



Hope Seven

Hope 7 Community Center Tel: (518) 272-8029 Fax: (518) 272-5782 596 Pawling Ave, Troy, NY 12180  
Email: [hope7.margaret@gmail.com](mailto:hope7.margaret@gmail.com)

February 18, 2022

Dear Families,

Welcome to Hope 7 Community Center and our traveling summer camp for 2022! We are very excited for the upcoming program with fun, exciting trips planned! Before the summer comes, this letter will help outline important due dates, required paperwork, and so on! Please note that our prices have increased from the Summer 2021 season. This is due to the rising costs of operating our program.

Registration is officially OPEN! Which means, summer camp applications, registration fees and deposits are all due soon. Below, you will find the breakdown for all requirements:

- Summer Camp Application — EACH child needs to have a completed summer camp application on file and MUST be completed in FULL. Applications will not be accepted until fully completed.
- Registration fees are due with your summer camp application. Our 2022 non-refundable registration fee is \$25 per child. This fee will reserve your child/children's space until May 6, 2022 when deposits are due.
- All deposits are due by May 6, 2022! A deposit of \$35 per week for 1 child or \$60 per week for a family is due for each week your child/children are signed up for camp. After May 6, 2022, any week of camp, without a deposit will be opened up and filled from the waiting list.

Please note: your current account with Hope 7 must be up-to-date with no past due fees in order to be considered for our summer camp program.

If you have any questions or concerns, please contact me at 518-272-8029 or [hope7.margaret@gmail.com](mailto:hope7.margaret@gmail.com). We look forward to a fun, adventurous summer with you and your children once again this year!

Thank you,

Margaret Hall  
Youth Program Director

## Hope 7 Community Center Summer Program

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Troy, NY 12180

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Weeks of Operation: June 27th - September 2nd, Monday - Friday, 7:00 am - 5:30 pm

Registration form and deposit must be in by May 6th - no spots will be held!

### Registration Fee

\$25 per child

### Fee Schedule

1 Child \$180 per week

2 Children \$300 per week

3 Children \$405 per week

Daily Fee \$55 per child/Family Rates Available

Deposit - Non-refundable \$35 per week for 1 child or \$60 per week for family to be deducted when paying weekly fee.

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Sept 2022): \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Second Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please Check Mark for Weeks Attending

Session #	Dates	Session #	Dates
1 _____	June 27 - July 1	6 _____	August 1 - August 5
2 _____	July 5 - July 8	7 _____	August 8 - August 12
3 _____	July 11 - July 15	8 _____	August 15 - August 19
4 _____	July 18 - July 22	9 _____	August 22 - August 26
5 _____	July 25 - July 29	10 _____	August 29 - September 2

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**Pick Up Authorization Form**

**\*Must have a minimum of 3 people listed\***

It should be noted to all parents that, unless there is a legal document on file stating that a parent is not allowed contact with a child, staff are NOT legally able to keep a non-custodial parent from picking up a child. Please attach a copy of a legal document to this form if this situation applies to you.

I give permission for the following people to pick up my child from Hope 7 Community Center's child care program. I realize that my child will not be released to anyone who is not listed below, unless the Program Director is informed previously with written documentation.

Name	Relationship	Address	Phone Number
	Mother/Guardian		
	Father/Guardian		

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

Parent/Guardian Signature: \_\_\_\_\_

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

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**Waivers and Release Forms**  
**(Each must be signed independently)**

**Peanut Allergy Waiver**

Due to the frequent peanut allergies please check the following:

\_\_\_ I give my permission for my child to eat peanut butter and nut products. Hope 7 will not be responsible for any reaction that could occur.

\_\_\_ I do NOT give my permission for my child to eat peanut butter or nut products.

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**Photo Release**

\_\_\_ I give my permission for Hope 7 Community Center to use my child/children's pictures or mine for commercial, promotional and grant purposes at any time, without compensation. I understand that names will not be used for picture identification, only program names (Summer Camp/After-School) and Hope 7's name.

\_\_\_ I do NOT give my permission for Hope 7 Community Center to use my child/children's pictures.

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Child's Name

---

Parent/Guardian Signature

---

Date

---

**Transportation Release**

I give my permission for my child to ride by school bus from his/her school to Hope 7 Community Center and while traveling for Summer Camp. It is understood that I will speak to my child about the importance of acceptable behavior while riding on the bus. I give my permission for my child to ride by Hope 7 employee vehicle ONLY in case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Waivers and Release Forms - Continued**

**Nature Walks and Swimming**

I understand and give permission for my child to swim and take nature walks daily while in attendance to the Hope 7 Summer Camp Program and After-School outings.

