Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

2026-27 Hope 7 After-School Care Program
Parent Handbook and Student Enrollment Packet

This program is funded in part by Rensselaer County Department for Youth and NYS Office of Child and Family Services.

Hope 7 has over 50 years of experience providing enrichment and supervision for youth in Troy's East Side Neighborhood. Our program is open to families with children enrolled in the Troy City School District and charter schools that provide transportation to our location at 596 Pawling Avenue or whose parents provide their own transportation to and from the program. **A NYS-licensed program, we operate in compliance with all NYS Office of Child and Family Services (OCFS) regulations, background checks and training.**

Our goal is to provide a safe, nurturing environment for all children. During our after-school program children enjoy a warm hearty snack that meets USDA Child and Adult Care Program (CACFP) nutritional guidelines for an evening meal, have a time of supervised homework with assistance provided as needed, and have opportunities for creative and physical activity based on the developmental capabilities and interests of the children. Students may also participate in organized interactive activities like cooking demonstrations, science experiments, fun contests and more.

Please note: **Be sure to read this *whole* packet**, complete the forms where information is requested, initial all items and sign all locations where parent signatures are requested on the Registration and Contract for each child you are enrolling. Pay special attention to the medical forms and provide information on the individual care plan for how to address medical issues and suggestions for interventions for each condition listed. If your child has an allergy for which anaphylaxis medication may need to be administered, you and your child's physician must complete the required anaphylaxis plan forms.

Ages Served for the 2026-27 After-School Care Program

Our after-school care program welcomes children ages 4 - 11 who will reach 5 – 12 by December 1 and are entering grades kindergarten through 6th grade in September. All children must be fully bathroom-trained, able to change their own clothes with minimal assistance and tend to their own personal hygiene. Children should be able to take direction from adults in-charge, redirect when necessary, and self-soothe with assistance.

Operating Hours for the 2026-27 School Year

The 2026 after-school care program begins on Thursday, September 10, the first day of the school year for the Troy City School District and concludes during the week of June 21-25 on the last day that school is in session after 10 am. Hope 7's regular after-school care program is not open on days Troy City Schools are closed, including snow days, other emergency closings, school holidays and vacations. Special sessions may be available at an additional cost during vacations and some holidays based upon demand and availability of staff to work extended hours. We will survey parents/guardians throughout the year to determine demand for those services, and will require separate payment in advance to secure space for those sessions two weeks before the first day of that session.

Children are dropped off directly from school. Students should not arrive at the facility before school dismissal and **the after-school program CLOSES at 6 pm**. All occasions of a child's stay extending beyond 6 pm will result in a $10 charge that must be paid before a child continues in the program or other arrangements have been made with the executive director.

After-School Care Program Contacts

Site Supervisor and Youth Program Aides: youthprograms@hope7.org | 518-272-8029 x1

Please note: Counselors are unable to answer phone calls while caring for your children, but a staff member monitors transcriptions of voicemails. **If you need to contact staff during program hours you must leave a message on the voicemail** at the number above and a staff member will call you back when they receive the message. In an emergency, you may also wish to contact the Executive Director and Youth Program Director: executivedirector@hope7.org | 518-272-8028 x4.

Tuition & Payment Structure

Program fees are based on the total cost of the 10-month school year and are conveniently divided into 10 equal monthly payments (September through June). Monthly tuition is a flat fee and is not calculated based on the number of school days, attendance or weeks in any given month. Months with fewer school/care days due to school breaks (as well as longer months) are already factored into the overall annual cost, so tuition remains the same every month. For the convenience of those parents with students in charter schools who may only require after-school care on Fridays due to an earlier dismissal time, we offer a Friday-Only monthly rate. Direct pay **families enrolling more than one child may take 35% off the tuition rate for each additional child.**

2026 Monthly Payment for After-School Care – Full Schedule: $500
2026 Monthly Payment for After-School Care – Friday Only: $125

Financial Terms

- Families/guardians are responsible for payment in full of the monthly amount for which they are responsible on or before the 1st of each month. If payment arrangements are needed, contact our financial officer at finance@hope7.org or 518-272-8029 x3
- Activities scheduled for students are included in monthly rates, but are not guaranteed. Having an activity on the schedule that is cancelled or postponed for any reason does not provide cause for reimbursement, nor will families be charged additional fees for activities added to the schedule.

