

Student Application Checklist

Student Name: _____

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- Book bag search form
- Program Policy Agreement Form

Gloversville Morning Program

Gloversville Students Grades K-5 2024-2025 School Year

MHA is focused on meeting the social, emotional and academic needs of our school age children by providing opportunities to learn and grow. The morning program will be held at the Boulevard Elementary School and from there children will be bussed to their respective schools.

Starting the first day of school 9/5/2024

7:00am – 8:30am

Monthly Rate: \$150/ per child

Sibling groups will be offered a 10% reduced rate

MUST HAVE 15 CHILDREN ENROLLED TO RUN PROGRAM

Don't forget that we offer a tuition-free afterschool program at each of the elementary schools.



RESERVE
YOUR SPOT
TODAY

Call for details

Linda Szurek

518-762-5332 ext 101

lszurek@mhafm.org

Melissa Geier

518-762-5332 ext 108

mgeier@mhafm.org

Mental Health Association

307-309 Meadow Street, Johnstown NY 12095

A road to quality care and service for all

9/24 2024 – 2025	Mental Health Association In Fulton and Montgomery Counties, Inc. Morning Program Application	GESD Elementary AM Program			
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)		SCHOOL	GRADE		
Teacher:					
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?			Siblings, Ages		
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 Physical Limitations / Surgeries			Prescription Information any medicines taken regularly		
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	D A T A	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"/>
AGREEMENTS:					
1) 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"/>
2) 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"/>
3) I understand that the program 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"/>
4) I authorize use of Parent supplied First Aid Cream, Sunscreen, Bug Repellant, Lip Balm, Hand Lotion, Cough Drops as needed.					YES <input type="checkbox"/> NO <input type="checkbox"/>
5) 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"/>
6) I agree to review and update this information whenever a change occurs or twice during the 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 _____					

GESD ELEMENTARY MORNING PROGRAM
STUDENT RELEASE FORM 2024 - 2025

Student Name _____ DOB _____

► **SECTION 1.** Students will only be released from the morning program 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 Morning 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 _____

► **SECTION 2.** In the event that school closes early or cancels, your child must know what to do. In the space below, please share your family's plan:

- Student will ride Bus # _____ to go . . . (***check one below***)
- Home
- Babysitter - Name & telephone: _____
- Relative - Name & telephone: _____
- Neighbor/friend - Name & telephone: _____
- Student will walk home.
- Other (please describe) _____

► **SECTION 3.** The telephone number you provide the school district is the SAME number used to notify you of any early dismissals. Please recognize that we CANNOT PERSONALLY CONTACT EACH FAMILY in the event of an early dismissal.

Do you need to be contacted personally? YES NO

IF YES, please specify the best means to reach you:

By Phone # _____ By Email: _____

Form completed by _____ Date _____

GESD ELEMENTARY MORNING PROGRAM
RELEASE OF INFORMATION
School Year 2024-2025

PLEASE NOTE: ALL * AND BOLDED AREAS MUST BE FILLED IN.

*Child's Name _____ *Date of Birth _____

I hereby authorize the use or disclosure of my child's information as described below. I understand that the authorization is voluntary.

Exchange of Information between:

GESD Elementary Morning Program
Administered by Mental Health Association in Fulton & Montgomery Counties
307-309 Meadow Street
Johnstown, NY 12095

Gloversville Enlarged School District
234 Lincoln Street
Gloversville, NY 12078

***Description of Information to be released:**

- School records including attendance and academic reports, including IEP, 504 Plans and other pertinent student information.
- Medical Records as they pertain to the child's involvement in program, e.g. allergies, special accommodations, physical limitations
- Other _____

*** Purpose for this disclosure is: (Check all that apply)**

- Medical Condition (allergies, including food, environmental, etc.)
- To work towards similar goals for student
- Coordination of Services
- Other _____

I understand that I may revoke this consent at any time except to the extent that action has been taken on it. It is understood that the information to be released is confidential and protected from further disclosure.

***This authorization/consent expires: (Please Specify)**

- End of school year 2024-2025
- Upon Release of Specified Information
- When child is withdrawn from program
- Other Conditions: _____

*Signature of parent/guardian

*Printed Name of parent/guardian

*Date

Legal representative relationship to the recipient: _____

CANCELLATION / REFUSAL TO RELEASE INFORMATION

I hereby cancel or refuse to authorize the release of information indicated above.

Signature of recipient or legal rep.

Relationship

Date

Signature of witness

Title

Date

Mental Health Association in Fulton & Montgomery Counties, Inc.

Book Bag Search

Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we have found that, at times, our program participants have not utilized our time during program as successfully as we would like them to do. We also know from many of you that the completion of homework during program time is a key priority for you. Therefore, we believe there will be times that we may need to enter a youth's book bag to determine what, if any, homework has been assigned to your child and whether or not, the homework was completed for the school day.

