

SUMMER 2025		Mental Health Association In Fulton and Montgomery Counties, Inc. LEAPS SUMMER PROGRAM APPLICATION		LOCATION: Park Terrace	
CHILD'S FULL NAME			Date of Birth	AGE	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
CHILD'S HOME ADDRESS			Home Tele		
MAILING ADDRESS (if different from above)			TEACHER		GRADE
Circle the days of the week your child (ren) will be attending summer program Mon. Tues. Wed. Thurs. Fri.		Mon Tues Wed Thu Fri Drop Off Time: _____ Pick Up Time: _____			
My child (ren) is attending the Summer Enrichment Program at Kingsborough Elementary School? Yes No					
NAME of PERSON APPLYING FOR CHILD:		Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other		HOME TELE	DAY TIME TELE
ADDRESS of PERSON LISTED ABOVE (if different from child's)				EMAIL ADDRESS	
OTHER PARENT/GUARDIAN		HOME ADDRESS		DAY TIME TELE	
Special Arrangements regarding custody? If yes, please provide legal documents Yes or No			Siblings, Ages Attending Summer Program? Yes No Names: _____		
Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what is your child allergic to? _____					
*** Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with the Program Coordinator. DOES YOUR CHILD HAVE SPECIAL NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Medical Conditions / Diagnosis		Do we need to provide any medications during program? YES <input type="checkbox"/> NO <input type="checkbox"/>		Prescription Information <i>any medicines taken regularly</i>	
Physical Limitations / Surgeries					
Child's Source of Medical Care / Primary Care Physician's Name				TELE	
Child's Source of Dental Care / Dentist's Name				TELE	
Name of Medical Care Facility / Hospital				TELE	
HEALTH INSURANCE		ID NUMBER	GROUP NUMBER	PERSON WHO CARRIES INSURANCE	
E M E R G E N C Y	CONTACT NAME		RELATIONSHIP to STUDENT	TELE # During Program Hours	OTHER TELE # (Check Type)
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
				Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>	Cell <input type="checkbox"/> Pager <input type="checkbox"/> Other <input type="checkbox"/>
AGREEMENTS:					
1) I consent to the enrollment of the child listed above & have been advised of the policies regarding medication administration, services, fees & transportation provided by LEAPS & Office of Children and Family Services regulations under which it operates. YES <input type="checkbox"/> NO <input type="checkbox"/>					
2) I have provided information on my child's special needs (Allergies, Diet, Disabilities, Medical information) to the provider, as may be necessary to assist the program in properly caring for my child in case of an emergency. YES <input type="checkbox"/> NO <input type="checkbox"/>					
3) In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child. YES <input type="checkbox"/> NO <input type="checkbox"/>					
4) I understand that the LEAPS cannot give my child any medication without written permission from a physician and that my child cannot carry any medications on his/her person during program time. YES <input type="checkbox"/> NO <input type="checkbox"/>					
5) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellent, Lip Balm, Hand Lotion, Cough Drops as needed. YES <input type="checkbox"/> NO <input type="checkbox"/>					
6) I consent for my child to have his/her photo taken for use in program materials, i.e. scrapbook, video, newspaper, other. YES <input type="checkbox"/> NO <input type="checkbox"/>					
7) I agree to review and update this information whenever a change occurs or twice during the summer program year. YES <input type="checkbox"/> NO <input type="checkbox"/>					
SIGNATURE of PARENT or PERSON LEGALLY RESPONSIBLE					DATE
OFFICE USE: REVIEWED BY _____ DATE _____ COMPLETE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, HIGHLIGHT NEEDED INFORMATION ABOVE. DATE COMPLETED _____ STAFF _____					

2025 SUMMER PROGRAM
STUDENT RELEASE FORM

Student Name _____ DOB _____

► **SECTION 1.** Students will only be released from the LEAPS to those persons designated in writing by the parent or guardian. Please include parents below. Our full Release Policies are found in the Parent Handbook. ***"I authorize the LEAPS SUMMER Program to release my child to the following person(s):"***

