



# Sharon Springs Central School

PO Box 218, Route 20  
Sharon Springs, NY 13459



District Office 518-284-2266 - Fax 518-284-9033  
Principal - Guidance Office 518-284-2267 - Fax 518-284-9075

Library 518-284-9034  
Nurse's Office 518-284-2268

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Dear Parents/Guardians,

Welcome to Sharon Springs After School Program for all students' grades K-8!

Sharon Springs Central School District is continuing to offer the after school program for families in the community. We are very excited to have the opportunity to serve you and your children. **The program will begin on September 23, 2019.** You may use our program on a consistent basis, Monday through Friday from 3:00-5:00 p.m. Pick up will begin at 4:45 p.m. by the front desk. **Please bring Photo Identification.**

Your child will be participating in a number of activities, including snack, receiving homework help, and **enrichment activities**. This program will give your child the opportunity to learn through fun activities and games.

**Attached to this letter** you will find a **handbook** for parents and students, please review it before the program starts.

If your child plans to participate in the After School Program, please return all attached forms to the Elementary Guidance Office or your child's teacher by **September 18<sup>th</sup>**.

If you have any questions, or if you would like more information, please do not hesitate to contact me at **518-284-2267 ext. 112**. Once the After School Program begins, I can be reached via the program's cell phone number **518-530-7810**. This phone will be turned on beginning on September 23rd from 2:00 p.m. and will remain on until 6:00 p.m.

We look forward to seeing your child at Sharon's After School Program.

Sincerely,

Erika Scully

After School Program Coordinator

Sharon Springs Central School  
 Empire State After-School Program (ESAP)  
**APPLICATION AND CONSENT FORM**

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School (if different than SACS): \_\_\_\_\_

Parents'/Guardians' Full Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mother/Guardian – Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian – Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work #: \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Medical Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I, or my child's physician cannot be reached in an emergency, I hereby give my permission to the physician/hospital selected by the ESAP Program to secure proper medical treatment for my child.

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

**Allergies and/or Special Needs** (Please list any allergies to foods, bees, etc., and/or any special needs)

Allergy or Special Need	Reaction	Action To Be Taken

**Emergency Contacts / Authorized Adults for Student Pickup**

Name	Phone	Relationship to child	May this person pick up your child? (yes/no)

**Bus Drop off Location** (If your student will require bus transportation)

Location (home, babysitter, etc.)	Physical Address

**SCHOOL YEAR - Dismissal Plans** (please check which you plan on using each day)

Day	Early pick up (what time?)	Taking bus at 5pm	Pick up at school at 5pm	<p><b>Please Note:</b> Any change in this dismissal plan on a daily, weekly or permanent basis <b>MUST</b> be given to the Site Coordinator <b>IN WRITING</b> by the parent or guardian.</p>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

# ESAP STUDENT DATA and EVALUATION CONSENT FORM

Dear Parents,

Jharon Springs Empire State After-School Program (ESAP) is funded by a new statewide grant through the NYS Office of Children and Family Services (OCFS). In order to monitor the effectiveness of the afterschool program and ensure its future success, we are required to collect certain data and report our progress.

Any information we collect will be used only to assess the afterschool program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. We will not use your name or your child's name in any report.

Please answer the following options:

- I give consent for access to my child's records for the sole purpose of data collection (including grades and state assessment scores) for the Office of Children and Family Services, in accordance with continued funding of the ESAP Program. I understand that my child's name will not be used.  

YES    NO
- I give permission for my child to participate in surveys, focus groups or interviews (as ability and age allows) about the afterschool program and its effects.  

YES    NO
- I give consent for my child to be photographed, or video-taped while in ESAP for educational material, promotional articles or any other lawful purpose.  

YES    NO

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

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## Student Memo of Understanding:

I understand that I am expected to learn and follow the ESAP program rules. In the event that I choose not to follow the rules, I may have to leave the program. The policy for discipline will be: 1) Verbal warning. 2) Conference with Site Coordinator and parent/guardian. 3) Extended time out of program or release from the program.

RULES TO REMEMBER: 1) Respect yourself 2) Show respect for adults and peers 3) Respect school property 4) Follow the school's rules of conduct 5) Be helpful to others in the program 6) Have Fun.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(A parent may sign for a kindergarten or first grader indicating they have explained this to their child.)

