

YES
Brentwood Schools
Advantage After School Program

Program Description

The YES Brentwood Advantage After School Program is a high interest, creative, interactive, safe place for 6th, 7th and 8th grade students to gather after school. The program will operate daily Monday through Friday from 2:30 pm – 5:30 pm. This program will develop healthy minds, healthy bodies and healthy students. Program activities will include academics, nutritional, educational health activities and physical education.

Program Objectives:

- I. A supervised and safe after school program.
- II. A designated homework period Monday through Thursday.
- III. Tutoring and academic assistance.
- IV. Daily activities will be based on physical, health and nutrition education and healthy choices.



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Process:

Youth will arrive at the program and sign in. The youth will have snack and then begin the homework period. After homework, the youth will participate in activities and workshops. At the end of the day Parent / Guardian must pick their child up and sign out on the sign-in sheet.

Parents / Guardians Responsibilities:

1. Parent must sign all registration forms.
2. Parents will provide necessary equipment for specific activities such as sneakers for various sports, etc.
3. A parent or guardian will sign out the child prior to his/her departure from the program.

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Activities may include:

- Field trips to local museums, libraries, cultural activities, career sites, recreation and entertainment, community service sites, etc. emphasizing healthy choices.
- Dance instructional programs.
- Sports/recreation/physical activity.
- Creative arts workshops.
- Guest speakers for appropriate, relevant topics relating to health and healthy choices.
- Healthy Cooking.
- Health related projects.
- Music.
- Homework/tutoring and academic assistance.

Program Activities & Field Trip Option

YES

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Healthy Education	Arts & Crafts	Trips
Health Projects	Basketball	Movies
Nutritional Workshops	Soccer	Bowling
Physical Education Programs	Volleyball	Ice Skating
Nutritional Cooking	Sports Activities / Games	Roller Skating
Healthy Choices Workshops	Chess	Miniature Golf
Guest Speakers on Special Topics	Dominos	Radio Stations
Dance Instruction	Board Games	TV Stations
Salsa, Merengue, Break, Social	Science & Ecology Programs	Museums
Employment Program	Murals	Libraries
Career Discovery	Special Events	
Career Site Visits	Womens & Girls Expo	
Entrepreneurial Program	Theater Productions	

**YES
Brentwood Schools
Advantage After School Program
Parental Agreement Form**

Parents / Guardians Responsibilities:

1. Parent must sign all registration forms.
2. Snacks will be provided by the YES Program.
3. Parents must ensure that the child has homework and/or study materials for homework period.
4. Parents will provide necessary equipment for specific activities such as sneakers for various sports, etc.
5. A parent or guardian will sign out the child prior to his/her departure from the program.

Parent / Guardian Signature _____

Date _____

**Youth Enrichment Services Brentwood Schools
Advantage After School Program Registration**

Name of child _____ Date of Birth _____

School _____ Grade _____ School ID # _____

Race / Ethnicity:

Check all that apply

Black _____

White _____

Native American/
Alaska Native _____

Native Hawaiian/
Pacific Islander _____

Hispanic _____

Asian _____

Other _____

Gender:

Male _____

Female _____

Primary Language spoken at home: English _____ Spanish _____ Other: _____

Parent / Guardian Name (print) _____

Address _____

Home # _____ Mobile # _____ Work # _____

Email: _____ @ _____

Please list any and all medical conditions / allergies in case of emergency:

My child is in good health and can fully participate in this program. Yes _____ No _____

Are you the head of the household? Yes _____ No _____

If not, who is the head of the household _____ Relationship _____

Optional

For purposes of securing additional funding for afterschool programs, we ask you to complete this section. All information is kept confidential and only used by YES statistically.

Number of People in Household _____

Does your family receive or eligible to receive?

_____ Free Lunch

_____ Reduced Lunch

_____ Public Assistance

_____ Food Stamps

_____ Social Security Disability

_____ Housing Subsidies

The total income level that most accurately corresponds to my household is: (Check only one)

Less than \$25,000	25,000 – 29,999	30,000-34,999	35,000 – 39,999	40,000 – 44,999
45,000 – 49,999	50,000 – 54,999	55,000 – 59,999	60,000-64,999	65,000 – 69,999
70,000 – 79,999	80,000 – 89,999	90,000 – 99,999	100,000- 109,999	110,000 or above

Parent / Guardian Signature _____ Date _____

YES

**Brentwood Schools
Advantage After School Program
Health Form**

Name _____ Date of Birth _____

Address _____

Phone Number _____ Mobile _____

Emergency Contact _____ Phone Number _____

School _____ Grade _____

**** If you write Yes to any of the following conditions, you must complete the Individual Health Care Plan.**

Health History (write Yes to each item that applies)

_____ Excessive Bleeding _____ Mononucleosis / Epstein Barr

_____ Hypertension _____ Ear Infections

_____ Diabetes _____ Heart Defect / Disease

_____ Convulsions / or history of epilepsy

Allergies:

_____ Asthma _____ Insect Bites

_____ Hay Fever _____ Penicillin

_____ Poison Ivy _____ Other Drugs

_____ Other (specify) _____

Food Allergies _____

Please list any medication your child is taking:

My child is in good health and I hereby give permission for my child to participate in the YES Brentwood Advantage After School Program. In signing this application, I hereby certify that the above information is correct. In case of medical emergency, I understand that every effort will be made to contact parent or guardian. In the event that I cannot be reached, I hereby give permission for the YES Staff to give consent for necessary medical treatment, to hospitalize, and to order injection, anesthesia or surgery for my child, _____ (name).

