

## Student Application Checklist

**Student Name:** \_\_\_\_\_

**After School Program Location:** \_\_\_\_\_

- Enrollment Form
- Student Release Form
- Release of Info (MHA and School)
- Parent survey
- Book bag search form
- Program Policy Agreement Form
- Student Survey
- Parent Volunteer Form
- Walk Home Permission Slip
- Do you have any other household members attending any other After School Programs? YES or NO

**Name of Child:** \_\_\_\_\_

**Other After School Program Location:** \_\_\_\_\_

9/26 2026 - 2027		Mental Health Association In Fulton and Montgomery Counties, Inc. <b>LEAPS AFTER-SCHOOL PROGRAM APPLICATION</b>			<b>Knox Middle School</b>	
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
<b>Circle the days of the week your child (ren) will be attending the LEAPS:</b> Mon. Tues. Wed. Thurs. Fri. <b>Pick-Up Time:</b> <b>Walking Home Dismissal Time:</b>		<i>SCHOOL SERVICES:</i> SPECIAL ED <input type="checkbox"/> RESOURCE ROOM <input type="checkbox"/> AIS MATH <input type="checkbox"/> AIS READING <input type="checkbox"/> SPEECH <input type="checkbox"/> COUNSELING <input type="checkbox"/> 504 PLAN <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/>				
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		PICK-UP TIME	
Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what is your child allergic to?				
<b>*** 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"/></b>						
Medical Conditions / Diagnosis Physical Limitations / Surgeries		Do we need to provide any medications during program? YES <input type="checkbox"/> NO <input type="checkbox"/>		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		
<b>E M E R G E N C Y</b>	<b>CONTACT NAME</b>		<b>RELATIONSHIP to STUDENT</b>	<b>TELE # During Program Hours</b>		<b>OTHER TELE # (Check Type)</b>
	<b>D A T A</b>				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"/>		
<b>WRAP-AROUND:</b> Are there days during the week your child will be arriving late or leaving early due to other after school-related activities, i.e. sports or an appointment with the orthodontist? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify days and times below AND submit a practice/game schedule.						
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
<b>FALL</b>						
<b>WINTER</b>						
<b>SPRING</b>						
<b>AGREEMENTS:</b>						
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 authorize use of Wrap-Around so my child may participate in other school-related activities during LEAPS hours. YES <input type="checkbox"/> NO <input type="checkbox"/>						
3) I have provided information on my child's special needs (Allergies, Diet, Disabilities, Medical information) to Mental Health Association, 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"/>						
4) 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"/>						
5) 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"/>						
6) 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"/>						
7) 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"/>						
8) I understand that once the Homework Period has ended, my child will participate in other program activities. YES <input type="checkbox"/> NO <input type="checkbox"/>						
9) 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 _____						

LEAPS AFTER-SCHOOL PROGRAM  
**STUDENT RELEASE FORM 2026 - 2027**

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 ASP 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 after school activities, **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** \_\_\_\_\_

LEAPS After School Program  
**RELEASE OF INFORMATION**  
**School Year 2026-2027**

**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:

Knox Middle School LEAPS After-School Program  
A Program of Mental Health Association in Fulton & Montgomery Counties  
307-309 Meadow Street  
Johnstown, NY 12095

Greater Johnstown School District  
2 Wright Drive  
Johnstown, NY 12095

**\*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 the 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 2026-2027

\_\_\_\_ 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

# LEAPS AFTER SCHOOL PROGRAM MIDDLE SCHOOL PARENT/GUARDIAN SURVEY

Knox Middle School

You are invited to complete this short questionnaire about the LEAPS After School Program. Your responses will be kept confidential. Your feedback will help us improve our program. By completing and returning this survey, you agree to participate in this study.

Name: \_\_\_\_\_ Child(ren): \_\_\_\_\_

What is the most important one or two things for you that the Program provides for your child?

- To gain skills for school success
- Safe afterschool location
- Socialization with peers
- Development of personal responsibility and accountability skills
- Nutritious meal or snack
- To have something to do after school
- Other: \_\_\_\_\_

What is the biggest challenge for school/after school success that your child is facing this year?