Dear Family,

In the event that we need to dismiss early (ex.: bad weather, power outage, etc.) we would like to know what procedure to follow with regard to your child's dismissal instructions instead of the **after school program**. Please check **ONE** of the following and fill in any appropriate information and return it to your child's teacher to give to Erika Scully. Thank you for your assistance in getting your child where he/she needs to be.

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

Dismiss my child **AS USUAL**

\_\_\_\_\_  
(Please write down the "Normal" routine) in case of an unscheduled early dismissal.

My child should go home with \_\_\_\_\_  
on bus # \_\_\_\_ in case of an unscheduled early dismissal.  
(Please indicate student name and bus #)

Dismiss my child to \_\_\_\_\_  
(Please indicate name of adult and phone # if necessary)  
Case of an unscheduled early dismissal.

Other instructions (Please explain in clear detail)

\_\_\_\_\_  
\_\_\_\_\_

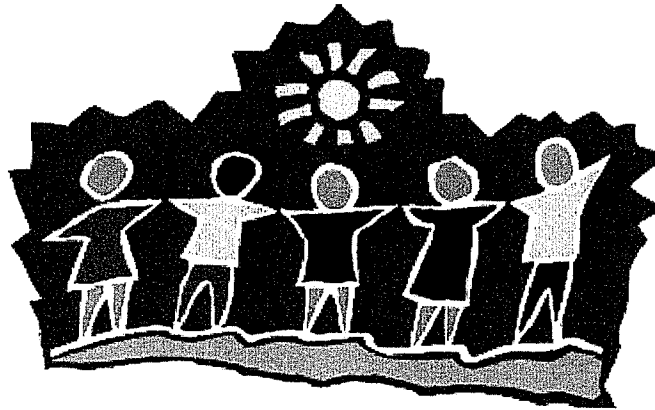
Please remember that last minute phone calls during an unscheduled dismissal only add to the confusion. We appreciate your help in having a plan in place for such an event. Please make sure that all parties are aware of the plan and THANKS again for your help. Please return this form to Erika Scully (ASP Director) ASAP.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

# ***Empire State After School Program***

*Parent Handbook  
2019-2020*



## ***Our Mission***

*The mission of the after school program is to  
grow citizens who contribute positively to their communities.*

*We provide an after school environment that promotes  
student achievement through academic support and enrichment and  
promotes social and emotional growth through youth development activities.*

## **The ESAP Schedule**

The ESAP Program will normally be held from 3 p.m. to 5 p.m. Monday thru Friday during the school year. The program will not normally operate on half-days, vacation days, snow days, and emergency school closings. The ESAP Program through the school district will provide a daily snack, and transportation to all students.

## **Homework Help**

The ESAP Program will provide time on most days for homework and homework help. Staff will be available to help if your child has questions or guidance. We will do our best to ensure that children spend time completing their assignments, but we do not guarantee that all homework will be completed during program hours. Younger children who do not have assignments from their classroom teachers will spend time each day being involved in academic activities.

## **Enrichment Activities**

ESAP will provide numerous educational, enrichment and recreational opportunities that strongly link to the school day and blend skill acquisition, relationship-building and fun to foster academic and social-emotional growth. Children will have opportunities to choose from a variety of activities and projects both indoors and outdoors including reading groups, STEAM activities, cooking and computer lab, etc. ESAP will provide materials for all academic and enrichment activities.

## **Transportation**

If you would like your child bused home, please request this service in the registration packet. Buses will typically depart from school at 5:00p.m. each day. Please make sure someone is home to meet your child at the bus, as it will be late in the day and may be dark. For the safety of all children during transportation, the same rules of conduct apply to riding the bus. Violations of these rules may result in suspending your child's bus riding privileges.

## **Cancellation Due To Weather**

When schools close early due to inclement weather, the ESAP Program will not be held. There may be times when the weather deteriorates toward the end of the school day, and it is up to each school's Transportation Supervisor and administration to decide whether or not to cancel the program. If ESAP is in question of being cancelled, parents and guardians should listen to their local radio station or the school's emergency notification system for confirmation. Staff will try to contact as many parents as possible. Parents should discuss early dismissal plans with their children to insure their safety.

## **First Aid/Accidents**

If a child is slightly injured while attending the ESAP Program, first aid will be administered and an Incident Report will be filed. Each site will have a staff member(s) who are trained in First Aid.