Please note: If a parent or guardian cancels their child's registration, it will negate the child's contract with the program.

Hope 7 Responsibilities

- Program admission is open to children ages 4 - 12 who will enter grades K - 6 in September 2026 provided program staff are able to accommodate any specific special needs of that child. Hope 7 is not required to accommodate all children with special needs, but is entitled to assess need and make enrollment and retention decisions based upon our ability to accommodate them. If a child's medical statement does not list a specific special need and a treatment plan has not been provided for any specific special need, Hope 7 is not responsible for accommodation.
- Hope 7 will provide a safe and nurturing environment with emphasis on recreation and individual enrichment for children and comply with all NYS OCFS regulations.
- 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.
- Hope 7 will provide any authorized parent or guardian with access to the premises to assess our program, staff and childcare at any time. Any parent or visitor going beyond the entrance vestibule of the facility is required to sign into the visitor log before entering the building and sign out upon exit. 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.
- Hope 7 can only administer emergency medicines (EpiPen, inhaler, Benadryl for allergic reactions) with the medication forms completed by you and your child's doctor. If you report an allergy that requires an anaphylaxis plan and/or medication and do not provide the required forms, we cannot accept your child into the program.
- At least one Hope 7 staff member certified in First Aid and CPR will be on site at all times during programming. For minor scrapes, bumps or scratches, we will treat the incident and record it in our injury log. The parents/guardians of a child who experiences a minor injury will be notified of the injury and the type of medical attention that was given. In case of a serious medical or dental emergency, we will first call 911 for medical assistance, then notify parents/guardians. If they cannot be reached, we will notify the person designated on the child's emergency form.
- Hope 7's first step in managing behavior is prevention. Hope 7 is committed to providing clear, reasonable limits for children's behavior and maintaining them; to reinforcing positive behaviors and redirecting negative behaviors. Hope 7 wants to help children recognize and identify their feelings as valid and acceptable. Hope 7 will never use corporal punishment as a form of discipline, nor use food as a reward or as a punishment. If a child's behavior is harmful to him/herself or to others, Hope 7 staff will intercede.
- Hope 7 will notify parents of any anticipated changes to the provided schedule as soon as we become aware of the need to adjust the schedule. We do not take such changes lightly and will make no changes without adequate prior notice unless an emergency arises.

