**Registration Packet**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Packet Checklist & Survey**

Your child will not be fully enrolled in our program unless his or her intake packet is complete, registration and monthly fee is paid in full.The items listed below must be included in your package. Please return the information needed as quickly as possible. Please see the Site Supervisor for any questions or concerns.

1. Enrollment Form includes:
2. Student Information \_\_\_\_\_
3. Parent/Guardian Information \_\_\_\_\_\_
4. Escort Pick up Form \_\_\_\_\_
5. Emergency Health Information \_\_\_\_\_
6. Photo/Video/Interview Consent Form \_\_\_\_\_
7. Health Record Form \_\_\_\_\_\_
8. Pick- Up Policy/ Program fee Acknowledgement\_\_\_\_\_
9. Permission Forms/ Handbook Acknowledgement Forms \_\_\_\_\_
10. Photocopy of Birth Certificate or Passport \_\_\_\_\_
11. Passport Size Photos of Child and Pick up persons \_\_\_\_\_\_

**Two recent photos of each child (original wallet sized pictures)**

**A photo of all authorized pick up persons** (designated for pick up per child) (colored photo printout of pictures will be accepted)

(Please keep the Parent Handbook for your reference and detach the last page of the handbook and return that page with your admission packet)

Parent Survey

Children’s Village Services, Inc. would like to meet the needs of our parents. Please complete this brief survey so we know how to better structure our program in the future to assist you better.

* + - 1. Would it benefit you if we offered before school care? Y \_\_\_\_ N \_\_\_\_

7:00 am- 7:50 am \_\_\_\_\_ 7:30 am-7:50 am \_\_\_\_\_

2. Would it benefit you if we offered extended afterschool hours? Y \_\_\_\_\_\_ N \_\_\_\_\_\_

6:00 pm- 6:30 pm \_\_\_\_\_\_ 6:00 pm- 7: 00 pm \_\_\_\_\_\_

3. Would it benefit you if we offered transportation services? Y \_\_\_\_\_\_ N \_\_\_\_\_\_

\_\_\_\_ Morning Pick up \_\_\_\_ PM drop off



**STUDENT INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#:\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dislikes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What motivates your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Subjects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does your child need to focus on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**ESCORT PICK-UP FORM**

My child (is / not) allowed to go home alone at dismissal. (Please circle one)

I understand that my child will not be permitted to leave the center with anyone who is not indicated on this form without proper notification in advance.

**Below are the only authorized persons to pick up my child. (Photos must be submitted)**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We know emergencies can arise, in the event there is, and no one on the approved list can pick up your child. Please provide an EXTREME EMERGENCY SAFE WORD

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



**EMERGENCY MEDICAL CARE** (To be completed by the parent or guardian)

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** |  | **Date of Birth:** |  |

1. **If my child requires emergency medical care and I cannot be reached, I give my consent to the Children’s Village Services After-School Program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.**
2. **Following emergency medical care, my child may be released to the following people:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to Child: |  |
| Address: |  | Employer: |  |
| Home Phone: |  | Work Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to Child: |  |
| Address: |  | Employer: |  |
| Home Phone: |  | Work Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to Child: |  |
| Address: |  | Employer: |  |
| Home Phone: |  | Work Phone: |  |

1. **Health/Insurance Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Doctor: |  | Insurance Company: |  |
| Phone: |  | Policy Holder’s ID: |  |
| Allergies: |  | Religious Preference: (optional) |  |
| Last Tetanus: |  | Medication(s) being taken: |  |
| Address  (student’s doctor): |  | | |

|  |  |
| --- | --- |
| **Additional Comments:** |  |
|  |  |

1. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.

|  |
| --- |
|  |
| Parent/Guardian Signature Date |



**PHOTO/VIDEO/INTERVIEW CONSENT** (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. name of child

month/day/year

I understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by CHILDREN’S VILLAGE SERVICES in any medium (brochures, newsletters, web sites, social media etc.), whether now or hereafter known or developed.

