

# Hope 7 Community Center

596 Pawling Avenue Troy, NY 12180 · 518-272-8029 · Fax: 518-272-5782 · [hope7cc@gmail.com](mailto:hope7cc@gmail.com)

## PROGRAM INFORMATION

Hope 7 has 50 years experience providing afterschool care. As a NYS licensed program, we operate in compliance with all OCFS regulations, background checks, and training. Our goal is to provide a safe, nurturing environment for all children. Programming includes homework, snack time, arts and crafts, physical recreation, various clubs, special events and community service work.

### AGES

Kindergarten-8<sup>th</sup> grade

### HOURS

School dismissal-6:00pm – **Afterschool** 7am-6pm – **Vacation Days**  
9am-6pm- **Snow Days** \*Hours may vary according to severity of weather\*

## CONTRACT RATES

### **Troy School District- Grades K-5**

#### **Full Time Rates**

#### **Weekly**

1 Child	\$65
2 Children	\$110
3 Children	\$150

#### **Part Time Rates (Less than 5 days/week)**

#### **Early Dismissals**

1 Child	\$15 per day	\$25 per day
2 Children	\$25 per day	\$45 per day
3 Children	\$35 per day	\$60 per day

### **Troy Prep**

#### **Full Time Rates**

#### **Weekly**

1 Child	\$ 45
2 Children	\$ 75
3 Children	\$ 110

#### **TP/TMS Part Time Rates (Less than 5 days/week) Early Dismissals**

1 Child	\$10 per day	\$15 TP/\$25 TMS per day
2 Children	\$15 per day	\$25 TP per day
3 Children	\$25 per day	\$35 TP per day

### **Break Week Rate – this rate applies to everyone**

1 Child	\$35 per day
2 Children	\$60 per day
3 Children	\$75 per day

**Snow Days-** Additional \$25/child to weekly fee

**\*Full time rate includes scheduled early dismissals and other closures at no extra charge\***

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## AFTER SCHOOL REGISTRATION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Father's name: \_\_\_\_\_ work phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ work phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

Date care began: \_\_\_\_\_ Date care terminated: \_\_\_\_\_

- 
- I agree to pay \_\_\_\_\_ upon registration, which includes the first week's fee and a two week deposit which will be applied to the **LAST** two weeks of participation **ONLY**. I agree to give two weeks advance written notice if my child leaves the program before the end of the school year. If notice is **NOT** given, deposit will be forfeited. Payment is due each Friday for that week or my child may not be permitted to return to the program unless prior arrangements have been made with the Executive Director's approval. Payment is due every week whether my child attends or not.
  - I grant permission for my child to participate in field trips run by Hope 7 Community Center, and be transported by contracted school bus.
  - I agree to assume responsibility for the transportation of my child at the close of each day.
  - I agree to notify the Program Director if my child will be absent from the program
  - I understand that it is my responsibility to provide full accident insurance coverage for my child.
  - I understand childcare ends at 6:00 pm, and I will be charged \$1.00 per minute, for every minute I am late/ I also understand that if I am late 3 times my child may be removed from the program. In accordance with New York State Law its Hope 7's responsibility to contact the police if a parent is 1 hour late.
  - I agree that for the protection of my child and others, I will not send my child to Hope 7 when ill and understand that I may be called to pick up my child whenever staff deems home care necessary.
  - I agree to participate, in some form, in at least one fundraiser per year
  - I understand it is my responsibility to provide lunch for my child for early dismissals, full days, and snow days. Failure to do so may result in additional fees.

Signature: \_\_\_\_\_

Date of birth for signer: \_\_\_\_\_

## HOPE 7 RESPONSIBILITIES

1. Admission is open to all children, ages 5- 13 providing their individual needs present no safety problems to other children or staff and child can function independently and appropriately in group activities without specialized care.
2. We provide a safe and nurturing environment with emphasis on recreational and individual enrichment program for your children and comply with all NYS OCFS regulations.
3. It is the legal responsibility of Hope 7 and its employees to report to Child Protective services and NYS Office of Child and Family Services **ANY** suspected cases of child abuse or neglect *inside or outside* the center.
4. Hope 7 will provide to any authorized parent or guardian access to the premises to assess our program, staff, and childcare at any time. A copy of the NYS Office of Child and Family Services regulations and contact numbers for inquiries and complaints, and suspicion of abuse are posted at the in/out desk
5. In the event of an unscheduled early dismissal due to bad weather, childcare will be available.
6. Hope 7 childcare will open at 7 am on vacation days. **Lunch provided during Summer session ONLY. Snack is provided daily.**
7. Hope 7 can only administer emergency medicines (epi-pen, inhaler, Benedryl for allergic reaction) with a form from your child's doctor.
8. School year begins with the first day of school for all schools.
9. Hope 7 child care is closed for all the following holidays

