

***WEST SENECA COMMUNITY EDUCATION
BEFORE & AFTER SCHOOL PROGRAM***

DROP OFF/PICK UP PERMISSION FORM

Please Print:

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Who will Pick Up Child(ren) on a Regular Basis:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Other persons authorized to pick up or call for your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In an emergency situation where the above named where unable to be reached, who else may be contacted between 3:30 – 6:00 pm?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**WEST SENECA COMMUNITY EDUCATION
BEFORE & AFTER SCHOOL PROGRAM
CONFIDENTIALITY FORM**

**THIS INFORMATION WILL BE TREATED AS STRICTLY
CONFIDENTIAL.**

Child's Name _____ Grade _____ DOB _____

Child's Name _____ Grade _____ DOB _____

Address _____

Child (ren) resides with: _____ Mother _____ Father _____ Other _____

If either parent lives at a different address than the child (ren), please provide the following information:

Mother's Full Name _____ Home # _____

Address _____ Cell # _____

Place of Employment _____ Work # _____

Father's Full Name _____ Home # _____

Address: _____ Cell # _____

Place of Employment _____ Work # _____

Please inform us of any orders of protection:

Please list below any other special circumstances or custody issues of which we should be aware:

EMERGENCY MEDICAL AUTHORIZATION

Family Doctor or Clinic _____ Phone _____
Address _____

I understand that medications will not be given to my child by the provider. If my child requires medication for a temporary situation, it will be dispensed by the parent or the school nurse. However, the West Seneca Before and After School Program must be informed of any medications currently being taken or if there are special concerns such as anaphylactic conditions or asthma which are treated with Epi Pens or inhalers, etc.

In case of a medical emergency, I understand that if a parent or guardian cannot be reached, the provider has permission to assume responsibility for proper treatment of my child. This includes obtaining an ambulance, physician, hospital, etc. that will best serve the child's medical needs.

<p>1) My child _____ requires the following medications on an as needed and/or daily basis: _____ Dosage: _____ Times: _____ Allergies: _____</p> <p>2) Chronic or recurring medical conditions: _____</p> <p>3) List any restricted activities: _____</p> <p>4) Food/Allergies (bees, wasps, etc.) _____ * Should your child have any food allergies, we ask that you provide a non-perishable snack in the event your child is allergic to the snack provided on the days he/she attends.</p> <p>5) Does your child have any limiting conditions or special needs that our staff should know about? This is important to us as we will strive to make your child's time with the Before and After School Program a pleasant experience.</p>
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The information in these records will be used by the West Seneca Community Education Office and is strictly confidential. **I hereby certify that all the information is current and correct. If the above information changes, I will notify the Community Education Office.**

Parent/Guardian Signature _____ **Date:** _____

BEFORE & AFTER SCHOOL PROGRAM

Behavioral Expectations and Discipline Policy

In order that all children participating in the Before/After School Program have a rewarding and safe experience, certain conduct and behavior will be prohibited as stated below. Students who engage in conduct prohibited by this policy will be subject to discipline up to and including expulsion from the program.

Prohibited Student Conduct:

Students may be subject to disciplinary action with regard to the following:

- 1) Failure to comply with reasonable requests from program staff.
- 2) Using language or gestures that are profane, lewd, vulgar, or abusive.
- 3) Physical contact such as hitting, kicking, scratching, and punching a student or staff member.
- 4) Possession of or threat to use, a weapon or instrument of violence.
- 5) Theft of, intentionally damaging, or destroying program property, or the personal property of a student or staff member.
- 6) Lying to program personnel.
- 7) Engaging in discrimination, including the use of race, color, creed, national origin, religion, gender, sexual orientation, or disability as a basis for treating another in a negative manner.
- 8) Intimidation and bullying, including actions or statements that put an individual in fear of bodily harm.
- 9) Initiating a report warning of fire, explosion, or other catastrophes without valid cause, misuse of 911, or discharging a fire extinguisher.
- 10) Engaging in other willful conduct that significantly interferes with the normal operation of the program.

Discipline Policy:

The level of discipline will depend upon the seriousness or the repetitiveness of the conduct. Our hope is that early warning will avoid subsequent violations.