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How can the After School Program help? \_\_\_\_\_

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What will/has your child enjoy(ed) in the After School Program? Check mark all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Socializing with peers | <input type="checkbox"/> Baking or Cooking   |
| <input type="checkbox"/> Physical Activities    | <input type="checkbox"/> Science Experiments |
| <input type="checkbox"/> Board Games            | <input type="checkbox"/> Arts and Crafts     |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Other ideas: _____  |
| <input type="checkbox"/> Swimming               |  |

Are there ways that you could help with Program?

- |   |  |
|---|--|
| <input type="checkbox"/> Help youth with homework                   | <input type="checkbox"/> Share a hobby |
| <input type="checkbox"/> Assist staff with activities/presentations | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Be a participant during Career Week        |  |

Any other Comments/ideas/suggestions: \_\_\_\_\_

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The LEAPS After School Program is designed to help youth be more successful in school. Sometimes youth have challenges in their lives that make school success difficult. Please provide us with your thoughts about how we could help your child be more successful.

# LEAPS AFTER SCHOOL PROGRAM MIDDLE SCHOOL PARENT/GUARDIAN SURVEY

**What kinds of challenges do children who you know (in this community) face that make success in school difficult?**

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty with reading          | <input type="checkbox"/> Family stress                      |
| <input type="checkbox"/> Difficulty with math and science | <input type="checkbox"/> Need positive adult role models    |
| <input type="checkbox"/> Physical health issues           | <input type="checkbox"/> Better relationships with teachers |
| <input type="checkbox"/> Mental health issues             | <input type="checkbox"/> Ways to improve behavior           |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____                        |

**What kinds of programs and services do you think would help your children have a greater success in school? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Reading Improvement Programs  | <input type="checkbox"/> Family support services                      |
| <input type="checkbox"/> Math and Science Programs   | <input type="checkbox"/> Mentoring programs                           |
| <input type="checkbox"/> Health & Nutrition Services   | <input type="checkbox"/> Programs to help parents help their children |
| <input type="checkbox"/> Mental Health Services  | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> Life Skills programs for students   |   |
| <input type="checkbox"/> Behavior Management programs for students                                   |   |
| <input type="checkbox"/> Opportunities for parents and teachers to work together for student success |   |

**Would you be willing to talk in a discussion group about student needs?**       Yes       No

**Would you be willing to work with us to develop programs and services to ensure student success?**

Yes       No       I can't now, but in the future

**How can we contact you?**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Email: \_\_\_\_\_

**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 homework 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 during the school day.

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

Your permission can be revoked at any time through a written statement with your signature.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## LEAPS After-School Programs



## Parent Handbook 2026 - 2027

Program Location

**Knox Middle School**

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

## NYS LEARNING AND ENRICHMENT AFTER SCHOOL PROGRAMS

**SITE LOCATION: KNOX MIDDLE SCHOOL**

Program Coordinator: Maggie Arguelles  
Program Coordinator Office Telephone Number (518) 571-9389  
Email Address: marguelles@johnstownschoools.org

Knox Middle School Site Telephone Number (518) 571-9389

The Afterschool Program at Knox Jr. High operates from 2:30pm - 5:30pm, on days that school is in full session and after school activities have not been cancelled by the district due to inclement weather, etc.

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

In case of an evacuation at the school, the primary relocation site for the children will be at the Glebe Street School and the secondary relocation site will be at the Greater Johnstown High School. Students will cross the street to Glebe Street and youth will be transported to the Johnstown High School through busing provided by the Greater Johnstown School District.

Please call the site telephone number directly when your child is enrolled in the program, and you need to inform staff about your child's dismissal/absence from program, or other related information. Any general questions, please call the Program Coordinator.

## HANDBOOK

This handbook contains the POLICIES AND PROCEDURES of the LEAPS AFTER-SCHOOL 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 Greater Johnstown School District and the Mental Health Association in Fulton & Montgomery Counties, with support from other community organizations.

The LEAPS AFTER-SCHOOL 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.

Mounting evidence shows that how children occupy their time during non-school hours is directly related to their ability to achieve in school and contribute to society. The critical hours from 3pm to 8pm are when the majority of crimes are committed by or against youth. These are also the hours where youth are most likely to engage in risky behaviors without adult supervision.

## MISSION STATEMENT

The LEAPS AFTER-SCHOOL 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 weaknesses.

The Greater Johnstown 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 AFTER-SCHOOL PROGRAM is a 3 hour program that is open Monday – Friday, directly following the normal school day dismissal time.