Parent/Guardian Responsibilities

- **Communication with Hope 7 and its staff should not be by text.** Parents/guardians should communicate with Hope 7 staff by phone, voicemail or email at youthprograms@hope7.org or 518-272-8029. **Because staff are not allowed to answer phones while supervising children, please leave a voice message when you call.** Voice messages are transcribed to text and distributed to multiple staff members so they may be read quickly and staff can step away and respond if necessary.
- **Parents/Guardians arriving to pick up children must sign their child out of the program before taking their child out of the building.** Please bring photo identification with you when picking up or dropping off a child. A person designated to sign your child in/out must be listed in advance on your contact form.
- **Parents/guardians accept the responsibility to pick up children *before* 6 pm.** Failure to pick up children by 6 pm results in a $10 late fee that must be paid before the child returns to the program and habitual tardiness may result in disenrollment from the program.
- Parents/guardians understand that if pickup does not take place within a half-hour of program closing, Hope 7 must notify the Troy Police Department and NYS OCFS.
- Parents/guardians acknowledge that Hope 7 is not responsible for any items, food, electronics, school supplies, clothing, etc. that children bring to the program.
- **Children should leave mobile phones or tablets at home. These items are not to be used by children during Hope 7 programming and Hope 7 is not responsible for loss or damage to any items children bring to the program.** If children bring a mobile phones or electronic devices to Hope 7 the program aides will take possession of the devices and the devices will be locked up in the administrative office until the end of the program day. Children who need to contact parents during the day may request that a counselor reach out to the parent.
- Parents understand counselors are available by telephone on- and off-site at 518-272-8029 x1. **Parents should not contact individual Hope 7 staff members on their private mobile devices.** If parents have a specific concern, they may also reach out to the executive director at 518-272-8029 x1 or executivedirector@hope7.org.
- **It is the parents'/guardians' responsibility to inform Hope 7 before school dismissal if a child will be absent for the day** or be responsible for payment for their unconsumed meal ($5 charge per day). Prolonged absenteeism without a call may result in disenrollment. You may inform us of longer planned absences at youthprograms@hope7.org.
- **Our program activities are snow, rain or shine!** It is the parents'/guardians' responsibility to send outdoor-play-appropriate clothing for a child in accordance with the weather.
- Parents acknowledge **children should be in sturdy shoes or sneakers daily.** Boots, coats, rainwear, hats and gloves should be sent on days they may be needed. Do NOT send children to in clothing that you do not wish to get dirty or damaged.
- **Parents/guardians must ensure that *contact information for three adults who may be contacted in an emergency is provided*** and are kept updated at all times.
- **Parents/guardians must provide a health care plan for any diagnosis for which they believe their child needs special accommodation** or a plan of care that provides specific tactics to be used in accommodating the child's special needs.
- **Parents/guardians understand If a child has an allergy for which anaphylaxis medication may need to be administered, they and the child's physician must complete the required anaphylaxis plan forms.**
- Parents/guardians understand that the addition of any special accommodation requests after enrollment may require Hope 7 to reassess our ability to accommodate the child in our program.
- In the event of natural disasters or other unforeseeable emergencies, we may need to close the program. Unforeseeable circumstances could include: loss of power affecting lights and heat/air; no running water; earthquake or other natural disaster; fire, etc. Should such a closure occur during program hours, parents/ guardians understand they will be notified and need to pick up the child as soon as possible.
- Should you experience a change of address, phone number, or email, parents/guardians must notify the program director in writing or via email within 24 hours of the change.
- Hope 7 staff members will make every effort to communicate and solve individual behavior challenges; however, if a problem persists, Hope 7 reserves the right to suspend a child temporarily or permanently. Disruptive or disrespectful behavior toward other program participants or staff is cause for suspension or removal from the program. Hope 7 encourages you to discuss concerns about your child's behavior with our youth program director. Safety is Hope 7's number one priority. If severe safety issues arise, where children are harming themselves or others, this is grounds for dismissal from the program.

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 in developing self-control and assuming 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 be without delay. Isolation of a child in a 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, the 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 that 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 be 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.

Safety Policies

Fire Drills: Fire drills are conducted monthly and documented records are kept on file in the center. Evacuation plans are posted in each classroom.

Emergency Evacuation - Long Term: The center will be fully evacuated upon the sounding of the alarm according to normal evacuation procedures. All children and adults will be accounted for, then proceed to 536 Pawling Avenue, Troy, NY 12180. Once at the above-referenced property, everyone will be accounted for by the 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 Pawling Avenue Methodist Church at 520 Pawling Ave, Troy, NY 12180. 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 window shades, remaining in a room away from large windows, or turning off heat and air conditioning. Most situations calling for sheltering in place are in response to events that have a relatively short duration; hours, not days or weeks, but the facility keeps shelf-stable food available onsite in the event of a prolonged need to shelter in place. Shelter-in-place drills are conducted twice each year. Parents will be notified in advance of such drills.

Disenrollment Policies

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:

- 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. One pickup 30 or more minutes late, with no advance communication from the parent and the parent being unreachable, may result in immediate termination.
- The necessity of administering medical treatment for which the staff is not trained.
- Any single incident deemed by the Program Director to be dangerous, harmful or disruptive to your child or others.

Credit Card Fees

Hope 7 provides a link to the Zeffy platform, which allows families to make credit card payments without fees. If it is necessary for the bookkeeper to run a credit card through another platform, a 2.5% administrative fee is added.

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.

Hope 7 Allergy & Anaphylaxis Policy

Hope 7 Community Center (aka East Side Neighborhood Recreation Center, Inc) is committed to providing a safe, inclusive environment for all children. In accordance with New York State OCFS regulations and Elijah's Law, our program maintains strict protocols to prevent, recognize, and respond to severe allergic reactions and anaphylaxis.

Parents/guardians must disclose all known medical conditions and allergies during enrollment. For any child with a known allergy, parents/guardians and the child's physician must complete all required OCFS health documentation before the child begins attending.

Parents must review and update allergy information annually or immediately whenever a change in the child's condition or medication occurs.