Labor Day  
Thanksgiving  
Day after Thanksgiving  
Christmas Day  
New Year's Day  
Memorial Day  
4th of July

Christmas Eve & New Year's Eve - Hope 7 will be open from 7-3 for childcare

**I have read and fully understand the above agreement, and agree to the conditions set forth above.**

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

\_\_\_\_\_  
Date

### **PARENT RESPONSIBILITIES**

1. It is my responsibility to inform Hope 7 if my child will be absent by 11 AM or I will be responsible for the cost of their snack (\$3) for the day. Prolonged absenteeism without a call may result in disenrollment.
2. It is my responsibility to submit childcare fees on time. If there should be a reason I can't, I will speak with Director immediately. Failure to comply may result in immediate termination of care.
3. It is my responsibility to send the appropriate clothing for my child in accordance with the activities planned for that day and the weather. Children should be in sneakers daily. Boots, coat, hat, and gloves should be sent in cold weather. Child must come to summer camp IN their bathing suit and have a change of clothes in their bag.
4. It is my responsibility to send my child with lunch on full days, snow days, and early dismissals.
5. It is my responsibility to have **AT LEAST 3 people** listed and kept current on my child's pick-up list.
6. It is my responsibility to have my child picked up **ON TIME**. Failure to do so will result in \$1 per minute late fee with habitual tardiness resulting in termination of contract. I understand that after 1 hour late, Hope 7 will notify Troy Police Department and NYS OCFS.

**I have read and fully understand the above agreement, and agree to the conditions set forth above.**

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

\_\_\_\_\_  
Date

## PROGRAM ACTIVITIES FOR AFTER SCHOOL

- Rotation of each age group into various classrooms every 30 minutes. Groups include activities in arts and crafts, education enrichment, socialization and interactive sports/games. Children are also brought outside upon discretion of the director. Children will also be able to utilize the programs' computers, under supervision, to build technological skills.
- Snack time – Snack is provided by Hope 7 for all children Monday through Friday. Children may bring snack from home. Please do not send children with food that needs to be reheated or cooked.
- Homework Time – Assistance will be provided for willing and cooperative children. In the event of a special activity that commences prior to 3:30, homework will need to be completed at home.
- **Various clubs are scheduled throughout the week like Art Club, Computer Class, Tutoring, Girl Scouts, Kids for Kindness, Grow Girls, Jr. Forest Rangers, etc. These clubs help to increase socialization and build self-esteem.**
- Story Time – Dependent on age group and will be at counselors discretion.
- Volunteers from local organizations and colleges commit semester hours to Hope 7 to enrich the children's experience & assist staff throughout the year.
- Receives funding from NYS OCFS & Rensselaer County Youth Bureau

## PROGRAM ACTIVITIES FOR SUMMER CAMP

- We travel daily by chartered school bus to area town and state park facilities where children enjoy swimming, hiking, arts & crafts, and special activities.
- Each week is a theme week such as "The Olympics", "Superhero", "Music", "Fitness Fun" and more.
- Lunch and snack is provided by Hope 7 for all children Monday-Friday. Children may bring lunch or snack from home. Please do not send children with food that needs to be reheated or cooked as we do not have access to appliances at the parks.
- In addition, special events take place with visitors from Dyken Pond Environmental Education Center, area radio DJ's, and specialty dance groups, with new enrichment features added yearly.



## **DISCIPLINE POLICY**

It is Hope 7 Community Center's objective to guide the behavior of children for the protection and growth of all of the children in our care. Our goal is to assist children develop self-control and assume responsibility for their actions through clear and consistent rules and limits appropriate to their ages and development. The staff of Hope 7 uses acceptable techniques and approaches to help children solve problems; including but not limited to redirecting to an alternate activity, rewarding acceptable behavior, encouraging children to talk about feelings and providing an example for children by speaking and interacting with children in a positive manner.

Should a form of the above discipline be utilized by the Hope 7 staff, it must relate to the child's action and without delay. Isolation of a child in a closet or darkened area, or where the child cannot be seen and supervised is prohibited. When a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts group interaction, a child may be separated from the group, but only for as long as necessary for the child to regain enough self-control to rejoin the group. If deemed necessary by staff, parent/guardian may be called to pick up child immediately.

**Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate care at any time as a result of disruptive behavior.**

Corporal punishment is prohibited including, but not limited to spanking, biting, shaking, slapping, twisting or squeezing, demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures or compelling a child to eat or have in the child's mouth, soup, foods, hot spices or foreign substances. Withholding or using food, rest, or sleep and forced feeding as a punishment is prohibited. Discipline which frightens, demeans or humiliates a child is prohibited.