SIGNATURE OF PARENT OR GUARDIAN DATE

|  |
| --- |
| If you do not wish for your child to participate in the activities described above, please review this section of this form.  I **DO NOT** give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.  SIGNATURE OF PARENT OR GUARDIAN DATE |

CHILDREN’S VILLAGE SERVICES, AFTER-SCHOOL PROGRAM

# HEALTH RECORD (To be completed by the parent or guardian)

# *This confidential health record will only be used to ensure the safety of the children in this program. Feel free to continue your notes on back of this form.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student’s Name:** | | |  | **Date of Birth:** | | |
| 1. **Please provide your child’s medical history.** | | | | | | |
| **CONDITION** | **YES (if yes, write approx. date)** | **NO** |  | **ALLERGY** | **YES** | **NO** |
| Asthma | \_\_\_\_\_\_\_\_ |  |  | Penicillin |  |  |
| Convulsions/Seizures | \_\_\_\_\_\_\_\_ |  |  | Insect Stings |  |  |
| Diabetes | \_\_\_\_\_\_\_\_ |  |  | Foods |  |  |
| Ear Infections | \_\_\_\_\_\_\_\_ |  |  | Plants |  |  |
| Chicken Pox | \_\_\_\_\_\_\_\_ |  |  | Hay Fever |  |  |
| Measles | \_\_\_\_\_\_\_\_ |  |  | Topical ointments |  |  |
| German Measles | \_\_\_\_\_\_\_\_ |  |  | Other |  |  |
| Rheumatic Fever | \_\_\_\_\_\_\_\_ |  |  | If “yes” to any of the above, please specify allergy and describe reaction. | | |
| Mumps | \_\_\_\_\_\_\_\_ |  |  |  | | |
| Corrective Device  (glasses, hearing aid, etc.) | \_\_\_\_\_\_\_\_ |  |  |  | | |
| Does your child use an inhaler? | \_\_\_\_\_\_\_\_ |  |  |  | | |

|  |  |  |
| --- | --- | --- |
| 1. **List significant illnesses or surgeries. Provide the date and any instructions.** |  | 1. **Special situations or needs that program staff should be aware of:** |
|  |  | Child has behavioral/emotional difficulties |
|  |  | Child has physical disabilities |
|  |  | Other (describe) |

1. **Special Health Care Needs**

Does your child have special health care needs that require treatment and/or medication?  YES  NO

If yes, describe below.

1. **Medication**

Does your child take medication for any condition or illness?  YES  NO If yes, describe below.

1. **Sunscreen and Topical Ointments**

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child?  YES  NO

|  |  |  |
| --- | --- | --- |
| 1. **Activities to be encouraged:** |  | 1. **Activities your child cannot participate in:** |
|  |  |  |

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



**Pick Up Policy/Program Fee Acknowledgement**

Dismissal begins promptly at 5:45 pm. You must enter the building and show proper ID to the School Safety Agent on duty. You must then go to the afterschool pick up location to retrieve your child. The required two pictures of each student and two pick up pictures for each student for any person over the age of 16. If any person over the age of 16 whom are established to be an authorized pick up person at the time of registration (parents will provide information for proper release of child.) At the end of the day students will be signed out and released to ONLY those persons pictured and listed as an authorized designated pick up. If you need to send someone not designated on the students pick up form you MUST contact the site supervisor in the main office at 718-528-5807 x1105 or 929-390-2123. If you are running late you must contact the site supervisor. Please Note we are not allowed in the building after 6 pm. A late fee of $1.00 per minute goes into effect after 6:15 pm. If you are arrive after 6 pm more than 3 times. You will be billed at the end of the month for your lateness. It must be paid along with your next month’s tuition.

After school fees are due monthly on the first school day of every month Payments can be made in the forms of Cash or Money Order. If you need to pay using a Personal check, please note that this is not our preferred payment method – should the check bounce you will incur a BOUNCE CHECK FEE OF $30.00. We understand things can happen, in the event this accrues more than once we will not accept any more personal checks from you. Cash or money order will only be accepted thereafter. Your child will not be able to continue after school until all outstanding debts are paid. If requested a receipt for payment will be provided.