## **Serious Injury**

If a child is seriously injured or has a medical emergency while attending the ESAP Program, emergency services will be called and the child will be transported to the hospital. Every effort will be made to contact the parent/guardian or emergency contact person listed on the child's registration form. The emergency information you have provided will be taken to the hospital. *It is vital that the emergency information regarding your child be kept current.*

## **Illness**

If a child has any of the following signs or symptoms of illness, he/she will be sent home from the ESAP Program:

- Diarrhea
- Difficulty breathing
- Fever
- Head Lice (including any visible nits, even if hair has been treated)
- Severe coughing
- Untreated Skin infection
- Vomiting

The Site Coordinator should be informed of any illness, especially where there is a chance that other children and adults in the program may be exposed.

## **Medications**

ESAP will follow the school's policy regarding medication administration. Please check with your Site Coordinator or school nurse for details.

## **Rules of Conduct**

Every child is expected to learn and follow ESAP Program rules, which are in accordance with the school's general rules of conduct. The methods used in dealing with chronic inappropriate behavior include parent conferences, probation, suspension of bus riding privileges, program suspension, and releasing a child from the program.

A suspension will mean a child cannot participate for a specified period of time.

Releasing a child from the program will mean that the child is no longer able to participate in the program.

*Procedures for Suspension & Release of a Child from the Program*

1. *First Offense – Verbal warning to child and parent.*
2. *Second Offense – Conference with site coordinator and parent.*
3. *Third Offense – Suspension or release child from program.*

## Parent Conferences

Exchange of important information between parents and the ESAP staff provides valuable insights to both parties. Conferences may be scheduled at the request of the staff or parents.

It is also helpful if you keep us informed about the significant changes happening to your child. Moving, hospitalization of parent or sibling, divorce or separation or other events can have a profound impact on your child's behavior. If we know what a child is facing we can be aware of changes in behavior or personality, even physical health.

Information shared with staff members will be kept confidential.

## Attendance Policy

Daily attendance is taken when your child comes to the ESAP Program. Your child must be responsible for coming straight to the program after school is dismissed. If your child is involved in after school activities (scouts, sports, etc) and will be arriving late to the program, you must let the Site Coordinator know. Parents need to help their children keep track of the days they are scheduled to come to the ESAP Program. Students are expected to attend ESAP at least three days per week.

## Sign-Out Policy

When your child is picked up, they must be signed out for the day. Only authorized individuals will be able to sign out your child, and they will be required to show identification.

Only persons designated in writing at the time a child is enrolled in the ESAP Program will be permitted to sign a child out. This is for the child's protection and we will enforce this rule. The staff will question people we do not know and will check their authorization/identification to pick up your child. **If someone whose name is not on your authorization sheet will be picking up your child, we must have your written permission to release your child from the program.** We may choose to confirm this with a phone call to you at home or work. It is vital that emergency information is kept current. Your child's safety is our primary concern.

## Missing Child Policy

Sometimes a parent may forget to remind the Site Coordinator of changes in the child's schedule, or a child genuinely forgets what to do after school that day. If your child is scheduled to come to the ESAP Program, but does not arrive, we will look for him/her.

*If we 1) Cannot find your child, 2) cannot reach you or your child at home, 3) cannot contact those persons listed in the emergency information you provided, we will report your child as missing to the New York State Police.* This is the only way we can be sure your child is safe. Please be sure to let the Site Coordinator know if there will be changes to your child's routine or days scheduled.

## Photographs

There may be times when photographs are taken of the children participating in the ESAP Program. The photographic material, whole, in part, or composite may be used as the program sees fit in publication of educational material, promotional articles, and/or for any other lawful purpose. Parents will be asked on the Application and Contract Form to give consent for their



## **Mandated Reporting of Child Abuse and Neglect**

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The ESAP Program will report any reasonable suspicion of abuse or neglect of a child participating in our program. Concerns will be phoned in to the State Central Register of Child Abuse and Maltreatment. Parents will not necessarily be told that a report has been filed. The ESAP Staff must cooperate fully with Child Protective Services representatives when a report is made.

If you have any further questions about the after school program please contact our Site Coordinator, Erika Scully – (518) 284-2267 Ext. 112. ASP Cell Phone- 518-530-7810.

## Sharon Springs After School Program: 2019-2020

To Parent or Guardian of an After School Program Student:

As a parent or guardian of this student, I have received and read the Sharon Springs After School Program Handbook. I understand that I am responsible for making my child and myself aware of its contents. I certify that the information I provided to the program is correct. I also understand that continuous participation in this program is dependent on keeping my contact information current.

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Parent or Guardian (Please sign)

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Date

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Parent or Guardian Name (Please print)

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Student's Name (Please print)

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Student Grade Level