



# REACH Community & Youth Agency

Providing social, recreation, education, informational and advocacy programs for youth and families of Half Hollow Hills and Commack since 1972.

Administrative Offices: Manasquan School, 525 Half Hollow Road, Dix Hills, New York 11746  
631-549-9417 Fax: 631-549-1272 Website: [www.reachcya.org](http://www.reachcya.org) Email: [reachcya-inc@aol.com](mailto:reachcya-inc@aol.com)

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## **HOMEWORK & REC PROGRAM**

**September 2017 – June 2018**

Starts Tuesday, September 5, 2017

**ADVANTAGE AFTER SCHOOL is held at  
Candlewood Middle School – Room 605  
and**

**West Hollow Middle School – Room 217**

**Monday through Thursday**

**\*Program does not meet on Fridays**

**2:45 – 4:45PM**

### **REGISTRATION DEADLINES**

- In order to start the program the first week of school you must register by August 25, 2017.
- Registrations received Aug. 28 - Sept. 1 can start the week of September 11, 2017.
- Registrations received during the school year require approximately 3 days to process.

*Enrollment is on a first-come, first-served basis, subject to capacity limits.*

*When necessary, students are placed on a wait list for the next available opening.*

### **ATTENDANCE REQUIREMENTS**

- Yearly Membership Fee - \$425 *Includes unlimited attendance, daily snacks, materials fees*
- Completed Permission & Medical Forms
- Signed "Parent Agreement" and "Discipline Agreement"

## MEMBERSHIP FEES

REACH Community and Youth Agency is a not-for-profit organization working in cooperation with the Half Hollow Hills School District. REACH CYA's Board of Directors sets program fees. REACH CYA offers tuition assistance for those families who qualify. Scholarships are limited and dependent upon eligibility of the Free or Reduced Fee Lunch Program.

### **PROGRAM FEES – DUE AT REGISTRATION – NON-REFUNDABLE**

After School Program Membership Fee (per school year)	<b>\$425.00</b>
After School Program Membership Fee (each additional child)	<b>\$300.00</b>
After School Program Membership Fee ( <i>after January 1<sup>st</sup></i> )	<b>\$300.00</b>
\$20 Returned Check Fee	

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### **PROGRAM \*SCHOLARSHIPS** (*Limited number available*)

**\*Scholarship must be approved by Executive Director. Proof of Free/Reduced Lunch Eligibility will be required)**

After School Program Fee (per school year) – Reduced Lunch Rate **\$200.00**

**This can be paid in (4) installments of \$50 each.**

After School Program Fee (per school year) – Free Lunch Rate **\$100.00**

**This can be paid in (4) installments of \$25 each.**

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### **For this program fee, your child is receiving:**

- Unlimited use of the program for the entire 2017-2018 school year
- Daily snack and water
- Academic assistance **in a group setting**
  - The Advantage program is not intended to be a 1:1 tutoring service.
  - The program maintains a 10:1 student to staff ratio.
- Social & Recreation programs
- Creative workshops (materials fee included)
- Character Education programs

# ADVANTAGE MIDDLE SCHOOL - AFTER SCHOOL PROGRAM

The Advantage program is held Monday through Thursday from 2:45 to 4:45PM and follows the school calendar. Once registered, your child is automatically enrolled and welcome to attend four days per week. Sports, clubs, etc. can all be worked into attending Advantage. Please be advised that since this is a “drop – in” program, we do not call home if a student chooses not to attend on a particular day. However, if you communicate your own attendance expectations, we will communicate with you if there is a significant deviation from that.

In order to encourage our students to engage in athletics, clubs, etc. we are purposefully flexible. We have developed two distinct “hours”, based upon late bus schedules. First hour is 2:45-3:45; second hour is 3:45-4:45. With parent’s permission, students may also depart on the 3:45 late bus.

## Daily Schedule

- Upon arrival students are served water and are given an opportunity to choose from a variety of snacks.
- At the start of each program students are expected to take out their agenda books so that staff can review assignments that need to be completed.
- Failure to accurately record in or present agenda books daily will lead to disciplinary actions (further described in “Discipline Procedure” on Page 3).
- The first hour of Advantage is for quiet **Homework**. ***This is not optional.*** Students are expected to complete their class assignments or read quietly.
- The second hour of Advantage consists of a choice of Homework or recreational activities.
- Recreational activities include arts and crafts, board games, computer labs, video games, group games, drawing, babysitting workshops, cooking and free play in the gym or outside.

