



BEYOND THE BELL

JCC Rockland's School Age Care Program

2022-2023
WELCOME
PACKET



JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
jccrockland.org



Welcome

to JCC Rockland Beyond the Bell School Age Care Program!

We are excited to welcome back returning families and we look forward to meeting many new families. In this packet you will have all the information you need in order to register your family for the 2022-2023 Beyond the Bell school year. Please carefully review each item in this packet and submit all necessary paper work. This packet also includes the 2022-2023 Beyond the Bell Parent Handbook which highlights the program policies and procedures and answers some of the most frequently asked questions.

Feel free to contact our Beyond the Bell office with further questions at 845-362-4400 x633 or email Stephanie Schleider at stephaniesc@jccrockland.org.



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
REGISTRATION
2022-2023 School Year

Parent Initials_____

& Date_____

- Application / Registration Form
- Homework Agreement Form
- Parent Handbook (includes Handbook Acknowledgment form to be signed by guardian)
- Allergy Action Plan
- Asthma Action Plan
- Medication Consent Form
- Non-Medication Consent Form
- Individual Health Care Plan for Child with Special Care Needs
- Medical Waiver

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IMPORTANT REMINDERS NEEDED IN ORDER TO PROCESS REGISTRATION:



- Initial the top of all pages
- Emergency contacts must be 2 people other than parents
- Sign Parent Handbook Form
- Sign Homework Agreement Form
- If an allergy or medical condition is noted, an Allergy Action Plan or Asthma Action Plan form is required along with a Medication Consent Form, one for each medication to be administered. If no medications are to be administered, a Medical Waiver Form will be necessary.



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
REGISTRATION
2022-2023 School Year

Parent Initials _____
& Date _____

(Please print clearly, applications that can not be read will not be processed)

Participant's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age as of Sept. 2022: _____ Gender: Male Female

2022-2023 Start Date ____/____/____

Program Site: Link, New City, Valley Cottage, JCC Rockland (serving schools throughout Rockland County)

School Attending: _____ Grade 9/2022: _____ Teacher Name: _____
(if not known yet leave blank)

Home Address _____

City _____ State _____ Zip _____ Home/Phone _____

Family e-mail _____

CLARKSTOWN AND NYACK SCHOOLS (Link, New City and Valley Cottage)
JCC ROCKLAND* serving schools throughout Rockland County

MONTHLY FEES: (Please circle to select your child's rate plan)

	EFT	DEBIT/CREDIT
5 days a week	\$422.00	\$434.66
4 days a week	\$382.00	\$393.46
3 days a week	\$329.00	\$338.87
2 days a week	\$276.00	\$284.28
1 day a week	\$202.00	\$208.06

* Price does not include
transportation, unless
provided by school
system

.....
DAYS ATTENDING: (Please circle all that apply) Monday Tuesday Wednesday Thursday Friday

FEE STATEMENT:

The billing for JCC Rockland's Beyond the Bell program is divided into 10 equal payments throughout the school year. These fees take into account the exact number of days the program will be in session according to the school's calendar. **We do not pro-rate, refund or exchange for days missed for any reason.** The fee is determined by the number of days a week the participant is enrolled. Scholarship assistance is available. Visit the website to download a financial aid packet. As per fee schedule above, there is an additional 3% added to fees using a credit or debit card.

FEES DUE AT REGISTRATION:

Once this completed packet is received you will be charged \$95 per family (non refundable). Register prior to May 15th and the \$95 registration fee will be waived. On August 1 you will be charged the last month (June 2023) deposit. On the 1st of each month starting in September you will be billed for that month's tuition and your membership fee (\$20). If you are signing up once the school year has started you will be charged your first month's payment at time of registration in addition to the other fees stated above. Registration forms MUST be completely filled out and returned to JCC Rockland directly with payment information a minimum of two business days prior to your child's anticipated start date.



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
REGISTRATION
2022-2023 School Year

Parent Initials_____
& Date_____

FEES DUE AT REGISTRATION:

Packet must be complete in order to process

At time of registration: (before August 1)

\$95 Annual Registration Fee

Deposit of one month's tuition (charged on August 1st gets applied to your last month in the program)

At time of registration (after August 1)

\$95 Registration Fee

Deposit of one month's tuition (gets applied to last month of program)

Your Current Month Tuition

\$20 Monthly Membership Fee

Monthly Payments

On the First of each month you will be charged one month's tuition

As well as \$20 monthly membership fee

Registration forms **MUST** be completely filled out and returned to JCC Rockland directly with payment information a minimum of two business days prior to your child's anticipated start date.