The program will **NOT** operate on snow days and days of emergency school closings. If program is cancelled on a full session school day due to weather or some other reason, your child will be sent to the location written on the student release form.

If your child will not attend program on a given day, please notify us in advance by emailing the Program Coordinator, or calling the program site telephone number, 518-571-9389.

## EMERGENCY SCHOOL CLOSINGS

**When after-school activities are cancelled by the school district (for example, due to inclement weather) the afterschool program will NOT be held.** Families must have a back-up plan that students can initiate if program is cancelled unexpectedly. Please ensure that your child(ren) know what that plan is.

**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 afterschool program **ANOTHER WAY** to notify you.

## PROHIBITED

Youth are not allowed to have iPads, cameras, cell phone, video games or other electronic items in the After-School Program. The above will be confiscated and sent home with parents. Cell Phones are only allowed with Site Supervisor/Program Coordinator permission, and use is specific to their homework or other important element.

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 After-School 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 a healthy and nutritious meal daily. In most cases, this will occur shortly after the beginning of program. 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:

### ***Homework/Tutoring Assistance***

Staff members work with youth to help complete assignments and strengthen academic skills. Participants are responsible for bringing homework and if applicable, their homework agenda to the After-School Program as they will not be allowed in classrooms to obtain homework after the academic day dismissal. Therefore, it is the youth's responsibility to come to program prepared with all belongings. If the child does not complete their homework in the allotted time, it is expected that they will finish it at home, so that they may participate in the other activities that the program offers. All homework completed at program should be submitted to the appropriate teacher (s) by the youth on the next school day or when it is due.

### ***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 After-School 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 activities 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; safety; goal setting; good decisions; and a yearly Career Exploration Week.

## **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**

It is expected that a child who is enrolled in the program will attend every day they attend school unless ill or excused for special circumstances. The program will set a reasonable time (3 weeks) for regular attendance to resume before an enrollee is placed on inactive enrollment and not counted as a part of the program's list of enrollees. An enrollee who is on inactive enrollment can be given preference to resume regular enrollment in the program when slots become available for new enrollees.

Daily attendance is taken when your child comes to the LEAPS AFTER-SCHOOL 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 Johnstown 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. After-School 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 and in person. Phone calls and emails are not accepted.

Also, all individuals on the student release form must bring a photo ID for verification prior to a release of the child(ren).

Please be on time to pick up your child from the After-School 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

Youth who receive transportation from the school district will need a note from their caregiver stating that the child is to come to the after school program, rather than take the bus. Also, it is important that the Student Release Form is current and accurate so in case the school closes early your child is aware of his/her transportation route to home, e.g. bus; pick-up; walking.

## PARENT INVOLVEMENT

Parent and guardian involvement is strongly encouraged at the After-School 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 After-School 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 After-School Program can provide. At that point in time, the student may be discharged from program for the remainder of the school semester. The student may return to program the following semester 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 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.

***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 school semester. The participant may return the following semester with a clean slate **if** prior approval is granted from the Program Coordinator.

At the After-School 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 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

### *Illness Policy*

If an After-School 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 After-School 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 After-School 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.

### *Medications*

The After-School Program has staff certified to administer medications. If your child needs medication during program hours, please make the necessary arrangements with the Program Coordinator. Children are not allowed to hold their own medications, e.g. inhalers.

### *First Aid/Accidents*

If a child is slightly injured while attending the LEAPS AFTER-SCHOOL 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 AFTER-SCHOOL 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 AFTER-SCHOOL 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 Site 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 **School Liaison** works 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 Youth 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 AFTER-SCHOOL 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 Youth 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](http://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 desk of the School Liaison.

# NYS LEARNING AND ENRICHMENT AFTER SCHOOL PROGRAM

## Program Policies Agreement 2026-2027

NYS Learning and Enrichment After School Program Site Location:  
**KNOX MIDDLE SCHOOL**

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT / GUARDIAN:**

- I have received the 2026-2027 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



**LEAPS  
BEGINNING OF PROGRAM MIDDLE SCHOOL STUDENT SURVEY**

**Knox Middle School**

**Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**We need your help! We want to create an after school program that is exciting and useful for you. Please answer the following questions to tell us about your opinions and ideas for after school activities.**