Please note that our tuition is monthly whether school is in session or on break i.e. Christmas/Midwinter break/Spring break the tuition is the set at a monthly cost. ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE

I acknowledge and will adhere to the rules of the afterschool program and will take full responsibility of all payments and late fees if accrued.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_



**Permission Forms**

1. I grant permission for my child to participate in all Children’s Village Services after school activities.
2. I grant permission for my child to leave the school grounds for walking and field trips.
3. I grant my child permission to play in the playground and school gym.

If for any reason my child is medically excused from participating in an activity, I will notify the site director as soon as possible.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to my child’s participation in Children’s Village Services trips and activities. I hereby release from liability, covenant not to sue and hold harmless Children’s Village Services, Inc., its officers, directors, employees, and volunteers from and against any and all claims for personal injury or property damage, that arise from my child’s participation in these trips and all associated activities. I also consent to my child receiving medical treatment should such be necessary during my child’s participation in all trips and activities.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Handbook Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledge receipt of the Children’s Village Services Parent Handbook. I acknowledge that I read, agree and will adhere to the rules and regulations of the program.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Handbook**

**2018**

**Greetings Parents and Welcome to the Children’s Village Family. Thank you for entrusting Children’s Village Services to be your child’s After School Center. Below please find information about our organization as well as the rules, regulations and expectations. We look forward to a productive year together.**

**Overview:** Children’s V.I.L.L.A.G.E. Organization is an recreation-based after school program housed at P.S. 181Q.  We serve students in Kindergarten through 5th grade. The program runs in partnership between our organization and P.S. 181Q.  We will meet the needs of the students, parents and school community to assist in the social, emotional and academic growth of every student.

**Mission Statement:** We at Children’s V.I.L.L.A.G.E believe children are valuable individuals.   Through learning and love for each child we can tap into their artistic abilities as they grow and develop. With educational goals we will lead them towards college and beyond.

**Vision Statement:** Our goal is to be a part of every child's “village” by being an organization that implements genuine care, respect and courtesy for children, parents, teachers, administration and each other. We believe in educating the WHOLE child by enhancing and enriching their lives as they grow and mature into young adults and become college bound students. We will work with parents, teachers and the school administrators as a team toward common goals for each individual child.

**Program Goals:** Our After School Program will serve multiple purposes. By partnering with P.S. 181Q and making needed resources available, the program will have a direct impact that will

•Provide a fun and safe place for elementary students during after school hours •Provide positive interaction with caring adult role models

•Encourage and develop life skills, respect for others, and positive social interaction •Introduce and engage youth in positive recreational activities

•Introduce and expose youth to the arts, history and science

•Provide an academic focus with time to complete homework, read, and receive assistance/tutoring/enrichment

**ENROLLMENT:**

Your child’s enrollment package must be complete and submitted with the registration and first month’s fee. If you do not return all the completed documents, your child cannot be registered for the program. Please note, submission of an application does not guarantee admission into the program.

**Program Dates and Hours:**

Our program begins Monday through Friday from dismissal until 6:00 pm. We will be in operation on full school days from Wednesday September 5, 2018 through Friday June 21, 2019

**Arrival:**

All participants’ will be dismissed by their classroom teacher to the staff member on duty. Children will report to their groups’ designated table in the cafeteria.

**After-School Activities Calendar: (Subject to change)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 2:30-3:00 | Snack | Snack | Snack | Snack | Snack |
| 3:00-3:30 | Movement | Movement | Movement | Movement | Movement |
| 3:30-4:00 | HW | HW | HW | HW | HW |
| 4:00-4:30 | Academic Support | Academic Support | Academic Support | Academic Support | Academic Support |
| 4:30-5:00 | Technology | Arts Learning | Physical/ Exercise | Technology | Physical/ Exercise |
| 5:00-5:30 | ELA Games | Math Games | ELA Games | Math Games | Board Games |
| 5:30-6:00 | Wrap Up/ Clean-Up | Wrap Up/ Clean-Up | Wrap Up/ Clean-Up | Wrap Up/ Clean-Up | Wrap Up/ Clean-Up |