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2022-2023 School Year

Parent Initials _____
& Date _____

PAYMENT INFORMATION

All participant's **MUST** be set up for electronic payments. You can use a Credit Card, Checking, or Savings Account. All payments will be processed on the first of each month.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Credit Card: Visa MasterCard American Express Discover

Card Number _____ exp ____/____/____ Code _____

Name on Card/ Account _____

EFT - Checking/ Savings Account: Routing # _____

Account # _____

I _____ authorize the use of my credit card/checking/ savings account for monthly payments of my childcare according to this contract.

Signature

Date

Please note: If a payment is declined or returned for insufficient funds a \$35 processing fee may be added to your account and the full amount due **MUST** be cleared within one week of notification to avoid interruption of services.

PARENT/ GUARDIAN INFORMATION:

Parent 1 Name _____ Date of Birth ____/____/____

Cell Phone _____ Work Phone _____

Employer Name _____

E-mail _____

Address (if different from child's (include city, state & zip) _____

Parent 2 Name _____ Date of Birth ____/____/____

Cell Phone _____ Work Phone _____

Employer Name _____

E-mail _____

Address (if different from child's (include city, state & zip) _____



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2022-2023 School Year

Parent Initials _____
& Date _____

EMERGENCY TREATMENT RELEASE

I, _____ give permission for my child _____ to have emergency medical treatment or other treatment deemed necessary at Good Samaritan, Nyack or another local hospital.

TRANSPORTATION RELEASE

I, _____ give permission for my child _____ to be transported by JCC Rockland's Beyond the Bell Program in case of an emergency to a safe location.

EMERGENCY CONTACTS: you must provide at least two contacts other than parents/guardians already listed. We will always try to contact you first.

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

MEDICAL INFORMATION: please be as specific as possible when answering the following questions.

Allergies: _____

Medications: _____

DOES YOUR CHILD HAVE AN IEP? (Independent education plan) Yes No

(if yes please provide a copy with this application so we can best serve your child.)

DOCTOR Name _____ Phone _____

DENTIST Name _____ Phone _____

AUTHORIZED PICK-UPS: These are the people other than the parent/guardian and emergency contacts that we will be able to release the child to with notification from parent/guardian. Please make sure to remind each of these people to bring ID with them for pick up.

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Please feel free to add names in space above or attach an additional page if adding additional Authorized Pick-ups. You may add people to this list at anytime. To do so please send an e-mail, phone call, text or written notice to the program supervisor or Children & Family Services Department.



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2022-2023 School Year

Parent Initials _____
& Date _____

EARLY RELEASE & VACATION DAYS AT THE J (School Break Program) AT JCC ROCKLAND | PARTICIPATION RELEASE

(Must be completed for every BTB participant)

In addition to *(child's full name)* _____ enrollment in the Beyond the Bell Program. I
(parent/guardian name) _____ authorize JCC Rockland to use this registration
packet as registration and permission for my child to participate in early release and Vacation Day at the
J programs at JCC Rockland located at 450 West Nyack Rd.

I further agree to have my child *(first and last name)* _____ transported to JCC Rockland
or their designated early release day from their home site.

I understand and agree to the following statements: *(Please initial each line and sign the bottom of the page)*

_____ I will still submit a signed permission slip each day I wish for my child to participate in an
early release program.

_____ I will still complete and return a registration/add form for each Vacation Day at the J program.



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2022-2023 School Year

Parent Initials _____

& Date _____

POLICY INFORMATION:

- The registration and membership fees are non-refundable.
- There are no credits, exchanges or pro-rations made for missed days for any reason.
- I hereby give permission for my child to be photographed and for the photos to be used in educational and/or promotional materials that include but are not limited to the Internet, produced by JCC Rockland. I understand that my child's name nor any other identifying information will appear with the photograph. Further I understand that there will be no compensation for the use of these photos.
- I understand that any changes to this contract may result in a \$35 change fee per change made, in addition to any tuition increase based on the change made. All changes must be in writing.
- I understand that there is a \$100 cancellation fee for each child for terminating this contract prior to the end of the school year.
- I understand that I must come in to the site and sign my child out daily from the program.
- Participants are asked not to bring electronics.
- I understand that there is a \$35 late fee for every 15 minutes or portion thereof that I am late for pick up (after 6:00pm). I further understand that these fees will be charged to me the next business day by the payment method I have on file. In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of JCC Rockland and that I will not be entitled to any refund of fees paid.
- I understand that this form **MUST** be filled out by hand with dates and initials on each page. Any forms illegible or incomplete will be returned and not processed.
- I understand that if my child is exposed to Covid and they are not vaccinated, they will have to quarantine for 5 days. If they are vaccinated, they will not have to quarantine. No refund or credit will be given.

