



# Hope 7 Community Center

596 Pawling Avenue | Troy NY 12180

hope7cc@hope7.org

## 2026 Hope 7 Summer Day Enrichment 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.*

**Please note:** There are 13 pages in this packet. Please be sure to read them all, 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.

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 from all over the Capital Region who are able to provide their own transportation to and from our location at the beginning and end of our program days. **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. Our Summer Day Enrichment Program **includes time each week for field trips, water play, arts and crafts, physical recreation, special events and community participation.** Weather permitting, each weekly session (except Session One) will include a day-long trip to a regional state park. Weeks 3 and 4 also include a day at Camp Schodack, where we are hosted for fun and games provided by their international staff and campers from all over the US and the world. Children will take lunch most days at Hope 7, but picnic on "Park/Travel Days." **Lunch and a snack are provided daily** that meet USDA Child and Adult Care Program (CACFP) nutritional guidelines.

This year, **we are excited to announce STEM Tuesdays!** Every Tuesday we'll have age-appropriate interactive activities designed to help our students find the FUN in science, technology, engineering and math.

### Ages Served for the 2026 Summer Program

Our summer 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.

### Operating Hours for the 2025-26 School Year

The 2026 Summer Program will begin on Monday, June 29 and run for eight weeks through August 21. We are closed for the Independence Day holiday on July 3. Children may arrive as early as 8 am, but should arrive by 9 am at the latest. Camp programming runs from 9 am to 4 pm. After care is included but officially ends at 5:30 pm. There will be a \$10 per day charge for extending care until 6 pm. All occasions of a child's stay extending beyond 5:30 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.

#### Summer Day Enrichment Program Contacts

Site Co-Supervisors Vallon Bailey and Arnel Wilson youthprograms@hope7.org | 518-272-8029 x1

Summer Activities Coordinator and Head Counselor Syndi Jordan sac@hope7.org

Executive Director Holly Cargill-Cramer executivedirector@hope7.org | 518-272-8028 x4

### Program Fees, Weekly Rates for 2026

Week One | June 29-July 2 \$220

Week Two | July 6-10 – \$260

Week Three | July 13-17 – \$260

Week Four | July 20-24 – \$260

Week Five | July 27-31 – \$260

Week Six | August 3-7 – \$260

Week Seven | August 10-14 – \$260

Week Eight | August 17-21 – \$260

## Financial Terms

- **There is a one-time non-refundable \$50 per family registration fee** to enroll in our Summer Day Enrichment Program. The registration fee must be paid at the time of submitting your registration. If you wish to pay your registration fee with a credit card, you may email your registration to hope7cc@hope and we will forward an invoice with a link for payment. Your registration fee must be paid in order to hold space for your child in any session.
- Families enrolling multiple children may take a **\$25 per child per session discount on each additional child** enrolled.
- **When enrolling, you must choose all sessions for which you are enrolling each child.** You will be billed in advance for all sessions for which you have enrolled. **Payment in full must be received for each session for which you are enrolled 2 weeks before the registered week** (e.g. Session One must be paid in full by June 15, Session Two must be paid in full by June 22). If payment in full is not received by two weeks prior to the start of a session, the slot will be made available to another child if other arrangements have not been approved by the executive director.
- **Families paying in full for all scheduled weeks by June 15 may take a discount of \$25 per week from the total for all weeks.** If all sessions are prepaid by June 15, a refund of eligible program fees is available if you cancel your registration no later than 4 weeks prior to the session(s) for which you are cancelling.
- **There is no day rate available.** Registration must be by full week-long session. No refunds are provided for missed days unless the program is cancelled that day by Hope 7 for unforeseen circumstances.
- **A refund of eligible program fees is available if you cancel your registration no later than 11:59 p.m. EDT on the Monday two weeks before your session.** There are no reimbursements for cancellations made within the two weeks prior to the beginning of any session due to the cost of ensuring the necessary child/adult staff ratios for the number of students enrolled.
- Activities scheduled for students are included in the weekly session 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.