Do we have your permission to check your child(s) book bag: Circle One YES NO

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature: _____

Print Name: _____

Today's Date: _____



Gloversville Enlarged School District (GESD) ELEMENTARY MORNING PROGRAM



Parent Handbook 2024 - 2025

Program Location

Boulevard Elementary School

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

**GESD ELEMENTARY MORNING PROGRAM
SITE LOCATION: BOULEVARD ELEMENTARY SCHOOL**

Community Programs Director: Melissa Geier

Telephone Number: (518) 774-0416

Email Address: mgeier@mhafm.org

The Morning Program at Boulevard Elementary School operates from 7:00am - 8:30am, on days that school is in session.

This program is available to children in grades K-5 who attend Boulevard, Kingsborough, or Park Terrace Elementary Schools.

A shuttle bus is provided by the School District to children who attend school at Kingsborough or Park Terrace, so they can be transported to their school location each day from morning program.

In case of a fire at the school, the primary relocation site for the children will be the Tractor Supply Store, and the secondary relocation site will be at the Label Shopper Store.

HANDBOOK

This handbook contains the POLICIES AND PROCEDURES of the GESD ELEMENTARY MORNING PROGRAM.

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

This program is a result of the active partnership of the Gloversville Enlarged School District and the Mental Health Association in Fulton & Montgomery Counties.

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. 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 program staff. Should a parent come to program and request to see his/her child, we cannot prohibit the action unless we have these documents. Therefore, it is imperative that we have the information immediately upon its dispensation.

EMERGENCY SCHOOL CLOSINGS

When school activities are cancelled by the school district (for example, due to inclement weather) the Morning Program will NOT be held. Families must have a back-up plan that students can initiate if school is cancelled after your child(ren) have arrived to the morning program. Students need to know the family's plan in advance.

PLEASE BE AWARE that the telephone number you provide the school district for emergency calls is the SAME number used to notify you of any early dismissals. Therefore, if the number you provide the school will not reach you during the day time, YOU MUST PROVIDE the Morning School Program ANOTHER WAY to notify you.

PROHIBITED

Youth are not allowed to have I Pads players, cell phones, cameras, video games or other electronic items in the Morning Program. The above will be confiscated and given back when they are released to their applicable classroom.

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

PROGRAM ACTIVITIES

Homework/Tutoring Assistance

Staff members work with youth to help complete assignments and strengthen academic skills. If a child needs to complete homework in the Morning Program for that school day, please inform program staff when the child (ren) enters program. Children will work on Arts & Crafts, Board Games, Read etc...

ATTENDANCE POLICY

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

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 after-school 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.

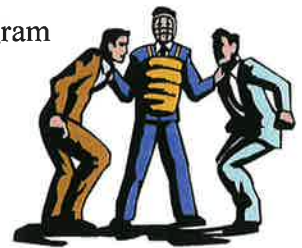
Occasionally, behavior problems arise that require discipline. **The best types of discipline result in some growth for the student.** Discipline teaches appropriate behaviors in order for students to have a healthy relationship with others and a good sense of their own self-worth. This process of teaching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

STUDENT BEHAVIOR REPORTS

All student discipline problems will be written down on the day of occurrence and then given to the parent that day to sign off on and answer any questions that you may have. The program has a no tolerance policy for name-calling, hitting, kicking, pushing, fighting or hurting someone else.

“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.”

Following several serious incidents, the youth may be discharged from program for the remainder of the school semester. The participant may return the following semester with a clean slate if prior approval is granted from the Community Programs Director.



At the Morning 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 and staff. These actions cannot be tolerated and may result in the immediate discharge from program for the remainder of the school year:

- **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

Emergency/Health Information

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

Please notify the Community Programs Director 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.

First Aid/Accidents

If a child is slightly injured while attending the Morning Program, First Aid will be administered and an Incident Report will be filed. Site staff is trained in First Aid; and the parent/guardian will be notified about the injury that day.

Serious Injury

If a child is seriously injured or has a medical emergency while attending the Morning 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 Morning 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 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. Additionally, you may contact the Community Programs Director. This person can be reached at 518-762-5332.

MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

All childcare providers are mandated reporters of suspected child abuse and neglect in New York State. The Morning 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.

GESD ELEMENTARY MORNING PROGRAM

PARENT HANDBOOK 2024-2025

Student's Name (please print) _____ Grade _____

Elementary School Your Child Attends _____ Grade _____

Student's Name (please print) _____ Grade _____

Elementary School Your Child Attends _____ Grade _____

Student's Name (please print) _____ Grade _____

Elementary School Your Child Attends _____ Grade _____

PARENT / GUARDIAN:

- I have received the 2024-2025 GESD Elementary Morning Program 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 GESD Elementary Morning Program 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

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