

AFTER SCHOOL PROGRAM GENERAL INFORMATION

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Policies & Procedures

SIGNING IN AND OUT: Children must be signed out by a parent/guardian or authorized adult for safety and security. Please list authorized adults on your registration form.

CHILD ABUSE: Staff is legally required to report any instance of observed or suspected child abuse or neglect.

LATE PICK-UP: Please pick your child up on time. Call Meaghan Wilkins, CYC Director at 677-3086 if you are going to be late. (More than 10 minutes)

TOYS AND GAMES: Electronic devices such as CD players, Gameboys etc. are not allowed at the CYC program. If brought in they will be kept until the child leaves for the day. Children may bring personal items such as board games & toys; however CYC does not take responsibility for lost or stolen items. Please label all of your child's belongings clearly and encourage them to be responsible with their possessions. Please discuss with your child that personal toys and games may only be used during free time.

Staff & Committee

After School Program Staff

Deb vandenBoggard, Recreation Supervisor
Cassandra Heaney, Recreation Attendant
Diana Markam, Recreation Attendant
Nikki vandenBogaard, Recreation Attendant
Cody vandenBogaard, Recreation Attendant
On-site Phone number – 518-955-1092

CYC Director

Meaghan Wilkins
Phone: 518-677-3086
Email: youth@cambridgeny.gov

CYC Steering Committee

*Tracy Boyd Eileen Brennan
Tracy Demianenko Jami Frakes
Heather Sweet*

*Board meets the 4th Monday of the month at 6:30 p.m.
in the High School Library. Public welcome.*

Medical Information

EMERGENCIES: If your child has a medical emergency during the program we will

1. Call 9-1-1
2. Call the parent/guardian. If parent/guardian is unavailable, we will call emergency contacts on your registration form.

If your child is transported by ambulance, a staff person will accompany the child until the parent/guardian arrives.

OTHER ACCIDENTS: If your child has a minor accident a staff person will administer first aid. Parents will be presented with a Bumps and Bruises Form.

ILLNESS: If your child becomes ill during the program we will allow child to rest in a quiet area and call the parent/guardian. If the parent/guardian is not available we will call the emergency contact.

MEDICATION: CYC Staff may not administer medication.

MEDICAL INFORMATION & RELEASE: Prior to your child's participation in the program a medical information and release form must be completed.

The Mission of CYC

The purpose of the Cambridge Youth Commission is to define the need of the youth, develop program ideas, and implement those programs to insure that all youth in the Cambridge Central School District are served with youth development, self-esteem building, recreation and delinquency prevention programs.

CYC After School Program Code of Conduct

1. Respect staff and other participants by not using foul, hurtful or obscene language or engaging in physical violence, bullying or other aggressive behaviors that threaten the safety of others.
2. Take care of CYC and Cambridge Central School property and leave the personal property of others alone.
3. Put back supplies in their proper place after using them.
4. Clean up their work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area or nap area.
7. Stay within the programs designated areas within the school building, and at swimming and field trip sites.
8. Cooperate and participate in organized activities.
9. Participants are responsible for their own belongings and leave valuables at home.
10. Follow regular classroom etiquette.
11. Inappropriate materials such as weapons, cigarettes/drugs, alcohol, or anything illegal are not allowed at the program.

Consequence Schedule **Bad Language/Abusive Teasing Etc.**

- 1st Time: Verbal warning
2nd Time: Loss of privilege, *guardian notified from this point forward*
3rd Time: 1-day suspension from program
4th Time: 1-week suspension from program
Next occurrence child is removed from the program.

Physical Violence & Inappropriate Items Etc.

- 1st Time: Removal from situation, loss of privilege, *guardian notified from this point forward*
2nd Time: 1-day suspension from program
3rd Time: 1-week suspension from program
Next occurrence child is removed from the program.

* In the instance that a child is in possession of an illegal substance or item police will be notified as well.

Guardian Notification Policy

If your child misbehaves you will be notified verbally and if discipline results in removal from the program parents must be notified both verbally and in writing.

MEDICAL INFORMATION/RELEASE STATEMENT

This information will be kept private. Only CYC Director and On-Site Supervisors will have access.

Our family physician is: _____ PHONE _____

In the event of an emergency which hospital do you prefer your child to be sent to? _____

Please list your Health Insurance Carrier and ID#

HEALTH HISTORY

Indicate if your child has had any of the following by giving the approximate dates of the illness:

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Mumps _____	Seizures _____
Asthma _____	Other _____	Other _____

Is your child allergic to penicillin or any other medications? _____
If yes, please list which ones:

Does your child have any other medical concerns (allergies, recent surgeries, chronic illnesses, restricted activities) we should be aware of? *Please be specific*

Does your child have any special education or behavioral issues (ADHD, anger management, ADD, etc.) we should be aware of? *Please be specific*

Is your child currently taking any medications? If yes, please list.

IMPORTANT: Please give the date (year only is fine) of your child's last tetanus shot _____

I hereby grant permission for _____ to participate in the Cambridge After School Program.

I hereby agree to waive, release and discharge all rights and claims in respect to damages or injuries sustained by my child from training, competitive play, non-competitive play, travel to and from activities by organized transportation, any other recreation activities, or from any other aspect of his/her participation in the program.

As the parent or guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or qualified First Aid or CPR technician. This care may be given under whatever conditions are necessary to preserve life, limb and well being of my dependent.

PARENT OR GUARDIAN SIGNATURE: _____

DATE _____