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

Parent/Guardian Signature: \_\_\_\_\_

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

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**Sunscreen/Bug Spray**

I authorize that the Hope 7 staff has my permission to apply sunscreen daily and bug spray as needed.

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

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**Topical Ointment Application**

I give permission for the Hope 7 staff to apply topical ointment such as Neosporin or Calamine to cuts or bug bites as needed.

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

Parent/Guardian Signature: \_\_\_\_\_

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

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### Summer Camp Contract

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Agree to the payment as per this fee schedule:
  - a. Registration Fee
    - i. 1 Child \$25
    - ii. 2+ Children \$50
  - b. Camp Fee
    - i. 1 Child \$180 per week
    - ii. 2 Children \$300 per week
    - iii. 3 Children \$405 per week
    - iv. Daily Fee \$55
  - c. Non-Refundable Deposit
    - i. 1 Child \$35 per week
    - ii. 2+ Children \$60 per week
2. I grant permission for my child to travel by bus to daily outings.
3. I agree to assume responsibility for the transportation of my child at the close of each day he/she is in attendance at the program.
4. I agree to notify the program director if my child will be absent from the program.
5. I understand that it is my responsibility to provide accident insurance coverage for my child.
6. I understand that the responsibility for the care of my child at Hope 7 Community Center ends at 5:30 PM each day.
7. I understand that if I am late picking up my child, I will be charged \$1 per minute for every minute I am late. In accordance with New York State Law, it is Hope 7's responsibility to contact the police if a parent/guardian is one hour late. Lateness may result in the termination of child care contract.
8. I understand that I will forfeit deposits for any weeks my child(ren) does not attend. If Youth Program Director is not notified two weeks in advance, I will be held responsible for full payment for days/weeks missed.
9. I grant permission to swim and go on nature walks daily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Hope 7 Responsibilities

1. Admission is open to all children, ages 5-13 providing their individual needs present no safety problems to other children or staff and children can function independently and appropriately in group activities without specialized care.
2. We provide a safe and nurturing environment with emphasis on recreational and individual enrichment programs for your children and comply with all NYS OCFS regulations.
3. It is the legal responsibility of Hope 7 and its employees to report to Child Protective Services and NYS Office of Child and Family Services ANY suspected cases of child abuse or neglect inside or outside of the center.
4. Hope 7 will provide to any authorized parent or guardian access to the premises to assess our program, staff, and childcare at any time. A copy of the NYS Office of Child and Family Services regulations and contact numbers for inquiries and complaints, and suspicion of abuse are posted at the sign in/out desk.
5. In the event of an unscheduled early dismissal due to bad weather, child care will be available.
6. Hope 7 childcare will open at 7 am on vacation days. Lunch provided during summer session ONLY. Snack is provided daily.
7. Hope 7 can only administer emergency medicines (epi-pen, inhaler, Benadryl for allergic reactions) with a form from your child's doctor.
8. School year begins with the first day of school for all schools.
9. Hope 7 child care is closed for the following holidays:

**Labor Day**  
**Thanksgiving Day**  
**Day after Thanksgiving**  
**Christmas Day**  
**New Year's Day**  
**Memorial Day**  
**4th of July**

Christmas Eve and New Year's Eve - Hope 7 will be open from 7 am to 3 pm for childcare.

I have read and fully understand the above agreement and agree to the conditions set forth above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Parent Responsibilities

1. It is my responsibility to inform Hope 7 if my child will be absent by 9 AM for summer camp. Prolonged absenteeism without a call may result in disenrollment.
2. It is my responsibility to submit childcare fees on time. If there should be a reason I can't, I will speak with the Program Director immediately. Failure to comply may result in immediate termination of care.
3. It is my responsibility to send the appropriate clothing for my child in accordance with the activities planned for that day and the weather. Children should be in sneakers daily. Boots, coats, hats and gloves should be sent in during the cold winter months. Children must come to summer camp IN their bathing suit and have a change of clothes in their bag.
4. It is my responsibility to send my child with lunch on full days, snow days, and early dismissals with the exception of the summer months.
5. It is my responsibility to have at least three people listed and kept current on my child's pick-up list.
6. It is my responsibility to have my child picked up on time. Failure to do so will result in a \$1.00 per minute late fee with habitual tardiness resulting in the termination of child care contract. I understand that after 1 hour late, Hope 7 will notify the Troy Police Department and NYS OCFS.