Any child with a diagnosed allergy must have the following current forms on file. These forms are provided with this packet in the event they are needed but do not need to be completed if your child does not have a diagnosed allergy:

- NYS OCFS Form 7006: Individual Health Care Plan for a Child with Special Health Care Needs
- NYS OCFS Form 6029: Individual Allergy and Anaphylaxis Emergency Plan
- NYS OCFS Form 7002: Medication Consent Form (if prescription or emergency medication, such as an epinephrine auto-injector, is stored on-site)

Risk Reduction & Exposure Prevention Strategies
All staff members, substitutes, and regular volunteers will be informed of enrolled children's known allergies and individual emergency response plans. A confidential, staff-accessible list of children's allergies will be posted in primary activity areas and kept in the emergency travel bag.

Food Handling & Snack Safety:

- Staff will inspect all snack food labels prior to serving.
- Trading or sharing food between children is strictly prohibited.
- Signage is posted throughout the building alerting parents that peanuts and products containing peanuts should not be brought into the facility.

Preventive Measures
Children and staff will wash hands with soap and warm water before and after meals/snacks and after outdoor activities. Tables, food preparation areas, and activity surfaces will be sanitized before and after food service using OCFS-approved sanitizers. All program staff receive training upon hire and annually thereafter on the prevention, recognition, and emergency response to food and environmental allergic reactions and anaphylaxis. Designated staff members complete approved training courses (e.g., OCFS Identifying and Responding to Anaphylaxis) on how to recognize anaphylactic symptoms and administer epinephrine auto-injectors.

Emergency Response Protocol
In the event a child shows symptoms of a severe allergic reaction or anaphylaxis:

1. Immediate Intervention: Designated trained staff will immediately follow the child's Individual Allergy and Anaphylaxis Emergency Plan (OCFS Form 6029) and administer prescribed epinephrine without delay if indicated.
2. Call 911: Emergency Medical Services (911) will be called immediately whenever epinephrine is administered or when severe anaphylaxis is suspected.

3. Parent/Guardian Notification: Parents/guardians will be notified immediately after 911 has been contacted.

4. Regulatory Reporting: The program director will report the incident to the program's assigned OCFS licensor/regulator and document the event using OCFS Fo**rm 7004** (*Log of Medication Administration*).

Storage of Emergency Medications

- Epinephrine auto-injectors and rescue medications will be kept in an easily accessible, unlocked (to staff), secure location away from children, clearly marked, and known to all staff members.
- Emergency medications will accompany staff and children during outdoor play, field trips, and emergency evacuations.
- Medication expiration dates will be audited monthly by the designated Health Care Supervisor.

CACFP

This program participates in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care centers for nutritious meals and helps children develop healthy eating habits. The CACFP is administered by the NYS Heath Department. Through the CACFP you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life. As a participant in the CACFP, this program receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet USDA meal pattern requirements. This program is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. If you have any questions about the Child and Adult Care Food Program, please contact executivedirector@hope7.org.

USDA Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email:program.intake@usda.gov This institution is an equal opportunity provider. USDA Civil Rights Complaint Link:
https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-ComplaintForm-0508-0002-508-11-28-17Fax2Mail.pdf

TROY CITY SCHOOL DISTRICT

Today's Students. Tomorrow's Leaders.

Student Attendance Calendar 2026-2027

July 2026

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027

Su	Mo	Tu	We	Th	Fr	Sa
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18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

KEY:

Professional Development | Teacher Comp | District Closed/School Not In Session | Classes Not in Session | Regents Testing/Ratings Days

2026 SUMMER SCHOOL

Extended School Year (ESY)
July 6 - August 14
Mondays - Fridays

Elementary Summer School
July 6 - July 31
Mondays - Fridays

Secondary Summer School
Middle School - July 13 - August 13
High School - July 13 - August 19
No School on Fridays
Regents Exams - August 18 - 19

2026	
July 3	4th of July - Observed - District Closed
September 7	Labor Day - District Closed
September 8 - 9	PD Days - No School
September 10	Classes Begin
September 21	Yom Kippur - District Closed
October 12	Columbus Day - District Closed
November 3	PD Day - No School
November 11	Veteran's Day - District Closed
November 25	Teacher Comp - 1/2 Day Students
November 26-27	Thanksgiving Recess - District Closed
December 24-31	Holiday Recess - No School
December 25	Christmas - District Closed