*This policy will be updated by the Rockland County Board of Health

I have read, understand and agree to the above terms and conditions

Print name: _____ Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Stephanie Schleider

JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
845.362.4400 x633
845.362.5107- fax
stephaniesc@jccrockland.org

**Forms can be mailed, e-mailed,
faxed or dropped off.**

**FOR OFFICE
USE ONLY**

Completed application received on: ____/____/____

By: _____

Daxko entry date: ____/____/____

By: _____



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
HOMEWORK AGREEMENT
2022-2023 School Year

Please complete this with your child and return directly to your Site Leader. Please complete one form per child.

OUR HOMEWORK POLICY:

We ask each family to inform their Site Leader of their preference as it relates to homework. You will be able to fill out a homework form stating if you would like your child to start, complete, or not do their homework at the program during their first week of attendance. You can update this information at any time during the school year. Staff will be provided in each room during homework time to provide as much assistance as possible to each child. Our staff are trained to help make sure children clearly understand the directions and to redirect and focus them as needed, however they are not able to work one on one and provide tutoring service. Our staff will talk with parents or attach notes to homework if a child is having a difficult time or something should be brought to the parent or teacher's attention. Staff will remain in the homework room for a maximum of one hour or until the last student is done (whichever comes first). Children are able to continue completing their homework assignments independently, without staff assistance, after the hour of designated time is over with staff supervision in the program space.

I _____ would like my child _____ to do the following as it pertains to homework during the after school program.

- ☐ Save it for home
- ☐ Do as much as they would like
- ☐ Start it and complete a minimum of _____ minutes worth
- ☐ Complete all of their homework before participating in activities
- ☐ Other, please specify _____

Please circle one: Everyday Certain Days

If certain days please specify: _____

We will check students homework for completion and will do a once over for accuracy. We do ask that you still review your child's homework with them as our staff may have overlooked something and so you can see what they are working on in school. Any homework assignment that would need one on one assistance such as reading to an adult will not be able to be completed during the after school program. We will work with your child to try and fulfill your request as it pertains to homework and ask that you review with them what is outlined in this agreement. Our staff will not force or argue with a child over homework but they will use this agreement to inform them of your wishes and ask them to help fulfill them. If a child refuses to do their homework as stated above we will notify you at pick up.

Parent Signature: _____ Date: _____

Child Signature: _____ Date: _____

Beyond the Bell - Emergency Form - 2022-2023

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
CHILD'S FULL NAME:			DATE OF BIRTH: / /		GENDER:
PREFERRED NAME/NICKNAME:					
CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			<input type="checkbox"/> ok to text		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	
OTHER PHONE NUMBER / EMAIL					
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None			
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Allergies (Please list) _____			
<input type="checkbox"/> Other _____			
Please provide information here AND discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/			
AGREEMENTS			
I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /



BEYOND THE BELL

JCC Rockland's School Age Care Program

2022-2023
MEDICAL
FORMS



JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
jccrockland.org



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
MEDICAL WAIVER
2022-2023 School Year

My child _____ is known to have the following
medical condition/allergy: _____

I do not wish to have JCC Rockland's after school program/staff to administer any action plan, medication or service due to this listed condition. I continue to give permission for my child to have emergency medical treatment or other treatment deemed necessary at Good Samaritan, Nyack or another local hospital as stated within the Emergency Treatment Release on my child's registration form. If I choose to change our approach of handling this matter, I will update and/or complete an action plan and/or fill out medication forms with my child's Site Leader.