I have read and fully understand the above agreement and agree to the conditions set forth above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Program Activities for After-School**

- Rotation of each age group into various classrooms every 30 minutes. Groups include activities in arts and crafts, education enrichment, socialization and interactive sports/games. Children are also brought outside upon discretion of the director. Children will also be able to utilize the programs' computers, under supervision, to build technological skills.
- Snack time - Snack is provided by Hope 7 for all children Monday through Friday. Children may bring snack from home. Please do not send children with food that needs to be reheated or cooked.
- Homework time- Assistance will be provided for willing and cooperative children. In the event of a special activity that commences prior to 3:30, homework will need to be completed at home.
- Various clubs are scheduled throughout the week such as art club, trivia club, homework club, Forest Rangers, Girls Scouts and many more.
- Volunteers from local organizations and colleges commit semester hours to Hope 7 to enrich the children's experience and assist staff throughout the year.
- Receives funding from NYS OCFS and Rensselaer County Youth Bureau

### **Program Activities for Summer Camp**

- We travel daily by chartered school bus to area town and state park facilities where children enjoy swimming, hiking, arts & crafts, and special activities.
- Each week is a theme such as "Around the World," "Under the Sea," "Fitness Fun," "Color Wars," and many more.
- Lunch and snack are provided by Hope 7 for all children Monday-Friday. Children may bring lunch or snack from home. Please do not send children with food that needs to be reheated or cooked as we do not have access to appliances at the parks.
- A more detailed calendar of field trips is to come.

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### Discipline Policy

It is Hope 7 Community Center's objective to guide the behavior of children for the protection and growth of all the children in our care. Our goal is to assist children develop self-control and assume responsibility for their actions through clear and consistent rules and limits appropriate to their ages and development. The staff of Hope 7 uses acceptable techniques and approaches to help children solve problems; including but not limited to redirecting to an alternative activity, rewarding acceptable behavior, encouraging children to talk about feelings and providing an example for children by speaking and interacting with children in a positive manner.

Should a form of the above discipline be utilized by the Hope 7 staff, it must relate to the child's action and without delay. Isolation of a child in a closet or darkened area, or where the child cannot be seen and supervised is prohibited. When a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts group interaction, a child may be separated from the group, but only for as long as necessary for the child to regain enough self-control to rejoin the group. If deemed necessary by staff, parent/guardian may be called to pick up the child immediately.

Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate care at any time as a result of disruptive behavior.

Corporal punishment is prohibited including, but not limited to spanking, biting, shaking, slapping, twisting or squeezing, demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures or compelling a child to eat or have in the child's mouth, soup, foods, hot spices or foreign substances. Withholding or using food, rest, or sleep and forced feeding as a punishment is prohibited. Discipline which frightens, demeans or humiliates a child is prohibited.

In addition, Hope 7 will conduct health checks and maintain a daily log which will include, but not limited to any observance of unusual bruising or cuts on a child when he/she arrives as well as any behavior problems, actions taken and consultation results with parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Disenrollment Policy**

Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate enrollment at any time. Grounds for disenrollment include, but are not limited to, the following reasons:

- Tuition in arrears of two weeks.
- Parent or child behavior that harms or is likely to result in harm to the child, staff or property, or seriously disrupts group interaction.
- Excessive late pick-up of child - 3 late pick-ups, which will incur additional fees, may result in termination. 1 pick up 30 or more minutes late where there is no communication from the parent and the parent is unable to be reached may result in immediate termination.
- The necessity of administering medical treatment for which staff is not trained.
- Any single incident that is deemed by the Program Director as dangerous, harmful or disruptive to your child or others.

### **Credit Card Fees**

A 4% administrative fee will be charged to any and all credit card payments.

### **Returned Checks**

There is a \$25.00 fee for each returned check in addition to any late payment fee that may apply.  
Money orders or cash may be required for future payments.

### **Fee For Late Pick Up**

Official closing time for the center is 6:00 pm for after-school and 5:30 pm for summer camp.  
You will be charged \$1 for every minute you are late. After 1 hour, we must call the police.

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### Important Phone Numbers

**Name of Center: Hope 7 Community Center**

**Name of Person Preparing Plan: Margaret Hall**

**Title- Youth Program Director**

<b>Name</b>	<b>Location</b>	<b>Phone</b>
Ambulance		911
Samaritan Hospital	2215 Burdett Ave Troy, NY 12180	911 or 518-274-3000
Troy Police Department	55 State Street Troy, NY 12180	911 or 518-270-4411
Rensselaer County Sheriff's Dept.	400 Main Ave Troy, NY 12180	911 or 518-270-5252
Troy Fire Department	Troy, NY 12180	911 or 518-270-4471
Office of Children and Family Services	155 Washington Ave Albany, NY	1-800-732-5207
Child Abuse and Maltreatment Center		1-800-342-3720
Poison Control	Albany Medical Center	518-445-3152