## STAFF

Program staff is provided by REACH Community and Youth Agency and the Half Hollow Hills School District. Additional support is provided by the Huntington Youth Bureau and student volunteers.

## DISCIPLINE PROCEDURE

The guideline of our discipline policy is to help our young people mature socially into responsible, cooperative participants through the development of consequential thinking and confidence inspiring discipline techniques. The staff is trained to guide youth in taking responsibility for their own actions and to help them grow in respect for their own rights and emotions as well as the rights and emotions of others. It is our policy to never resolve conflicts by using physical or verbal abuse, and we will not allow our students to do so either.

Suspensions will occur for excessive behavior problems, late arrivals without a Pass, and failing to accurately record in and/or present agenda books daily.

Discipline problems will be handled in the following manner:

- 1st offense - Verbal communication with student.**
- 2nd offense - Communication with parents (Written or Verbal).**
- 3rd offense - Suspension from program.**
- 4th offense- Dismissal from program.**

\*PLEASE NOTE: Fighting and physical altercations are not tolerated. Misbehavior of this kind will result in immediate suspension from the program.

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## EMERGENCY CLOSINGS

The program runs Monday thru Thursday during regularly scheduled school days. The program does not run when the students are off, when there is an early release, or when there are no after school buses due to inclement weather.

Parent Notification: If the Advantage Program is cancelled due to inclement weather or an emergency school closing parents will be notified by TEXT and EMAIL only. One text will be sent to each parent/guardian on file. You will not be able to reply to the text message. Email notifications will also be sent. ,

The Advantage Program works in cooperation with HHH transportation schedules. Often times, after school buses are cancelled the day before a holiday or extended vacation. When school buses are cancelled in advance, students will be notified accordingly.

In the event of an unexpected early dismissal, **ALL STUDENTS** will be sent home on the earliest available bus. No student may remain in the building to be picked up by a parent.

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## PARENT PICK-UP PROCEDURES

Parents/Guardians and designated emergency contact individuals may pick a child up at school. However, if you are not present to pick up your child by the time the late buses are scheduled to depart then your child will be sent home on the bus. We cannot wait with your child after 4:45pm. Remember, you must come to the Advantage rooms and sign the children out with a staff member. Please bring picture ID until the staff recognizes you.

<b>ADVANTAGE 2017-18 PERMISSION FORM</b>						<b>– PLEASE PRINT CLEARLY</b>															
<input type="checkbox"/> <b>CANDLEWOOD MS</b>						<input type="checkbox"/> <b>WEST HOLLOW MS</b>			TODAY'S DATE												
CHILD'S NAME LAST		FIRST		(NICKNAME)		BIRTHDATE	AGE	GENDER	ETHNICITY												
GUIDANCE COUNSELOR			GRADE			TEACHER															
<b>EARLY DISMISSAL CONTACT: Please check box only if you MUST be contacted in the event of an emergency closing <input type="checkbox"/></b> <b>PLEASE NOTE: WE WILL CONTACT YOU REGARDING EARLY DISMISSAL ONLY THROUGH EMAIL.</b>																					
EMAIL ADDRESS –To notify you of program changes, cancellations, special offerings.																					
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

<b>PARENT/GUARDIAN INFORMATION - Please place an asterisk ★ next to the phone number we should call first during program hours.</b>	
NAME	NAME
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
ADDRESS	ADDRESS
CITY/ZIP	CITY/ZIP
HOME PHONE	HOME PHONE
BUSINESS NAME	BUSINESS NAME
BUSINESS PHONE	BUSINESS PHONE
CELL PHONE – will also be used for TEXT NOTIFICATIONS	CELL PHONE – will also be used for TEXT NOTIFICATIONS
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER	
WHO HAS LEGAL CUSTODY OF THE CHILD?	

<b>AUTHORIZED EMERGENCY PICK-UP/CONTACTS - Other than those listed above please designate at least one emergency pick up/contact.</b>		
NAME	RELATIONSHIP	
PHONE	CELL PHONE	ALT. PHONE
NAME	RELATIONSHIP	
PHONE	CELL PHONE	ALT. PHONE
NAME	RELATIONSHIP	
PHONE	CELL PHONE	ALT. PHONE

<b>If applicable, WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD? A copy of supporting court document must be on file with REACH CYA.</b>	
NAME	REASON
NAME	REASON

<b>EMERGENCY CLOSING – Please designate a neighbor's address where your child would go in case of inclement weather/emergency closing.</b>		
NAME	ADDRESS	PHONE

PARENT/GUARDIAN SIGNATURE	DATE
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**Please contact the REACH CYA office should any of your contact phone numbers change during the year.**