**Dismissal:**

Dismissal begins promptly at 5:45 pm. You must enter the building and show proper ID to the School Safety Agent on duty. You must then go to the afterschool pick up location to retrieve your child. The required two pictures of each student and two pick up pictures for each student for any person over the age of 16. If any person over the age of 16 whom are established to be an authorized pick up person at the time of registration (parents will provide information for proper release of child.) At the end of the day students will be signed out and released to ONLY those persons pictured and listed as an authorized designated pick up. If you need to send someone not designated on the students pick up form you **MUST** contact the site supervisor in the main office at 718-528-5807 x1105 or 929-390-2123 **and the person must know the emergency safe word**. If you are running late you must contact the site supervisor. Please Note we are not allowed in the building after 6 pm. A late fee of $1.00 per minute goes into effect after 6:15 pm. If you are arrive after 6 pm more than 3 times. You will be billed at the end of the month for your lateness. It must be paid along with your next month’s tuition.

**Contacting Us:**

Please always maintain open communication with the program so that we the program and you the parent/guardian are all on one accord. If you expect to be late, as a courtesy, please contact us as soon as possible. If you need to contact us please call or text.

**Site Supervisor: Mrs. Tiffany Singleton 718-528-5807 x 1105 or 929-390-2123**

**Security Desk: 718-528-5807 x1911**

**Program Director: Mr. Greene 718-637-0888**

**Behavior:**

We follow the New York City Department of Education Behavioral Guidelines. In our program children will create an afterschool contract with their counselors to establish the rules of the program. Which will be reviewed frequently. When children break rules, they will be warned that their behavior is inappropriate, and they will be reminded of the behavior that is expected of them. **If their behavior continues, children will receive a cooling off period** where they can sit for 5-10 minutes and regain their self-control. They are then invited to rejoin the class activity. If a child has consistent difficulty following class rules, a parent will be contacted. We also reserve the right to terminate a student if he/she shows signs of chronic misbehavior resulting in injury to themselves, other students, and staff.

**Personal Possessions:**

We follow the New York City Department of Education’s rules on electronic devices. Students must turn in their cell phones to the lead counselor upon entering the after school center. Students and parents are responsible for retrieving the cell phones before leaving the program. If a device is left it will be locked in the main office and can be picked up the next school day. No other electronic devices are allowed unless requested in writing by the staff to be used for a particular planed activity.

**Homework Policy**:

Children’s Village Services makes homework its main priority. We make it our goal to ensure that students understand their homework. Homework is an extension of what your child has learned during the day, therefore; we show, model, and re-explain concepts desiring they gain mastery. If we find a student does not understand the homework, our site supervisor will contact the child’s classroom teacher either that day or the next morning. Your child **will not** be able to participate in any enrichment activities until their homework is completed. Our staff will **NOT** do the homework for your child, they are only there to assist and explain the concepts when the children need it. We will maintain homework logs on premise as evidence of the homework experience. Parent partnership is crucial. Check your child’s understanding of his/her homework thoroughly. After checking your child’s homework, sign it every night for your final approval. Please Note: Group and Independent reading will be done at the afterschool. It is encouraged to have your child read once they get home.

**PARENTAL NOTIFICATIONS**

Parent notifications may be made in writing via letters, emails, flyers, texts. Notifications may also be made by phone calls or directly in person by site staff. Open communication is very important to the success of your child’s afterschool experience.

**FEES**

After school fees are due monthly on the first school day of every month Payments can be made in the forms of Cash or Money Order. If you need to pay using a Personal check, please note that this is not our preferred payment method – should the check bounce you will incur a BOUNCE CHECK FEE OF $30.00. We understand things can happen, in the event this accrues more than once we will not accept any more personal checks from you. Cash or money order will only be accepted thereafter. Your child will not be able to continue after school until all outstanding debts are paid. If requested a receipt for payment will be provided. Please note that our tuition is monthly whether school is in session or on break i.e. Christmas/Midwinter break/Spring break the tuition is the set at a monthly cost. ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE

Once again THANK YOU for entrusting us with your child. We look forward to a productive year together.

The Children’s Village Organization