**\*\*In case of an emergency, 911 will be called\*\***

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### Health Care and Emergency Medical Plan

- Children must be provided child care within an environment which not only protects them from physical harm but also provides for their physical, intellectual, emotional and social development.
- There will be two people on staff who are certified in First Aid and CPR.
- Hope 7 can only administer emergency medicine (epi-pen, inhaler, Benadryl for allergic reactions) ONLY with a form from your child's doctor. A log will be kept of medicine used and you will be notified if medication has been administered.
- Each family of an accepted child for care shall be required to have medical records on file.
- Children who are ill and absent from school, must have alternative arrangements for after school care for the duration of the illness.
- If a child becomes ill on site, they will be isolated from well children until they are picked up from the center.
- Monitoring of children for daily health problems will be done by staff members. Any concerns will be brought to the attention of the Program Director, who will notify the parents and seek emergency assistance if necessary.

I have read the Health Care Plan and Emergency Medical Treatment Plan and understand the procedures that will be followed in the event of an emergency. I understand that Hope 7 will NOT administer any medications except emergency medication with a form from my child's doctor.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Delegation of Medical Treatment Parent Consent**

As the parent/guardian of \_\_\_\_\_, I hereby authorize a staff member of Hope 7 Community Center to grant consent to any physician deemed appropriate to conduct the required test and provide necessary treatment/care to the above named child, if I or my spouse cannot be reached.

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of last tetanus immunization: \_\_\_\_\_  
Gender: \_\_\_\_\_

**Medical Record**

List all medical conditions (allergies, asthma, etc...):

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

List any medical restrictions:

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

List any medications:

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

**Parent/Guardian Information**

	Mother/Guardian	Father/Guardian
Home Address		
Home Phone Number		
Place of Employment		
Work Phone Number		

Hospital Preference: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Authorization expires 12 months from signed date\*

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### **Safety Policies**

#### **Fire Drills**

Fire drills are conducted monthly and documented records are kept on file in the center. Fire drill evacuation plans are posted in each classroom.

#### **Emergency Evacuation - Long Term**

1. The center will be fully evacuated upon the sounding of the alarm according to normal evacuation procedures, at this point all children and staff will be accounted for.
2. All staff, children and parents will then proceed to 606 Pawling Avenue, Troy, NY 12180
3. Once inside, everyone will be accounted for by the Executive Director or Designee who will then notify all parents by phone that the center is closed and their child will have to be picked up immediately at PAUM at 520 Pawling Ave, Troy, NY 12180.
4. The evacuation will be considered complete when all children have been released to their parent.

#### **Emergency Shelter-in-Place**

Shelter-in-place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than evacuate. Generally, shelter-in-place means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing the windows shades, remaining in a room away from large windows or turning off heat and air conditioning system. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. TWO shelter-in-place drills must be performed every session. Parents will be notified in advance of drills taking place.

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**DSS Absence Payments**

If child(ren) miss(es) 3 days or more in a row you MUST have a doctor's excuse or you will be responsible for payment for time missed. This includes days off during break weeks - take the week off and you have to pay the going rate for the week if your child(ren) are signed up for care during that week.

You are also only allowed 4 absences per month without a doctor's excuse. Anything over 4 and you are responsible for that payment as well.

I understand I will be held personally responsible for child care payments not covered by my DSS contract and failure to pay will result in termination of child care services.

Child/Children's Name: \_\_\_\_\_

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



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**Anything listed on the medical record has to be elaborated on the individual health care plan (following page). Please list each health care need with symptoms, triggers, accommodations, techniques, emergency medicine to be administered, etc....**

**Even if accommodations do not need to be made, you need to describe health care need and write “No Accommodations Needed.”**

**If **emergency medicine is needed**, you will need to provide the medicine and another form will need to be filled out.**

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PCFS-LDSS-7006 (5/2014) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

## INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

*A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.*

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

Child Name: [REDACTED]	Child date of birth: [REDACTED]
Name of the child's health care provider: [REDACTED]	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

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

[REDACTED]

### Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver's Name	Credentials or Professional License Information (if applicable)
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

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OCFS-LDSS-7006 (5/2014) REVERSE

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

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


This plan was developed in close collaboration with the child’s parent and the child’s health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name: █	License/Registration Number: █	Program Telephone Number: █
Child care provider’s name (please print): █		Date: █
Child care provider’s signature: <b>X</b>		

Signature of Parent:

<b>X</b>	Date: █
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