# REACH CYA MEDICAL FORM

CHILD'S HEALTH INFORMATION			
CHILD'S NAME			
CHILD'S PHYSICIAN			PHONE
ADDRESS		CITY	ZIP
SPECIAL HEALTH PROBLEMS <input type="checkbox"/> NO <input type="checkbox"/> YES-If yes, specify:		ALLERGIES—including drug reactions <input type="checkbox"/> NO <input type="checkbox"/> YES-If yes, specify:	
REGULAR MEDICATIONS* <input type="checkbox"/> NO <input type="checkbox"/> YES-If yes, specify:		FOODS YOUR CHILD MAY NOT EAT <input type="checkbox"/> NO <input type="checkbox"/> YES-If yes, specify:	

*\*Note: No medication of any type including, but not limited to, prescription drugs, cough drops, vitamins, aspirin, or ear drops may be administered by REACH CYA staff.*

CHILD'S MEDICAL INSURANCE COVERAGE	
INSURANCE COMPANY NAME	POLICY NUMBER
POLICY HOLDER NAME	EMPLOYER NAME

THIS SECTION MUST BE FILLED IN
<p>DOES YOUR CHILD HAVE ANY SPECIAL SUPERVISION NEEDS (Physical, behavioral, emotional, developmental, etc.?)  <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, please describe:</b> _____            _____            Please describe specific symptomatic behaviors: _____            _____            Please list triggers: _____            Please list symptoms: _____            Please describe how you recommend handling behaviors: _____            _____</p> <p><b>DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, please check all that apply:</b>  <input type="checkbox"/> RESOURCE ROOM  <input type="checkbox"/> <b>*ONE-TO-ONE PARA</b>  <input type="checkbox"/> SELF CONTAINED CLASS (STUDENT/TEACHER RATIO _____)  <input type="checkbox"/> OTHER (EXPLAIN) _____</p> <p><b>*Note: Students with special needs will benefit from a smaller student to adult ratio.</b></p>

EMERGENCY MEDICAL CONSENT
<p>In the event I cannot be reached in a medical emergency, I give REACH Community and Youth Agency, Inc. staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I understand REACH CYA does not provide any health/hospitalization insurance for program participants. I agree to hold REACH CYA, Inc., staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law. I understand and fully give the consent described above.</p> <p><b>PARENT/GUARDIAN SIGNATURE:</b> _____ <b>DATE</b> _____</p>

# **ADVANTAGE PROGRAM**

## **Student Behavior Agreement**

Please read and discuss this Agreement with your child before signing.

### Student Behavior Agreement

- I will arrive on time and will fully participate in all aspects of the program.
- I will write all of my assignments in my agenda book and present it to staff daily.
- I understand that this is a Homework Help Program and that during the First Hour, I will complete my homework or read quietly.
- I will respect the staff, bus drivers and volunteers in charge of the program, and will follow their directions.
- I will respect other youth and their property while attending the program. If something does not belong to me, I will not take it into my possession for ANY amount of time.
- I will always try my best to be in control of myself and will not use bad language, name-calling, make fun of, threaten or have inappropriate contact of any kind with others.
- I agree that I must pick up after myself and put things away.
- I will refrain from personal cell phone use during program hours unless communicating with a parent/guardian.

I understand that if these guidelines are not followed, corresponding consequences may be implemented based upon the severity of my actions and the best judgment of the staff involved.

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

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

# REACH CYA's ADVANTAGE Program Parent Agreement

## PLEASE USE AS A CHECK LIST

- I have read the information packet and gone over the program expectations with my child.
- I have completed all registration paperwork.
- I have informed the staff of any special needs or challenges my child may have.
- I have read the Discipline Policy/Procedure and will cooperate with the staff in addressing behavior challenges.
- I release Advantage and all affiliated staff from any responsibility for missing or damaged articles (i.e. book bags, clothing, books, electronics, etc.).
- I have read the Early Dismissal and Program Cancellation Policy and will make alternate arrangements if need be. If work or emergency numbers change during the year, I will inform the REACH CYA office at 631-549-9417.
- I have paid the annual, non-refundable membership fee.
- I give ( do not give) permission for REACH CYA to use activity photographs of my child in publicity materials.

**I HAVE READ THIS AGREEMENT CAREFULLY AND AGREE TO ITS' CONTENTS.**

**Parent/Guardian**

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

***For office use only:***

Received by \_\_\_\_\_ Date \_\_\_\_\_

Tuition Amount Received \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_