In addition, Hope 7 will conduct health checks and maintain a daily log which will include, but not limited to any observance of unusual bruising or cuts on a child when he/she arrives as well as any behavior problems, actions taken, and consultation results with parents/guardians.

Reviewed by parent/guardian OR  
New employee

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **DISENROLLMENT POLICY**

Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate enrollment at any time. Grounds for disenrollment include, but are not limited to, the following reasons:

- Tuition in arrears of two weeks.
- Parent or child behavior that harms or is likely to result in harm to the child, staff or property, or seriously disrupts group interaction
- Excessive late pick-up of child – 3 late pick ups, which will incur additional fees, may result in termination. 1 pick up 30 or more minutes late where there is no communication from the parent and the parent is unable to be reached may result in immediate termination.
- The necessity of administering medical treatment for which staff is not trained.
- Any single incident that is deemed by the Childcare Director as dangerous, harmful or disruptive to your child or others

### **Credit Card Fees**

An administrative fee will be charged to any credit card payment

### **Returned Checks**

There is a \$25.00 fee for each returned check in addition to any late payment fee that may apply. Money orders or cash may be required for future payments.

### **Fee For Late Pick Up**

Official closing time for the Center is 6:00 pm for after school and 5:30 for summer camp. You will be charged \$1 for every minute you are late. After 1 hour, we must call the police.



**WAIVERS AND RELEASE FORMS**  
(EACH MUST BE SIGNED INDEPENDENTLY)

**PEANUT ALLERGY WAIVER**

Due to the frequent "peanut allergies" please check the following

\_\_\_\_ I give my permission for my child to eat peanut butter and nut products. Hope 7 will not be responsible for any reaction that could occur.

\_\_\_\_ I do **not** give my permission for my child to eat peanut butter of nut products.

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**PHOTO RELEASE**

I give my permission for Hope 7 Community Center to use my child/children's pictures or mine for commercial, promotional and grant purposes at any time, without compensation. I understand that names will not be used for picture identification, only program names (ex. Summer Camp/ Afterschool) and Hope 7's name.

\_\_\_\_\_  
if subject is a minor Date \_\_\_\_\_ Signature- Legal Guardian

\_\_\_\_\_  
Print name- Legal Guardian if subject is a minor

\_\_\_\_\_  
Print minor's name (s)

\_\_\_\_\_  
This permission will remain in effect until such time as I state, in writing, to rescind permission

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**TRANSPORTATION RELEASE**

I give my permission for my child to ride by school bus from his/her school to Hope 7 Community Center and while traveling for Summer Camp. It is understood that I will speak to my child about the importance of acceptable behavior while riding on the bus. I give my permission for my child to ride by Hope 7 employee vehicle in case of an emergency.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**NATURE WALKS AND SWIMMING**

I understand and give permission for my child to swim and take nature walks daily while in attendance to the Hope 7 Summer Camp Program & After School outings.

\_\_\_\_\_  
Child's name \_\_\_\_\_ Date \_\_\_\_\_

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

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**SUNSCREEN/BUG SPRAY**

I authorize that the Hope 7 staff has my permission to apply sunscreen daily and bug spray as needed.

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

## PICK UP AUTHORIZATION FORM

***\*MUST HAVE A MINIMUM OF 3 PEOPLE LISTED\****

It should be noted to all parents that, unless there is a legal document on file stating that a parent is not allowed contact with a child, staff are NOT legally able to keep a non-custodial parent from picking up a child. Please attach a copy of a legal document to this form if this situation applies to you.

I give permission for the following people to pick up my child from Hope 7 Community Center child care program. I realize that my child will not be released to anyone who is not listed below, unless the Program Director is informed previously with written documentation.

Name	Relationship	Address	Phone Number
	Mother/guardian		
	Father/guardian		

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

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

## IMPORTANT NUMBERS

Name of Center – Hope 7 Community Center - Child Care

Name of Person Preparing Plan – Samantha Adkisson

Title – Executive Director

<u>Name</u>	<u>Location</u>	<u>Phone #</u>
Ambulance		911
Samaritan Hospital	2215 Burdett Ave Troy, NY 12180	911 or 274-3000
Troy Police Dept.	55 State Street Troy, NY 12180	911 or 270-4411
Rensselaer County Sheriff's Dept.	400 Main Ave	911 or 270-5252
Troy Fire Dept.	Troy, NY 12180	911 or 270-4471
Poison Control	Albany Medical Center	445-3152
Office of Children and Family Services	155 Washington Ave Albany, NY	1-800-732-5207
Child Abuse and Maltreatment Center		1-800-342-3720