1. Name _____ Relationship to Student _____

Address _____ City/Town/Zip _____

Day Phone _____ Cell Phone/Pager _____ Home Phone _____

2. Name _____ Relationship to Student _____

Address _____ City/Town/Zip _____

Day Phone _____ Cell Phone/Pager _____ Home Phone _____

3. Name _____ Relationship to Student _____

Address _____ City/Town/Zip _____

Day Phone _____ Cell Phone/Pager _____ Home Phone _____

4. Name _____ Relationship to Student _____

Address _____ City/Town/Zip _____

Day Phone _____ Cell Phone/Pager _____ Home Phone _____

5. Name _____ Relationship to Student _____

Address _____ City/Town/Zip _____

Day Phone _____ Cell Phone/Pager _____ Home Phone _____

By Phone # _____ By Email: _____



LEAPS Summer Program



Parent Handbook 2025

Program Location:

Park Terrace Elementary School

A program administered by
The Mental Health Association in Fulton & Montgomery Counties, Inc.

NYS LEARNING AND ENRICHMENT SUMMER PROGRAM

SITE LOCATION: PARK TERRACE ELEMENTARY SCHOOL

Program Coordinator: Laura Brunetto

Telephone Number (518) 774-9050

Email Address: laura.brunetto@gesdk12.org

The Summer Program at Park Terrace operates from 7:00am - 3:00pm,
Monday - Friday.

This program is available to children in grades Kindergarten through
Fifth Grade.

In case of an evacuation at the school, the primary relocation site for the
children will be at the Boulevard Elementary School and the secondary
relocation site will be at the Gloversville Transportation Garage in
Gloversville. These relocations will be facilitated through busing provided
by the Gloversville Enlarged School District.

HANDBOOK

This handbook contains the **POLICIES AND PROCEDURES** of the **LEAPS SUMMER PROGRAM**.

PLEASE KEEP THIS BOOKLET TO REFER TO WHILE YOUR CHILD ATTENDS THE PROGRAM.

Funding is provided by the New York State Office of Children and Family Services for a period of five years. There is no cost to parents/families.

This program is a result of the active partnership of the Gloversville Enlarged School District and the Mental Health Association in Fulton & Montgomery Counties, with support from other community organizations.

The **LEAPS SUMMER PROGRAM** supports the development of youth programs designed to offer educational, interpersonal, and recreational activities to school age youth in safe and accessible places during non-school hours.

MISSION STATEMENT

The **LEAPS SUMMER PROGRAM** presents a safe, nurturing environment where children have opportunities to participate in activities that enhance and extend academic experiences while providing for positive social and emotional growth and development.

The parents, community members and school district takes ownership in the program and are involved in helping children make better life choices, enhance personal strengths and overcome challenges.

The Gloversville Enlarged School District and Mental Health Association in Fulton & Montgomery Counties will work in conjunction and cooperation to meet the goals and objectives set forth by the **LEAPS After-School Grant**.

ENROLLMENT POLICY

All students in the appropriate program grades are eligible to attend once enrolled by the parent/guardian. Participants are enrolled in the program on a first come first serve basis. Students attending 4-5 days per week are preferred. **You will be notified as to when your child may start attending. A waiting list will be instituted when needed.**

CUSTODY AND VISITATION

Certified copies of any court orders or divorce decrees provided by the custodial parent, which restricts a parent's ability to seek release of his/her child, should be submitted to the School Liaison or Program Coordinator. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these papers. Therefore, it is imperative that we have the information immediately upon its dispensation.

HOURS

The LEAPS SUMMER PROGRAM is a 8 hour program that is open Monday – Friday, from 7:00am – 3:00pm.

If your child will not attend program on a given day, please notify us in advance by sending a note or email laura.brunetto@gesdk12.org or call LEAPS office at 518- 774-9050.

PROHIBITED

Youth are not allowed to have I Pads, cameras, video games or other electronic items in the LEAPS Summer Program. The above will be confiscated and sent home with parents. Cell Phones are only allowed with Site Supervisor/Program Coordinator permission.

Any item from home, including toys, stuffed animals, trading cards and sports equipment are to be kept in the child's backpack and not used during program hours.

The Summer Program is not responsible for any child's personal equipment or other items that may be lost, broken, or stolen.