Parent Signature _____

Parent Name _____

Date _____



JCC Rockland

450 West Nyack Road | West Nyack, NY 10994 | jccrockland.org

..... **OFFICIAL USE ONLY**

Site Leader Signature _____

Receipt Date _____

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 (<i>including strength</i>):	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: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below <input type="checkbox"/> Other (<i>describe</i>): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>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.</i>) _____		
11. Reason for medication (<i>unless confidential by law</i>): _____		
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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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
NON-MEDICATION CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT 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. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____		
OR		
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____		
8A. Possible side effects: <input type="checkbox"/> See product label 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:		
<input type="checkbox"/> Contact parent _____		
Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
AND/OR		
10B. Additional special instructions: _____		
11. Reason(s) for use (unless confidential by law): _____		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature:		
X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		
19. Staff's name (please print):	20. Date received from parent:	
21. Staff's signature:		
X		

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:	<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.

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

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

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

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider's name (please print):		Date:
Child care provider's signature: X		

Signature of Parent:

X	Date:
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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)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
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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):

[illegible]

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:	/	/



BEYOND THE BELL

JCC Rockland's School Age Care Program

2022-2023

**PARENT
HANDBOOK**



JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
jccrockland.org

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PURPOSE & PHILOSOPHY OF PROGRAM

ABOUT THE PROGRAM:

JCC Rockland's Beyond the Bell school age care program provides quality after-school childcare for children in grades K–5 (5–11 years old) at several sites in Rockland County. We offer homework assistance, snacks and supervised activities geared for your child's age group, developmental needs and personal interests.

PHILOSOPHY OF BEYOND THE BELL:

Beyond the Bell is committed to enhancing the overall well-being of children who attend our school age care program. Our program is designed to both enrich and complement your child's school experience. To that end, we strive to provide:

A safe, healthy, stable environment.

A capable, sensitive, caring and energetic staff who understand the needs of children in an after-school environment and who take part in ongoing staff development. Well-organized, age-appropriate activities and games for recreation and skill acquisition.

STAFF

We strive to provide the best staff for all of our programs. All Beyond the Bell staff go through an interview process and references are checked. All staff also go through a background check and fingerprint clearance process from the State of New York.

We have several levels of coverage at each site.

Site Leader – the point person who oversees the day to day operations at their site.

Assistant Site Leader – helps support the Site Leader and is in charge in the Site Leader's absence.

Head Counselor – A staff member who is 18 or older and has a minimum of two years' experience working with school age youth. They must also demonstrate a high level of leadership skills.

General Counselor – Staff members who are 16 years or older and serve as general staff in the program helping and assisting with all aspects of the program.

We hold trainings throughout the school year on topics such as; child development, program development, working with children with special needs and many more. All of our staff are mandated by New York State to complete a minimum of 16 training hours a year. Many of our staff exceed this. All staff members 18 and older and many of our 16 and 17 year old staff are CPR and First Aid certified. We also have staff at each site that hold MAT certification allowing us to administer medications as prescribed by your physician during our program hours. See your Site Leader for forms and details about medication administration.

CURRICULUM & SAMPLE SCHEDULE

The Beyond the Bell program offers a variety of activity choices including arts and crafts, organized group games, outdoor play, table games, homework assistance, and special events. Daily nutritional snacks will be provided. Each site has its own daily schedule of activities to meet the needs of their participants and parents.

SAMPLE DAILY SCHEDULE

While each site has its own specific schedule, the following schedule gives you an idea of a typical day at JCC Rockland's Beyond the Bell School Age Care Program.

- **2:15–3:15pm** Children arrive or are picked up for the program. Attendance is taken and all children scheduled for that day are accounted for.
- **2:15pm** a small snack is available for children to enjoy (for early schools)
- **3–4pm** Open/Free play: several stations are set-up for children to choose from and have some time to unwind from their day at school.
- **4–4:30pm** Snack time for the entire site
- **4:30–5pm** Homework Time and/or Gym or Outside play
Homework space is provided for children to be able to work on their homework assignments.
- **5–6pm** Gym or Outside Play and Specialty Stations/Activities
- **6:00pm** Program Ends
- Parents may pick up at any time during the program.