**\*In case of Emergency, 911 will be called**

## HEALTH CARE AND EMERGENCY MEDICAL PLAN

- Children must be provided child care within an environment which, not only protects them from physical harm, but which also provides for their physical, intellectual, emotional and social development.
- There will be 2 people on staff who are certified in First Aid and CPR.
- Hope 7 can only administer emergency medicine (epi-pen, inhaler, Benedryl for allergic reactions) ONLY with a form from your child's doctor. A log will be kept of medicine use and you will be notified if medication has been administered.
- Each family of an accepted child for care shall be required to have medical records on file.
- **Children who are ill and absent from school, must have alternative arrangements for after school care for the duration of the illness.**
- If a child becomes ill on site, they will be isolated from well children until they are picked up from the Center.
- Monitoring of children for daily health problems will be done by staff members. Any concerns will be brought to attention of the Program Director, who will notify the parents and seek emergency assistance as necessary.

I have read the *Health Care Plan* and *Emergency Medical Treatment Plan* and understand the procedures that will be followed in the event of an emergency. I understand that Hope 7 will NOT administer any medications except emergency medication with a form from my child's doctor.

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

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

## DELEGATION OF MEDICAL TREATMENT PARENT CONSENT

As the parent/guardian of \_\_\_\_\_, I hereby authorize a staff member of Hope 7 Community Center to grant consent to any physician deems appropriate to conduct the required test and provide necessary treatment/ care to the above named child, if I or my spouse cannot be reached.

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Child's last tetanus immunization \_\_\_\_\_

Gender:            Male                      Female

### Medical Record

List all medical conditions (allergies, asthma, seizures- anything listed here will need to be elaborated on on Individual Health Care Form)

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List any medical restrictions

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List any medications

#### Parent/Guardian Information

Mother/Guardian

Father/Guardian

Home Address		
Home Phone Number		
Place of Employment		
Work Phone Number		

Hospital Preference \_\_\_\_\_

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

Date \_\_\_\_\_

\*Authorization Expires 12 Months from signed date

## SAFETY POLICIES

### Fire Drills

Fire drills are conducted monthly and documented records are kept on file in the Center. Fire drill evacuation plans are posted in each classroom.

### Emergency Evacuation-Long Term

1. The Center will be fully evacuated upon the sounding of the alarm according to normal evacuation procedures, at this point all children and staff will be accounted for.
2. All staff, children and parents will then proceed to
3. Once inside, everyone will be accounted for by the Executive Director or Designee who will then notify all parents by phone that the Day Care Center is closed and their child will have to be picked up immediately at PAUM at 520 Pawling Avenue.
4. The evacuation will be considered complete when all children have been released to their parent.

### Emergency Shelter-in-Place

Shelter-in-Place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than evacuate. Generally, Shelter-in-Place means simply staying in doors. In some situations, sheltering in place includes additional precautions like locking all doors, closing the windows shades, remaining in a room away from large windows or turning off heat and air conditioning system. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. **TWO Shelter-in-Place drills** must be performed every session. Parents will be notified in advance of drills taking place.

ANYTHING listed on the medical record has to be elaborated on the INDIVIDUAL HEALTH CARE PLAN (following page). Please list each health care need with symptoms, triggers, accommodations, techniques, emergency medicine to be administered, etc.

EVEN IF ACCOMODATIONS DO NOT NEED TO BE MADE, you need to describe health care need and write "No Accommodations Needed".

If emergency medicine is needed, you will need to provide the medicine and another form will need to be filled out.





NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL HEALTH CARE PLAN**  
**FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name: <b>East Side Neighborhood Recreation Center Inc.</b>	License/Registration Number: <b>41447</b>	Program Telephone Number: <b>518-272-8029</b>
Child care provider's name (please print):		Date:
Child care provider's signature: <b>X</b>		

**Signature of Parent:**

X	Date:
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# DSS ABSENCE PAYMENTS

If child(ren) miss(es) 3 days or more in a row you MUST have a doctor's excuse or you will be responsible for payment for time missed. This includes days off during break weeks-take the week off and you have to pay the going rate for the week.

You are also only allowed 4 absences per month without a doctor's excuse. Anything over 4 and you are responsible for that payment as well.

I understand I will be held personally responsible for childcare payments not covered by my DSS contract & failure to pay will result in termination of child care.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren) name(s) \_\_\_\_\_

# Building for the Future

This child care receives  
Federal cash assistance to  
serve healthy meals to your children.  
Good nutrition today means  
a stronger tomorrow!

Meals served here must meet  
nutrition requirements established by USDA's  
**Child and Adult Care Food Program.**

Questions? Concerns?

Call USDA toll free: **1-866-USDA CND**  
**(1-866-873-2263)**

Visit USDA's website: **[www.fns.usda.gov/cnd](http://www.fns.usda.gov/cnd)**



United States Department of Agriculture  
Food and Nutrition Service  
FNS-317  
June 2000  
Revised June 2001