- 1) Verbal warning by staff member.
- 2) Verbal warning by on-site Supervisor
- 3) Written notification to Parent/Guardian by on-site Supervisor.
- 4) Meeting with Parent/Guardian
- 5) Possible permanent suspension from program

I have read and understand the responsibilities outlined in the Behavioral Expectations and Discipline Policy of the Before/After School Program. I agree that my child/children shall be responsible for the behavior and consequences included in the policy while attending the program. I also understand that I have the right to discuss any discipline rendered pursuant to this policy with the Before/After School staff.

Student(s) Name(s): _____

Parent Name: _____ Parent Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

UPK
BEFORE & AFTER SCHOOL PROGRAM
CALENDAR/ PAYMENT POLICY

I understand that:

1. Non-refundable initial registration fee of \$25 is due upon registration into the program for all families.
2. The Before-school program starts at 7:00 a.m. – Cost \$13.00 per day. The After-school program runs from dismissal until 6:00 p.m. – Cost is \$15.00 per day. Cost for both programs is \$26.00 per day. There is an additional cost of \$5 per 15-minutes dropped off before 7:00 a.m. and \$5.00 per 15-minutes for pick up after 6:00 p.m. An additional \$8 per day will be charged for After-school on days of early dismissal and ½-days.
3. Parents may sign a child up for one or more days per week, no minimum is required, as long as payment is made in full monthly, and must come from only one payer (e.g. custodial parent/guardian) whose signature appears on this form.
4. All schedules must be submitted and payment made in full by the 15th of the month previous to the child's attendance in the program, unless otherwise stated. Calendars not received by email, fax or mail by this date will cause service to be delayed by 5 school days after the first of the month. **A late payment of \$5 per week will be assessed on all late calendars and \$20 once current month begins.** A calendar must be filled out for every month for which service is requested; we do not **ASSUME** service when a calendar is not submitted.
5. **Child(ren) must be signed out by the parent or designated guardian each time they attend, with proper ID. Child(ren) may NOT be dropped off at the curb or school entrance or be allowed to wait outside for pick up.**
6. If we have not been notified and your child is not picked up by 6:00 p.m. we reserve the right, at our discretion, to contact the appropriate authorities.
7. ALL Programs are staffed around the number of children registered on a weekly basis. **A change fee of \$5 will be charged for ALL changes. No exceptions.** Switching of days is still considered a change to your child(ren)'s scheduling. If you have extenuating circumstances that prohibit you from doing this (i.e., work schedule changes daily) you must contact the Program Director at swright01@wscschools.org for **prior approval**. The Program may require documentation from your employer, and a **prepaid balance of \$75 or more must be kept on account.**

INITIAL _____

INITIAL _____

Calendar and payment should be emailed to (swright01@wscschools.org), faxed to (716) 677-3244.
OR be sent to:

West Seneca Community Education, 1445 Center Road, West Seneca, NY 14224.

I understand that failure to comply with the Calendar/Payment Policy could result in my child/children being removed from the program. Accounts that are over 30 days past due will result in automatic removal of the child/ren from the program.

INITIAL _____

I have read the Before & After School Program Calendar Payment Policy and agree to abide by the policies set forth by the West Seneca Central School District.

Child's Name (Please Print) _____

Additional Child(ren) _____

Parent/Guardian Signature _____ Date _____

**West Seneca Community Education
Before and After School Program
Pre-Authorized Payment Form**

Child(ren)'s Name: _____

School: _____

Parent's Name: _____

As part of our continuing effort to improve overall service to our customers, we have a more convenient way for you to pay for your child(ren)'s Before and After School care. Use your American Express, MasterCard, VISA, or Discover credit or debit card to make payments.

_____ Yes, I'd like to utilize the pre-authorized payment form. **By signing this, I, _____, acknowledge that I am giving the**

(Please Print)

Before/After School Program permission to charge my credit card for all charges pertaining to my account, including any fees incurred due to changes to the original schedule and/or service fees incurred.

I also acknowledge and understand that this form is NOT an authorization for the Before & After School Program clerical staff to input my child(ren)'s monthly schedule. I am solely responsible for all scheduling on a monthly basis for my child(ren).

Name As It Appears On Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

_____ MasterCard _____ Visa _____ Discover _____ American Express

Card Number: _____

Expiration Date: _____ CVV: _____ Signature: _____

West Seneca Community Education Office
1445 Center Road
West Seneca, New York 14224
677-3185