PROGRAM ACTIVITIES

USDA Meal

Participants will receive healthy and nutritious meals daily, breakfast and lunch. All food choices are in compliance with the Child and Adult Food Care Program (CACFP) and focus on good nutrition to combat childhood obesity. Our full meal preparation agency is Kingsboro Catering.

After attendance and meal time, participants will be engaged in the following activities:

Recreation

Participants have the opportunity to participate in organized physical activities, to learn large and small motor skills, and good sportsmanship.

Sneakers are required for students to participate in exercise.

Enrichment

Participants in the LEAPS Summer Program may attend a variety of enrichment classes or clubs such as arts & crafts, STEM club, lego club, culture club, crazy 8's club, group exercises, and other ones based on student interests.

Service Learning Projects

When children feel a part of the community, they become more connected to family and friends, and develop a positive outlook for the future. Participants have the opportunity to take part in various service projects – projects that help members of their school and local community and, at the same time, expand the children's view of the world.

Workshops

Several community agencies offer workshops and presentations to the students that inspire students to make positive choices and to develop high goals of themselves. Topics address boundaries; emotional and mental wellness; abstinence from tobacco, drugs, and alcohol; summer safety and goal setting; good decision making.

FIRE AND SHELTER IN PLACE DRILLS

Each month fire drills are conducted during different times and with different egress strategies at the after school program to ensure all children and youth know the various exit routes of the building(s) in the event of a real fire.

Shelter in Place is a response to an emergency that creates a situation in which it is safer to remain in the building/afterschool program rather than to evacuate. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. Some situations that might require sheltering in place are: severe weather conditions; a public disturbance that escalated to violent acts; a chemical or biological spill; or rabid animal sighting. Our program is required to complete two of these each program year.

Parents/guardians will be notified in advance of when a Shelter in Place drill is scheduled.

ATTENDANCE POLICY

Daily attendance is taken when your child comes to the LEAPS SUMMER PROGRAM. Please notify the program coordinator if your child will be absent. This is important so that all children who are scheduled to attend are accounted for.

If a child is scheduled to attend but does not arrive, we will look for the child within the school building, including communication with the school office and transportation department, and outdoor school property. However, if we do not find him/her, then we will:

1. Contact parent(s) and if unavailable, then
2. Contact the persons whose names you provided us on the emergency data section of the enrollment form.
3. Lastly, if your child is not found, we will contact the Gloversville Police Department and report your child as missing. We will do this so we can make certain your child is out of danger.

PICK UP POLICY

Parents are required to pick up their children before the designated closing time of Program. For your child's safety, it is required that you enter the school building to sign out your child. LEAPS Summer Program staff will notify your child/ren of your arrival. Program staff will not release your child to anyone who is not on your authorized list. Persons may be added and removed as the parent/guardian deems necessary. However, this can only be done in writing. Phone calls are not accepted.

Please be on time to pick up your child from the LEAPS Summer Program. If you are going to be late on account of an emergency, you must notify the program coordinator. If your child has not been picked up by closing time, our staff will try to contact you and/or anyone listed on the registration form. If no one can be reached, local authorities will be contacted. Therefore, it is extremely important to have up-to-date, accurate information for you or anyone listed as a contact on the student release form.

No student will leave the program unsupervised (i.e. to walk home) without prior written notification from parents or legal guardian stating that it is acceptable for this student to leave the program without supervision.

Any youth who is not picked up by a parent or person listed on the Registration Form by closing time is considered late. Parents/guardians will incur a late fee of \$50.00 for every 15 minute period, or fraction thereof, a child remains at program beyond closing time. This fee is used to pay the staff members who must remain with the youth and payment is due within one week of the late pick-up date on the *Statement of Late Pick-Up Fee form*.

SCHOOL BUS POLICY

There will be bus transportation from the other two schools, Boulevard and Kingsborough, to Park Terrace in the morning as well as from Kingsborough after the Summer Enrichment Program.

PARENT INVOLVEMENT

Parent and guardian involvement is strongly encouraged at the LEAPS Summer Program.

You are welcome to visit at any time and encouraged to become a regular volunteer. Volunteers are needed to plan and chaperone special events, to provide enrichment activities, and to offer assistance to staff members. Please contact the Program Coordinator if you are able to volunteer in the LEAPS Summer Program.