2027	
January 1	New Year's Day - District Closed
January 4	Classes Resume
January 18	Martin Luther King Day - District Closed
February 15-16	President's Day Holiday - District Closed
February 17-19	Winter Recess - No School
March 12	PD Day - No School
March 26	Good Friday - District Closed
March 29 - April 2	Spring Recess - No School
May 28	Teacher Comp - No School
May 31	Memorial Day - District Closed
June 18	Regents Rating Day
June 25	Regents Rating Day/Last Day of School

BOE Approved 3-11-2026

Please detach and keep the pages before this point to ensure you retain a copy of all policies referenced in the registration forms that follow.

On the following pages, you will initial and sign the terms with your registration and contract and return it to us with a $50 per child deposit for the first month. We will enter your child's registration data and forms into our system and email you an invoice for the remainder of the first month's tuition or parent portion.

A separate registration form and contract must be completed, signed and returned for each child registering at the time of registration.

All remaining forms must be completed and returned before your child may begin attending the program.

Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

2026-27 After-School Registration and Contract

Forms in this packet must be completed separately for each child being enrolled.

Child's Name: _____ **DOB**: _____

Gender: _____ **Age Now**: ____ **Grade (Sept 2026)**: ____ **School**: _____

Home Address**:**_____

Home City: _____ **State:** _____ **Zip Code**: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 1 Phone: ____-_____-_____ **Email:** _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 Phone: ____-_____-_____ **Email**: _____

Emergency Contact Name: _____ **Relationship to Chil**d:_____

Emergency Contact Phone: ____-_____-_____ **Email:** _____

Complete the following information only if applicable. DSS cases must be approved two weeks before program start; otherwise, parents will be responsible for the full fee. Parents are responsible for full registration fee.

DSS Case Number: _____ DSS Caseworker's Name: _____

DSS Caseworker Phone: _____ Caseworker Email: _____

Initial before each paragraph and sign the statement at the bottom before returning this form and all other necessary forms for enrollment. The individual who signs this form is responsible for payment and communication about your child. *We can only take direction about your child and provide information regarding your child to this individual unless you provide us with written permission to communicate with additional individuals.*

Initials

_____ I understand payment must be received each month on or prior to the first day of the month.

_____ I understand some activities are funded by grants secured by Hope 7. Cancellation or postponement of any activity scheduled for students for any reason does not provide cause for reimbursement, nor will families be charged additional fees for activities added to the schedule.

_____ **I understand children attending Hope 7 are not allowed to use mobile phones and/or tablets during the program** and that if children are found with these devices at the program they will be confiscated and locked in the office until parent pick-up.

_____ **I assume responsibility for the timely pickup and transportation of my child at the close of each day *BEFORE* 6 pm,** and that if my child is not picked up *before* 6 pm a $10 fee will be incurred per occasion. If my child is not picked up by 6 pm three times without advance arrangements or payment of the $10 fee for any prior late pick-up, Hope 7 may disenroll them from the program with no refunds provided.

_____ I understand that, following New York State Law, Hope 7 must contact the police and CPS if my child has not been picked up by 6:30 pm or an hour after announced closing time.

_____ **I understand that Hope 7 is a nut-free zone and I agree not to send my child to Hope7 with any snacks containing tree nuts or nut oils.**

_____ I agree to notify staff at youthprograms@hope7.org by 8:30 am on any program day for which my child is scheduled if my child will be absent from the program and to provide as much advance notice as possible of any planned absences for appointments or extracurricular activities.

_____ I grant permission for my child to participate in field trips run by Hope 7 Community Center and be transported by contracted school bus to any planned field trips.

_____ I understand that it is my responsibility to provide full accident and health insurance coverage for my child.

_____ I agree that for the protection of my child and others, I will not send my child to Hope 7 when ill, and I understand I may be called to pick up my child whenever staff deems home care necessary.

_____ I understand that Hope 7 staff may not, under any circumstances, transport my child by private vehicle and will be required to call an ambulance for transport in an emergency.