## Sample Session Schedule

8 - 9 am Arrival 9 Morning Meeting 9:30 Group A Field Games/Group B Arts & Crafts 11:30 Clean-Up 12 n Lunch 12:30 pm Free Play 1 Afternoon Prep 1:30 Group A Arts & Crafts/Group B Field Games 3:30 Clean-Up 4-5:30 Free Play/Pick-Up	8 - 9 am Arrival 9 Morning Meeting 9:30 Group A STEM Fun/Group B Water Play 11:30 Clean-Up 12 n Lunch 12:30 pm Free Play 1 Afternoon Prep 1:30 Group A Water Play/STEM Fun.Water Play 3:30 Clean-Up 4-5:30 Free Play/Pick-Up	8 - 9 am Arrival 9 Morning Meeting 9:30 Group A Bowling at Uncle Sam/Group B Food Fun 11:30 Clean-Up 12 n Lunch 12:30 pm Free Play 1 Afternoon Prep 1:30 Group A Food Fun/Group B Bowling at Uncle Sam 3:30 Clean-Up 4-5:30 Free Play/Pick-Up	8 - 9 am Arrival 9 Morning Meeting 9:30 Group A Explore Dyken Pond/Group B Field Games 11:30 Clean-Up 12 n Lunch 12:30 pm Free Play 1 Afternoon Prep 1:30 Group A Field Games/Group B Explore Dyken Pond 3:30 Clean-Up 4-5:30 Free Play/Pick-Up	8 - 9 am Arrival 9 Morning Meeting 9:15 Travel to Bleiheim-Gilboa 10 Tour Power Authority Visitor Center 11:45 Travel to Minekill State Park 12:15 Picnic Lunch 1 pm Swimming 2:30 Return to Troy 3:30 Clean-Up 4-5:30 Free Play/Pick-Up
--	---	--	--	---

## 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 a form from your child's doctor.
- At least two Hope 7 staff members 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 session 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

- **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 by 5:30 pm and no later than 6 pm. Failure to pick up children by 5:30 pm will result in a \$10 late fee and habitual tardiness may result in disenrollment from the program.
- Parents/guardians understand that if pickup does not take place within 1 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 phone or electronic device to Hope 7 counselors 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. **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](mailto:executivedirector@hope7.org).
- **It is the parents'/guardians' responsibility to inform Hope 7 if a child will be absent by 8:30 am** or be responsible for payment for their unconsumed meal and snack for the day (\$5 charge per day). Prolonged absenteeism without a call may result in disenrollment.
- **Summer Day Enrichment activities are RAIN OR SHINE, HOT OR COLD!** It is the parents'/guardians' responsibility to send the appropriate clothing for a child in accordance with the activities planned for that day and the weather. Children should be in sneakers daily. Boots, coats, rainwear, hats and gloves should be sent on days they may be needed. Getting WET is part of the fun. Please ensure your child comes EVERY DAY with a bathing suit, towel and a change of clothes in the event they get uncomfortable, wet or messy. Do NOT send children to Summer Enrichment in clothing that you do not wish to get dirty or damaged.
- **Parents/guardians must ensure that the three individuals who serve as contacts 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 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 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 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 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

**Swimming:** Children in Sessions 2-7 will have opportunities to swim. The first opportunity an enrolled child has to swim, they will be given a swimming skills assessment by Hope 7 staff. Children who are assessed as having only beginner swim skills will be identified with a colored bracelet and confined to shallow areas. Hope 7 program participants will never swim in any body of water without a certified lifeguard or lifeguards present in the appropriate adult/child ratio for that area.

**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:** 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 606 Pawling Avenue, Troy, NY 12180. Once inside, 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. A shelter-in-place drill may be performed during the summer program. Parents will be notified in advance of 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 pick up 30 or more minutes late with no advance communication from the parent and the parent being unable to be reached 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**

A 2.5% administrative fee is added for 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.

## **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 Health 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](mailto: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, audiotope, 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](mailto: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>

**Please detach and keep a copy of all pages before this point to ensure your retain a copy of all policies referred to 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 family registration fee.**

**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 by June 1.**

This page is intentionally left blank.



# Hope 7 Community Center

596 Pawling Avenue | Troy NY 12180

hope7cc@hope7.org

## 2026 Summer Day Enrichment Registration and Contract

**All 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 Child: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

*Complete the following information only if applicable. DSS cases must be approved two weeks prior to 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 there is a one-time non-refundable \$50 per family registration fee to enroll in our Summer Day Enrichment Program and the fee must be paid at the time of submitting registration to hold space in the program.