HOMEWORK POLICY

We ask each family to inform their Site Leader of their preference as it relates to homework. You will be able to fill out a homework form stating if you would like your child to start, complete, or not do their homework at the program during their first week of attendance. You can update this information at any time during the school year. Staff will be provided in each room during homework time to provide as much assistance as possible to each child. Our staff are trained to help make sure children clearly understand the directions and to redirect and focus them as needed, however they are not able to work one on one and provide tutoring service. Our staff will talk with parents or attach notes to homework if a child is having a difficult time or something should be brought to the parent or teacher's attention. Staff will remain in the homework room for a maximum of one hour or until the last student is done (whichever comes first). Children are able to continue completing their homework assignments independently, without staff assistance, after the hour of designated time is over with staff supervision in the program space

ABSENCES & DISMISSAL

ABSENCES

If your child will be absent from Beyond the Bell on a day they are scheduled to attend, please do at least one of the following:

- Send a note a minimum of one day prior to inform the Site Leader and School staff Speak directly with the Site Leader the day before

- Call or text the Site Leader's cell phone the day of the absence

- E-mail the Site Leader the day of the absence

It is critical that you notify the BTB program and your child's school in the event of an absence so your child will be accounted for and not considered missing. If your child is absent due to illness, please let us know when you call to inform us of the absence.

DISMISSAL FROM SCHOOL

Upon regular school dismissal, all Beyond the Bell participants will be directed to the assigned area to meet the BTB staff. Once they are present in the BTB program space daily attendance will take place and all children registered for that day will be accounted for within the first ten minutes of the program. If a child who is scheduled to attend has not arrived at the program, the following steps will take place:

- The Site Leader checks their voicemail and text log for any missed messages.

- The absentee list at the school is checked.

- The classroom teacher is contacted.

- A phone call is placed to the child's parent – all numbers will be used in an attempt to reach the parent.

- The school principal is notified.

- The JCC Rockland COO is informed.

- If the child is still unaccounted for at this point the local police are contacted.

- Once the child is located, all those who have been contacted will be made aware.

DISMISSAL FROM BEYOND THE BELL / DAILY SIGN OUT

All children MUST be signed out daily. The staff will check children out to authorized persons ONLY. We ask everyone who arrives at the program to provide identification when picking up a child. Those individuals who are on the pick-up authorization list or emergency contact list may pick up that child any day unless otherwise stated. The adult who is picking up the child must sign out with the date and time of pick up each day. If there is a change in your pick up schedule or there is an alternate pick up person, please make sure to send a note in the day before or speak with the Site Leader directly. A voicemail message will not be accepted as we want to be able to provide you with confirmation that your change has been received.

LATE ARRIVALS

If your child participates in any after school activities and will be arriving at BTB late, please let the Site Leader and their classroom teacher know the following:

- Activity they are attending
- Where the activity is taking place in the building
- Schedule of attendance at this activity
- Time to expect them at BTB

DISCIPLINE POLICY

All participants are expected to conduct themselves appropriately and follow school rules while attending Beyond the Bell. We believe that discipline:

- Is based on logical consequences
- Places the responsibility on the behavior
- Keeps options open
- Is an active teaching process that emphasizes teaching a person to act in a way that will result in more successful behaviors.
- Is a learning opportunity

The following actions will be taken when a child exhibits inappropriate behaviors or is found in possession of anything that can be deemed harmful to themselves or others during the BTB program:

Step 1 – Verbal Reminder – Staff will use verbal cues to redirect, correct and remind the child about appropriate behaviors.

Step 2 – Time In – When a child uses inappropriate behavior, the child will receive Time In. This is where the child and a staff member will sit and discuss the behavior and options as well as actions that can be put in place for the child to better handle a similar situation going forward.

Step 3 – Time Out – This is when the prior two steps have been met with resistance or complete disregard. The child is given a short period of time (no more than one minute per age of child, not to exceed ten minutes) to relax and reflect on the situation. During this time, the child will be separated from others in the program but in the view of staff. The child may be asked to use this time to write or color about the situation.

Step 4 – Parent Alert – Parents will always be notified at pick up of any behavior issues that came up that day (this will take place during your regular pick-up conversation with staff) or a call will be placed prior if the situation justifies such action be taken. You will receive an email or phone call if a parent/staff conference is necessary. During this conversation or exchange a date and time will be arranged for a private conference to take place and further discuss the behaviors and plan of corrective action.

SUSPENSION/EXPULSION

If the behavior of a child causes bodily harm with visual signs of abuse, the act is done with malice or there is continued behavioral issues, the Site Leader in conference with the COO may place a child on suspension for one to five days. If upon the child's return to the program the behaviors that caused the suspension or other issues arise the child may be expelled from the program at the discretion of the COO.