_____ I understand that my child's participation in programming at Hope 7 is contingent upon my child's ability to abide by rules established and communicated by program staff. Inability of or refusal by my child to follow the directions of program staff may result in me being required to arrange early pick-up for my child. Repeated incidents of failure to follow directions of program staff may result in temporary suspension from the program and/or eventual expulsion from the program.

_____ I have read the entire Program Handbook and familiarized myself with costs, rules and expectations of the program communicated therein and agree to abide by those throughout my child's participation in the program.

My initials above and my signature below represent my understanding of the terms of this registration and my desire to hold a spot for my child in the Hope 7 After-School Care Program under the terms of this agreement.

Print Name of Individual Signing Agreement: _____

Signature: _____ Date: _____

Deliver or mail this form with a registration fee of $50 in cash or check to Hope 7 Community Center, 596 Pawling Avenue, Troy NY 12180, or email the completed form to hope7cc@hope7.org and we will forward an invoice via email with a link to pay your registration fee. The registration fee is deducted from the first of the 10 months of installment payments for the annual program cost.

☐ **Please register this child for Monday through Friday After-School Care.**

☐ **Please register this child for Friday-only After-School Care.**

Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

Pick Up Authorization Form
Must have a minimum of 3 people listed

A separate form must be completed for each child you are enrolling.

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.

Child's Name: _____

I give permission for the following people to pick up my child from Hope 7 Community Center's After-School 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. I agree to communicate to the individual picking up my child that they may be required to provide identification until such time as they become recognizable to staff.

X Parent/Guardian Signature: _____ Date: _____

Name	Relationship	Address	Phone Number
	Parent/Guardian 1		
	Parent/Guardian 2		

This program is funded in part by Rensselaer County Department for Youth and NYS Office of Child and Family Services.

Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

Waivers and Release Forms

Each waiver/release on this page must be completed and signed.
A separate form must be completed for each child you are enrolling.

Child's Name: _____

Photo Release (Check one option, sign and date)

☐ I give my permission for Hope 7 Community Center to use my child/children's picture 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's/children's pictures.

X_____ _____
Parent/Guardian Signature Date of Signature

Walks

I understand and permit my child to take fully supervised walks to nearby parks and activities while in attendance at the Hope 7 After-School Program.

X_____ _____
Parent/Guardian Signature Date of Signature

Sunscreen/Bug Spray

I authorize Hope 7 staff to apply sunscreen and bug spray as needed for scheduled activities.

X_____ _____
Parent/Guardian Signature Date of Signature

DSS Absence Payments (If Applicable)

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 the 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 four, and you will be 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.

X_____ _____
Parent/Guardian Signature Date of Signature

Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

Health Care and Emergency Medical Plan

Child's Name: _____

Children must be provided with child care within an environment that 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 with children at all times during the program who are certified in Adult and Pediatric First Aid and CPR.
- Hope 7 can only administer emergency medicine (EpiPen, inhaler, Benadryl for allergic reactions). Any child with a known allergy will need to have the Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029) on file. A log will be kept of the medicine used and you will be notified if medication has been administered.
- Each family of a child accepted for care shall be required to have medical records for the child on file and list any known allergies, illnesses, or medications, regardless of the severity.
- 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.

I have read and understand the Allergy and Anaphylaxis Policy and understand that if I am aware that my child has an allergy, I must provided all required forms before my child may attend Hope 7 programs, and that I must ensure those forms are resubmitted if there are any changes or additions to my child's care needs for allergies. I understand that a copy of the full Health Care Plan for Hope 7 is available for my review in the facilities office at all times.

_____ _____

Parent/Guardian Signature Date of Signature

Hope 7 Community Center
596 Pawling Avenue | Troy NY 12180
hope7cc@hope7.org

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: _____ Gender: _____

Date of last tetanus immunization: _____

Other Immunization Records **REQUIRED**

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 of Signature

Authorization expires 12 months from date of signature.

***** YOUR ATTENTION PLEASE *****

Anything listed on the medical record has to be elaborated upon on the individual health care plan on thefollowing page). Please list each healthcare need with symptoms, triggers, accommodations, techniques, emergency medicine to be administered, etc. Even if accommodations do not need to be made, you need to list the health care need noted under “medical record” and write “No Accommodations Needed.”