BEHAVIOR INTERVENTIONS

The Program Coordinator, in collaboration with the Site Supervisor will determine strategies for any behavioral incident that is considered a safety risk or an inappropriate experience/interaction with another child. The use of redirection will be implemented by staff initially while the child is still in the current setting. If that does not prove beneficial for the child, a staff member will either sit and support that child while still in their current environment and/or offer the child the opportunity to move away from that setting and go read a book together, go for a walk, or do a learning activity, e.g. cross-word, puzzle. This will be done in an attempt to help the child self-regulate his/her emotions and bodily actions. If none of these interventions are successful a call to the parents/guardians will be made so the child can speak to his/her parent/guardians in an attempt to have the child return to a positive baseline behavior. If the call does not help the child then the parent/guardian(s) will be asked to now pick up the child at program.

Following several serious incidents, a meeting will be held with the student, parent/guardian, Program Coordinator and/or Site Supervisor to determine if the child requires a more controlled, smaller setting than the LEAPS Summer Program can provide. At that point in time, the student may be discharged from program for the remainder of the summer. The student may return to program in the fall with a clean slate if prior approval from the Program Coordinator is granted.

STUDENT DISCIPLINE

School Code Of Conduct

The students are familiar with the codes of conduct and discipline standards established by the school districts in which they attend. Therefore, the regulations and expectations utilized in the LEAPS Summer Program are based upon these regulations.

Disciplining students can be a very sensitive subject for all involved: students, parents and staff. To ensure we use uniform procedures, there is a significant amount of background information provided here.

Philosophy

All persons have a lot of choice in their behaviors, that is, we can choose how we respond to different situations. It is important to remember that with this power of choice, we must be held responsible for our actions. Students and adults alike tend to choose behaviors that fulfill their needs.

Occasionally, behavior problems arise that require discipline. **The best types of discipline result in some growth for the student.** Discipline teaches appropriate behaviors in order for students to have a healthy relationship with others and a good sense of their own self-worth. This process of teaching students how to behave appropriately also addresses the importance of respecting the individual student, group

and staff. Good discipline provides opportunities for students to learn from mistakes, negligence or impulsiveness.

OCFS School-Age Child Care Regulations

Disciplining a student implies that staff guide students' behaviors "to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care".

"The staff must use acceptable techniques and approaches to help children solve problems." Corporal punishment is prohibited.
"Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care."

(NYS OCFS School-Age Child Care Regulations).

BEHAVIOR EXPECTATIONS AND MANAGEMENT***We expect youth will learn to:***

- Identify and recognize other options available to the student at the time of the incident
- Assume self-control
- Accept personal responsibility and
- Make amends as necessary.

What are the consequences for misconduct?

When a child's behavior causes concern, a staff member will speak with the youth and consequences will be determined by the Site Supervisor and/or Program Coordinator.

Consequences for any behavior that causes concern range from:

- 1). Separation from the group for a brief period of time,
- 2). Separation from the group for the remainder of the day, and
- 3). Program suspension from one to five days.

Following several serious incidents, the youth may be discharged from program for the remainder of the summer. The participant may return in the fall with a clean slate **if** prior approval is granted from the Program Coordinator.

At the LEAPS Summer Program, the behaviors listed below are of grave concern to the program staff due to the risks that they pose for the safety and well-being of the other youth, staff, and community members who may be at program. These actions cannot be tolerated and may result in the immediate discharge from program for the remainder of the summer program.

- **Assault** – Physically hitting or injuring others.
- **Unsafe Behavior** – Any serious, intentional incident that could cause physical injury to others.
- **Larceny** – stealing from any person, school, organization or business.
- **Use or possession of drugs, alcohol, tobacco, matches or lighters.**
- **Carrying, brandishing, or threatening with any type of weapon**

HEALTH INFORMATION

Illness Policy

If a LEAPS Summer Program participant becomes ill, a parent or authorized person will be called to pick up the child.

Emergency/Health Information

Parents are asked to provide emergency information on the LEAPS Summer Program Registration Form. Information needed includes home and work phone numbers, names and phone numbers of your family physicians, information regarding medication needs, and your child's medical history. It is important that the LEAPS Summer Program has this information and that it is current at all times.