Parent / Guardian Name (print) _____

Parent / Guardian Signature _____ Date _____

Witness Name (print) _____

Witness Signature _____ Date _____



NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

Working in collaboration with the child's parent/guardian and child's health care provider, the following health care plan was developed to meet the individual needs of:

Form with fields for Child's Name, Child's date of birth, Name of the child's health care provider, and checkboxes for Physician, Physician Assistant, and Nurse Practitioner.

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Lined area for describing the special health care needs and plan of care.

Identify the program staff who will provide care to this child with special health care needs:

Table with 2 columns: Name, Credentials or Professional License Information*

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

Continued

Describe any additional training, procedures or competencies the staff identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

Signature of Authorized Program Representative:

I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child's parent and the child's health care provider. *I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider / Facility Name:	Facility ID Number:	Facility Telephone Number
Authorized child care provider's name (please print):		Date:
Authorized child care provider's signature		

Signature of Parent or Guardian:

	Date:
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YES
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ACTIVITY PERMISSION AUTHORIZATION

I, _____ parent/guardian of
Parent / Guardian Name
_____ hereby give permission
Child's Name

for my son/daughter to participate in any field trips or activities associated with the YES Brentwood Advantage After School Program. I am fully aware that some of these activities will necessitate transporting my child to another location by either van or bus. I have reviewed the attached list of possible activities and understand these are subject to change.

Does your child swim? Yes No

Level: Beginner Intermediate Advanced

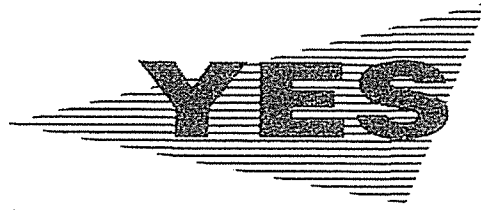
My child is in good physical health and is able to engage in full participation. I release YES and Brentwood Schools of any responsibility for any injury, which may result from such participation.

Parent / Guardian Signature _____

Date _____

Witness Signature _____

Date _____



ACTIVITY PERMISSION AUTHORIZATION

I, _____ parent/guardian of
Parent / Guardian Name
_____ hereby give
Child's Name

permission for my son/daughter to participate in any field trips or activities associated with the YES After School Program. I am fully aware that some of these activities will necessitate transporting my child to another location by either van or bus. My child is in good physical health and is able to engage in full participation. I release YES of any responsibility for any injury, which may result from such participation.

Parent / Guardian Signature _____ Date _____

PICTURE / MEDIA PERMISSION AUTHORIZATION

I _____
parent/guardian of _____

hereby give permission for my son/daughter's picture to be displayed in all publications, media and press related to Youth Enrichment Services. The pictures will be used for display, promotional, press coverage and other related purposes.

Parent / Guardian Signature _____ Date _____

REPLACEMENT T-SHIRT FEE

I, _____ parent/guardian of _____ understand that
Parent / Guardian Name Child's Name

my child will be given one free t-shirt prior to the first field trip. That T-shirt that must be worn for each and every field trip that you child attends. Your child will not be allowed on the field trip if they do not have their shirt. If the shirt is lost or destroyed, a new replacement shirt will cost \$10.00 each. I agree to pay this fee immediately upon pick-up or prior to dropping the child off the next day.

Parent / Guardian Signature _____ Date _____

LATE PICK-UP FEE

I understand that there will be a \$5 fee assessed for each 15 minute increment in cases of late pickup. I agree to pay this fee immediately upon pick-up or prior to dropping the child off the next day.

Parent / Guardian Signature _____ Date _____

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YES Brentwood After-School Program Parental Release Form

Child's Name _____ Date of Birth _____

Parent / Guardian Name (print) _____

Address _____

Home # _____ Mobile # _____ Work # _____

Email: _____ @ _____

Emergency Contact _____ Relationship to Child _____

Address _____

Home # _____ Mobile # _____ Work # _____

Authorized to pick up child? _____ Yes _____ No

Emergency Contact #2 _____ Relationship to Child _____

Address _____

Home # _____ Mobile # _____ Work # _____

Authorized to pick up child? _____ Yes _____ No

Please list any other adults that you give permission to pick up your child:

1. _____ Relationship: _____ Phone: () _____

2. _____ Relationship: _____ Phone: () _____

3. _____ Relationship: _____ Phone: () _____

Does your child have permission to go home on the late bus in emergency situations? _____
Yes No

**** Photo ID will be required for pickup.**
**** Anyone else attempting to pick up your child will be denied without your written permission.**

Parent / Guardian Name (print) _____

Parent / Guardian Signature _____ Date _____