**Please check the sentence that best describes your feelings about attending an after school program at our school.**

- I already participate in after school activities.
- I would definitely be interested in going to an after school program at our school.
- I have other responsibilities after school and could not go to an after school program at our school.
- I would not be interested in going to an after school program at our school

**What kinds of activities would you like to do after school? Feel free to add your own ideas. (check up to four activities.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chess                               | <input type="checkbox"/> Science experiments | <input type="checkbox"/> Arts and crafts      |
| <input type="checkbox"/> Community service                   | <input type="checkbox"/> Aerobic exercise    | <input type="checkbox"/> Card and board games |
| <input type="checkbox"/> Computer club                       | <input type="checkbox"/> Basketball          | <input type="checkbox"/> Cooking              |
| <input type="checkbox"/> Homework help or tutoring           | <input type="checkbox"/> Martial arts        | <input type="checkbox"/> Dance                |
| <input type="checkbox"/> Photography                         | <input type="checkbox"/> Soccer              | <input type="checkbox"/> Drama                |
| <input type="checkbox"/> Poetry writing                      | <input type="checkbox"/> Softball/baseball   | <input type="checkbox"/> Music                |
| <input type="checkbox"/> Peer counseling/conflict resolution | <input type="checkbox"/> Volleyball          | <input type="checkbox"/> Woodworking          |
| <input type="checkbox"/> Program newspaper                   | <input type="checkbox"/> Yoga                | <input type="checkbox"/> Other: _____         |

**What are some ways you would like to get involved in the after school program? (check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Deciding what programs to offer  | <input type="checkbox"/> Advertising the after school program     |
| <input type="checkbox"/> Planning after school activities | <input type="checkbox"/> Your idea: _____                         |
| <input type="checkbox"/> Being a club officer             | <input type="checkbox"/> I am not interested in getting involved. |

**Were you a student at this school last year (2025-2026)?**  Yes  No

**Did you come to this after school program last year (2025-2026)?**  Yes  No

If yes, what was your favorite thing? \_\_\_\_\_

If yes, what was your least favorite thing? \_\_\_\_\_

**Compared to other places where you spend time, how safe do you feel when you are at the program?**

- a lot safer     a little safer     just as safe     a little less safe     a lot less safe

**LEAPS  
BEGINNING OF PROGRAM MIDDLE SCHOOL STUDENT SURVEY**

How do you feel about each of the following statements? For each statement, please check whether you agree a lot, agree a little, disagree a little, disagree a lot or have no opinion.

	Agree A Lot	Agree A Little	Disagree A little	Disagree A Lot	No Opinion
I think I'm a good student.					
I have good study skills.					
I want to come to school every day.					
I feel safe at home and school.					
I have an adult(s) in my life that I can talk to.					

**What are the biggest challenges you feel you face currently? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty with reading<br><input type="checkbox"/> Difficulty with math and science<br><input type="checkbox"/> Physical health issues<br><input type="checkbox"/> Mental health issues, e.g. depressed, cutting yourself | <input type="checkbox"/> Problems with peers, e.g. bullying, peer pressure<br><input type="checkbox"/> Family stress<br><input type="checkbox"/> Not enough to eat at home<br><input type="checkbox"/> Other: _____ |
|---|---|

**Greater Johnstown School District  
LEAPS Afterschool Program  
2026-2027**

**DISMISSAL PERMISSION FORM**

**Please check-mark the appropriate spot for your child:**

**Child/ren Name:** \_\_\_\_\_

**CHECK ONE:**

1. My child/ren will be picked up \_\_\_\_\_

OR

2. My child/ren **will walk home** \_\_\_\_\_

**If walking home, please complete this next section:**

I, \_\_\_\_\_ hereby give my permission for the LEAPS After-  
(Parent/Guardian's Name)

School staff to dismiss my child/ren to **walk home**.

\_\_\_\_\_  
(Child/ren's Name)

to walk home to: \_\_\_\_\_.

If this is not your home (address), please include name of adult at this address and telephone number: \_\_\_\_\_

(Circle the days of the week that apply to your child/ren)      **Mon    Tues    Wed    Thurs    Fri**

Please dismiss them at this time:    at \_\_\_\_\_ P.M.

**I authorize my child to walk home from program when dismissed and I understand the program staff would prefer my child to be picked up at the end of the program day.**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

LEAPS Staff Signature \_\_\_\_\_ Date \_\_\_\_\_