,023	53,157-75,647	4,430-6,304	1,023-1,455	75,647-98,137	6,304-8,178	1,455-1,887	98,137
+ members	+5,408	+451	+104	+7,696	+642	+148	+7,696	+642	+148	+7,696

- **Discount/Financial Assistance:** **(1)** 10% discount will apply for children attending both Before and After School, **(2)** 10% sibling discount, per child, **(3)** 10% monthly advance payment discount, if paid by the first business day of the month.

YWCA Westfield Child Pick Up Authorization

Child's name: _____ DOB:_____

Name and phone number (where you can be best reached during program hours) of primary adult(s) authorized to pick up your child:

_____
_____
_____
___

The follow adult(s) are authorized to pick up my child(ren) on a less often basis:

Name/relation/phone number: _____

Name/relation/phone number: _____

Name/relation/phone number: _____

The following sibling(s) are authorized to sign out my child (Sibling must be 11 or older):

_____
_____
_____

The following Adult(s) are **NOT** authorized to pick up my child:

Name/relation:_____

Name/relation:_____

Name/relation:_____

My child, _____, is authorized to sign him/herself out of program. The following circumstance must be met in order for this child to sign themselves out (i.e. only after 5:00pm, only when my vehicle is parked and visible in the pick-up loop, etc.):

_____
_____
_____
___

Parent name:_____

Parent Signature and date: _____

Approved by SACC Director: _____

Under no circumstances are we permitted to release a child based on verbal permission. Permission MUST be given in writing. Parents are responsible for ensuring that this statement is kept current. Statement will be redone every new program year. Children must be older than 8 years old in order to sign themselves out.

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PROGRAM NAME:	ADDRESS:	PHONE NUMBER: ( ) -
CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH: / /	GENDER:
CHILD'S HOME ADDRESS:		
NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ____ ☐ Other ____	
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ☐ ok to text 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	*FOR PROGRAM USE ONLY*
DATE OF ENROLLMENT: / /	DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

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: / /