\_\_\_\_\_ I understand payment must be received for each session for which we are enrolled two weeks before each registered week (e.g. Session One must be paid by June 15, Session Two must be paid by June 22).

\_\_\_\_\_ I understand if paying for all scheduled weeks by June 15 we may take a discount of \$25 per week from the total for all weeks. If all sessions are prepaid by June 15, a refund of eligible program fees is available if we cancel our registration no later than two weeks prior to the session(s) for which we are cancelling.

\_\_\_\_\_ I understand there is no day rate available. Registration must be by full week-long session. No refunds are provided for missed days unless the program is cancelled that day by Hope 7 for unforeseen circumstances.

\_\_\_\_\_ I understand a refund of eligible program fees is available if we cancel our registration no later than 11:59 p.m. EDT on the Monday two weeks before our session and there are no reimbursements for cancellations made within the two weeks before the beginning of any session due to the cost of ensuring the necessary child/adult staff ratios for the number of students enrolled.

\_\_\_\_\_ 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 canceling a child's registration will negate the child's contract with the program.
- \_\_\_\_\_ I understand I am responsible for and will arrange for my child's/childrens' transportation to Hope 7 between 8 and 9 am.
- \_\_\_\_\_ I understand children are in program between 9 am and 4 pm, and that I should not anticipate my child being available for pick-up before 4 pm unless I have made arrangements for a special pick-up time at least 24 hours in advance.
- \_\_\_\_\_ I understand my child cannot be picked up from an off-site activity during the program day unless I have made arrangements with the program staff in advance, providing the name of the individual picking up my child and that individual presenting identification and written permission for pick-up.
- \_\_\_\_\_ I assume responsibility for the timely pickup and transportation of my child at the close of each day, and that if my child is picked up between 5:30 and 6 pm, a \$10 fee will be incurred per occasion. If my child is not picked up by 5:30 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 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.

**I am enrolling my child in the Hope 7's Summer Day Enrichment Program for the sessions indicated below by check mark for the price indicated per session. I understand that this registration form needs to be returned by May 29 at the latest (if space remains available) with a \$50 non-refundable fee.**

- |  |  |
|--|--|
| <input type="checkbox"/> Week One   June 29-July 2 \$220 | <input type="checkbox"/> Week Five   July 27-31 – \$260    |
| <input type="checkbox"/> Week Two   July 6-10 – \$260    | <input type="checkbox"/> Week Six   August 3-7 – \$260     |
| <input type="checkbox"/> Week Three   July 13-17 – \$26  | <input type="checkbox"/> Week Seven   August 14-18 – \$260 |
| <input type="checkbox"/> Week Four   July 20-24 – \$260  | <input type="checkbox"/> Week Eight   August 21-25 – \$260 |

**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 Summer Day Enrichment Program for the sessions indicated 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](mailto:hope7cc@hope7.org) and we will forward an invoice via email with a link to pay your registration fee.

This page is intentionally left blank



### 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 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. 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 page is intentionally left blank.



## 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

### Nature Walks and Swimming

I understand and permit my child to swim and take nature walks daily while in attendance at the Hope 7 Summer Day Enrichment 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 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



## 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

### Nature Walks and Swimming

I understand and permit my child to swim and take nature walks daily while in attendance at the Hope 7 Summer Day Enrichment 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 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

This page is intentionally left blank.



Hope 7 Community Center  
695 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. Please 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.

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

\_\_\_\_\_  
Date of Signature

This page is intentionally left blank.



## 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**

<b>IMMUNIZATION HISTORY:</b> This is a record of dates of basic immunization and most recent booster doses.					
DPT/DTaP	Date:	Date:	Date:	Date:	Date:
Polio (IPV or OPV)	Date:	Date:	Date:	Date:	
Haemophilus influenzae type B (Hib)	Date:	Date:	Date:	Date:	
Pneumococcal Conjugate (PCV)	Date:	Date:	Date:	Date:	
Hepatitis B	Date:	Date:	Date:		
Measles, Mumps, and Rubella (MMR)	Date:	Date:			
Varicella (also known as chicken pox)	Date:	Date:			

### 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.\*

This page is intentionally left blank.

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

Anything listed on the medical record has to be elaborated upon on the individual health care plan on the following 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 another form will need to be filled out.

This page is intentionally left blank.

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] / [REDACTED] / [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]