If emergency medicine is needed, you will need to provide the medicine and complete the additional documents attached after this page, *including portions that must be completed by your child’s physician* and deliver them to the center with any necessary medication before your child may attend the program.

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:	CHILD DATE OF BIRTH: / /
NAME OF THE CHILD'S HEALTH CARE PROVIDER:	☐ Physician ☐ Physician Assistant ☐ 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.

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)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM

CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name:	2. Date of Birth: / /	3. Child's Known Allergies:
4. Name of Medication *(including strength)*:	5. Amount/Dosage to be Given:	6. Route of Administration:

7A. Frequency to be administered: _____

OR

7B. Identify the symptoms that will necessitate administration of medication: *(signs and symptoms must be observable and, when possible, measurable parameters)*: _____

8A. Possible side effects: ☐ See package insert for complete list of possible side effects *(parent must supply)*

AND/OR

8B: Additional side effects:

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ☐ Contact health care provider at phone number provided below

☐ Other *(describe)*: _____

10A. Special instructions: ☐ See package insert for complete list of special instructions *(parent must supply)*

AND/OR

10B. Additional special instructions: *(Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.)* _____

11. Reason for medication *(unless confidential by law)*: _____

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?

☐ No ☐ Yes If you checked yes, complete (#33 and #35) on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?

☐ No ☐ Yes If you checked yes, complete (#34 -#35) on the back of this form.

14. Date Health Care Provider Authorized: / /	15. Date to be Discontinued or Length of Time in Days to be Given: / /
16. Licensed Authorized Prescriber's Name (please print):	17. Licensed Authorized Prescriber's Telephone Number:

18. Licensed Authorized Prescriber's Signature:

X

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? *(For example, did the licensed authorized prescriber write 12pm?)* ☐ Yes ☐ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication *(i.e.: 12 pm)*: _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to *(child's name)*:

21. Parent's Name *(please print)*:	22. Date Authorized: / /

23. Parent's Signature:
X

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:	25. Facility ID Number:	26. Program Telephone Number:

27. I have verified that (#1 - #23) and if applicable,(#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name *(please print)*:	29. Date Received from Parent: / /

30. Staff Signature:
X

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on **/ /** _____ (Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:
X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: / / _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:
X

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN

Instructions:

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: Date of Plan: / /
Date of Birth: / / Current Weight: lbs.
Asthma: ☐ Yes (higher risk for reaction) ☐ No

My child is reactive to the following allergens:

Allergen:	**Type of Exposure**: (***i.e., air/skin contact/ingestion, etc.***):	**Symptoms include but are not limited to: (*check all that apply*)**
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)
		☐ Shortness of breath, wheezing, or coughing ☐ Pale or bluish skin, faintness, weak pulse, dizziness ☐ Tight or hoarse throat, trouble breathing or swallowing ☐ Significant swelling of the tongue or lips ☐ Many hives over the body, widespread redness ☐ Vomiting, diarrhea ☐ Behavioral changes and inconsolable crying ☐ Other (specify)

If my child was LIKELY exposed to an allergen, for ANY symptoms:
☐ give epinephrine immediately

If my child was DEFINITELY exposed to an allergen, even if no symptoms are present:
☐ give epinephrine immediately

Date of Plan: / /

THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:

- **Inject epinephrine immediately and note the time when the first dose is given**.
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

MEDICATION/DOSES

- Epinephrine brand or generic:
- Epinephrine dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

STORAGE OF EPINEPHRINE AUTO-INJECTORS

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

MAT/EMAT CERTIFIED PROGRAMS ONLY

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

***Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:

STRATEGIES TO REDUCE THE RISK OF EXPOSURE TO ALLERGIC TRIGGERS

The following strategies will be taken by the child care program to minimize the risk of exposure to any allergens while the above-named child is in care (add additional sheets if needed):

Document plan here:

EMERGENCY CONTACTS – CALL 911	
Ambulance: ( ) -	
Child's Health Care Provider:	Phone #: ( ) -
Parent/Guardian:	Phone #: ( ) -
CHILD'S EMERGENCY CONTACTS	
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -
Name/Relationship:	Phone#: ( ) -

Parent/Guardian Authorization Signature:	Date: / /
Physician/HCP Authorization Signature:	Date: / /
Program Authorization Signature:	Date: / /