Please notify the Program Coordinator of any changes in health needs or contact information.

Independent Toileting

Children must be able to self toilet as well as be able to communicate with staff in a timely manner regarding their needs to use the bathroom facilities.

Medications

The LEAPS Summer Program has staff certified to administer medications. If your child needs medication during program hours please make the necessary arrangements with the Program Coordinator.

First Aid/Accidents

If a child is slightly injured while attending the LEAPS SUMMER PROGRAM, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid. The parent/guardian will be notified that day when they come to pick up their child of the injury.

Serious Injury

If a child is seriously injured or has a medical emergency while attending the LEAPS SUMMER PROGRAM, emergency services will be called and the child will be transported to the hospital. Every effort will be made to contact the parent/guardian or emergency contact person listed on the child's registration form. The emergency information you have provided will be taken to the hospital.

The parent authorizing treatment will be that parent signing the LEAPS SUMMER PROGRAM Enrollment Form. That person will be the responsible party for the child receiving treatment regarding payment of all treatment costs associated with the injury.

It is vital that the emergency information regarding your child be kept current.

WHO ARE THE STAFF MEMBERS?

Program Aides, Assistants and Supervisors work directly with the students; they model and encourage appropriate behaviors in a positive, constructive environment. **Program Assistants** plan and implement activities suitable for the children's abilities and learning styles while providing direction and oversight to Program Aides. They work in collaboration with the **Site Supervisor** who supervises students and oversees the staff and daily activities.

The **Assistants** will work with parents to facilitate a stronger relationship between the school and the family. Also, as a reminder, when an individual on your child's release form is coming to pick up him/her, please make sure they are bringing a valid picture identification card with them. This to ensure your child's safety.

All staff report to the **Program Coordinator**, who, collaboratively work with the Site Supervisor overseeing the daily operations of the program. The Program Coordinator reports to the Community Services Director who in turn reports to the Executive Director of the Mental Health Association in Fulton & Montgomery Counties who renders any final determinations.

MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The LEAPS SUMMER PROGRAM will report any reasonable suspicion of abuse or neglect of a child participating in our program to the New York State Central Registry.

If you suspect a child is being abused or maltreated in New York State, call the Statewide Central Register of Child Abuse and Neglect at 1-800-342-3720. The Child Abuse Hotline is open 24 hours a day; every day of the year. Information is attached to this handbook regarding recognizing and reporting child abuse and neglect.

WHO DO I CONTACT IF I HAVE QUESTIONS?

Questions regarding your child's activities or behaviors may be discussed in person with staff who directly works with your child or the Program Site Supervisor. Additionally, you may contact the Program Coordinator. The Program Coordinator or designated person in charge is at the program every day. The MHA Community Services Director can be reached at 518-762-5332. Additionally, if you have concerns or complaints that you feel have not been properly addressed the OCFS Division of Child Care Services has a toll-free complaint line (800)732-5207. The website is ocfs.ny.gov, and Part 414 School-Age Child Care Regulations can be located on this website.

A copy of the OCFS school-age program regulations, along with the names, addresses and phone numbers of people with administration authority is available for your viewing at the front desk of program.

**NYS LEARNING AND ENRICHMENT AFTER SCHOOL
PROGRAM****Program Policies Agreement 2025**

NYS Learning and Enrichment Summer Program Site Location:
PARK TERRACE ELEMENTARY

Student's Name (please print) _____ Grade _____

Student's Name (please print) _____ Grade _____

Student's Name (please print) _____ Grade _____

PARENT / GUARDIAN:

- I have received the 2025 LEAPS Parent Handbook and agree to familiarize myself with its policies and procedures. Yes ☐ No ☐
- I understand that I am responsible to follow the policies and procedures described within the LEAPS Parent Handbook. Yes ☐ No ☐
- I agree to speak with my child/children concerning the described behavior expectations and consequences. Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

A PROGRAM OF THE

Mental Health Association in Fulton & Montgomery Counties, Inc.

307-309 Meadow Street, Johnstown, NY 12095

TEL (518) 762-5332 - FAX (518) 762-6823

www.mentalhealthassociation.org

Executive Director: Janine Dykeman