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## **HOMEWORK & REC PROGRAM**

September 2019 – June 2020 Starts Wednesday, September 4, 2019

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 16, 2019.
- Registrations received Aug. 19th Aug. 23rd can start the week of September 9, 2019.
- Registrations received Aug 26<sup>th</sup> Aug 30<sup>th</sup> can start the week of September 16, 2019.
- Registrations received after Sept 16th 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 \$450 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.

#### <u>PROGRAM FEES – DUE AT REGISTRATION – NON-REFUNDABLE</u>

After School Program Membership Fee (per school year) \$450.00

After School Program Membership Fee (each additional child) \$300.00

After School Program Membership Fee (after January 1<sup>st</sup>) \$250.00

\$20 Returned Check Fee

#### **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 \$100.00This can be paid in (4) installments of \$25 each.

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

- Unlimited use of the program for the entire 2019-2020 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.
  - o 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.

## **Daily Schedule**

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.

- 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.*

This is an After School Homework program – this is not Child Care.

- Students are expected to complete their class assignments.
- If students complete their class assignment prior to the completion of the first hour they are expected to read, study or draw quietly.
- If a student consistently attends Advantage without having or completing any homework REACH CYA reserves the right to dismiss the student to make room for another student who may be on the waitlist who does have homework (prorated membership fee will be returned).
- 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.

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

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.

#### **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.

#### 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.

ADVANTAGE 2019-20 PERMISSION FORM					- PLEASE PRINT CLEARLY			
☐ CANDLEWOOD MS	Пν	VEST HOLLOW MS	<u> </u>	TODAY'S DATE				
CHILD'S NAME LAST	FIRST	(NICKNAME)	BIRTHDATE	AGE	GENDER	ETHNICITY		
GUIDANCE COUNSELOR	GRADE		TEACHE					
PLEASE NOTE: WE WILL CONTACT YOU REGAL				cy closing 🗆				
EMAIL ADDRESS –To notify you of program cha			1 1	1 1		1		
PARENT/GUARDIAN INFORMATION - Please p	olace an asterisk 🖈 next	to the phone number	we should cal	Il first during pro	ogram houi	rs.		
NAME		NAME						
RELATIONSHIP TO CHILD		RELATIONSHIP TO CH	ILD					
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 NOTIFICA	ATIONS	CELL PHONE — will also be used for TEXT NOTIFICATIONS						
MARITAL STATUS: ☐ MARRIED ☐ DIVORO	CED SEPARATED	☐ SINGLE ☐ OTI	HER					
WHO HAS LEGAL CUSTODY OF THE CHILD?								
AUTHORIZED EMERGENCY PICK-UP/CONTACT	S - Other than those lis	ted above please design	nate at least o	one emergency	pick up/co	ntact.		
NAME		RELATIONSHIP			<u> </u>			
PHONE	CELL PHONE		ALT. PHON	lE .				
NAME		RELATIONSHIP						
PHONE	CELL PHONE		ALT. PHON	IE				
NAME	<u> </u>	RELATIONSHIP						
PHONE	CELL PHONE	1	ALT. PHON	IE				
If applicable, WHO DOES NOT HAVE PERMISSION	N TO PICK UP YOUR CHILL	D? A conv of supporting	court docume	nt must be on fil	le with RFA	СН СУА.		
NAME		REASON						
NAME		REASON						
EMERGENCY CLOSING – Please designate a ne NAME	ighbor's address where y ADDRESS	your child would go in c		ent weather/em PHONE	ergency clo	sing.		
TV WIL	, ADDITEDS			THORE				
PARENT/GUARDIAN SIGNATURE			DATE	<u> </u>				

## **REACH CYA MEDICAL FORM**

CHILD'S HEALTH INFORMATION						
CHILD'S NAME						
CHILD'S PHYSICIAN	PHONE					
ADDRESS	CITY	ZIP				
SPECIAL HEALTH PROBLEMS  □ NO □ YES-If yes, specify:	ALLERGIES-including o □ NO □ YES-If yes, s					
REGULAR MEDICATIONS* □ NO □ YES-If yes, specify:	FOODS YOUR CHILD N					
*Note: No medication of any type including, but not limited to, padministered by REACH CYA staff.						
	INSURANCE COVERAGE					
INSURANCE COMPANY NAME	POLICY NUMBER					
POLICY HOLDER NAME	EMPLOYER NAME					
	N MUST BE FILLED IN					
DOES YOUR CHILD HAVE ANY SPECIAL SUPERVISION NEEDS (F	-	· · · · · · · · · · · · · · · · · · ·				
□ NO □ YES If yes, please describe:		<del></del>				
Please describe specific symptomatic behaviors:						
Place list triggers						
Please list triggers:Please list symptoms:						
Please describe how you recommend handling behaviors:						
DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES?  NO *ONE-TO-ONE PARA	) ☐ YES If yes, please check all	that apply:				
Does student require a Bus Matron ☐ YES ☐ NO  CAREER CONNECTIONS						
RESOURCE ROOM (area of focus)						
SELF CONTAINED CLASS (STUDENT/TEACHER RATIO						
OTHER (EXPLAIN)		<del></del>				
*Note: Students may not start until a Para is assigned to them by	the School District.					
EMEDOFALOV	MEDICAL CONSENT	7				
		cy loc staff authorization to socure proper				
In the event I cannot be reached in a medical emergency, I give RE medical treatment, including taking my above named child to the ne for medical care or transportation incurred on my child's behalf. I u for program participants. I agree to hold REACH CYA, Inc., staff, B	earest hospital. I understand that I inderstand REACH CYA does not p	am financially responsible for any expenses provide any health/hospitalization insurance				

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.

PARENT/GUARDIAN SIGNATURE:

## 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, read, study or draw 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.
$\ \square$ 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 understand that if my child consistently attends the Advantage Homework Program without homework my child may be dismissed from the program to make room for another student who is on the waitlist who does have homework (prorated membership fee will be refunded).
☐ 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
SignatureDate
For office use only:
Received byDate
Tuition Amount Received \$
□ Cash
□ Check #