This policy will be followed by all Site Leaders and their staff. Special considerations will be handled on a case by case basis at the discretion of the COO.

A set of Site Rules will be constructed at the start of every school year with participation and suggestion from all staff and children in attendance. They will be positive in nature and will then be posted at the sign out area as well as in other locations throughout the program space.

PARENT INVOLVEMENT

We gain so much from our participant's parents. Your insight into what may be at the root of your child's behavior. Your ideas and possible strategies that will help us guide your child's behaviors or work with their special needs.

In the event of behavioral issues we like to work collaboratively with parents to find the best solutions. Working with parents help us to make changes that will not only benefit their child but all children in the program. It is also our policy to handle all behavioral situations that occur between two or more program participants in a discreet and personal way. We ask for your assistance in implementing this policy: Parents may only discuss the situation with and reprimand their own child. You may request a conference with all parties involved where the Site Leader and/or Chief Operating Officer will mediate.

HEALTH & SAFETY

HAND WASHING

Children and staff must wash their hands with soap and warm running water as needed. Staff and children will wash their hands whenever hands are contaminated with bodily fluids and always wash:

- Upon arrival to the program
- After using the bathroom
- Before and after caring for a sick child
- Before any food service
- Before setting the table
- Before and after eating
- After handling any animals
- After playing outdoors

HOUSEKEEPING

The program will keep the premises (including furniture, fixtures, toys and equipment) clean, safe, disinfected and free of debris and potential hazards. Materials dangerous (toxic) to children will be kept secure in a way that is inaccessible to children, away from food storage and preparation areas. Staff will protect children from potential hazards, such as caustic or toxic art materials, cleaning agents, medications, hot liquids and exposure to extreme heat or cold.

All garbage and refuse containers will be durable and will be constructed of materials that do not absorb liquids. All bathrooms will have toilet paper, soap and disposable towels kept at the reach of all children in the program. Signs showing proper hand washing will be posted.

SICK CHILDREN

The staff will conduct daily health checks (consisting of a brief visual observation) of each child that enters the program. At that time, a decision is made whether the child's condition suggests illness that will warrant further observation or for the child to be sent home.

Any children that show signs of illness will be isolated from other children. Parent(s) will be notified and asked to pick up the child from the program. While waiting for pick up the child will be kept as comfortable as possible with a quiet place to rest under the supervision of staff.

Children and Staff exhibiting the following symptoms should be kept home:

- Fever of 100 or higher
- Thick, runny, discolored discharge from the nose
- Discharge from the eyes
- Sneezing and/or profuse coughing
- Head lice
- Diarrhea
- Any COVID related symptoms based on current CDC guidelines

JCC Rockland Beyond the Bell will send a child home when:

- The child exhibits one or more of the symptoms listed above
- The child has a fever of 100 or higher and shows signs of illness
- The staff observe signs of a contagious disease or a severe illness
- If a child is sent to the program with these symptoms, parent will be contacted and asked to pick up the child from the program. If we are unable to contact the parent, we will contact those who appear on the Emergency Contact and Authorized Pick up lists.

Under the leadership of the Site Leader, the entire staff serve as good health role models and give daily instruction in good hygiene and the following good health habits:

- Washing hands after going to the bathroom and before handling food
- Covering mouth and nose when sneezing or coughing
- Developing good eating habits
- Dressing appropriately for the weather

MEDICATION

Beyond the Bell staff may administer medication. These medications need to be in their original container. The medication must state the child's name, type of medication, date filled and dosage instructions. The original insert (directions) from the medication, a picture of the child, a written medical/prescription from is required to dispense these medications. A completed Action Plan form must be submitted and a guardian has to complete a face to face training of the staff that will be supervising the child in need of medication. The action plan paperwork is available at each site. Please see your Site Leader or contact the Beyond the Bell office for the medication paperwork. This includes inhalers, epi-pens and OTC drugs as well as any other medication prescribed by your physician.

MEDICAL EMERGENCIES

The Site Leader & Staff will treat any minor injuries that occur with basic first aid. All injuries are logged in an incident book at the site. In the case of a serious injury an incident report will be filled out and a copy will be provided to the adult picking up the child from the program that day. In the event of a medical emergency, 911 will be called. Parent and/or those listed on your Emergency Contact & Authorized Pick-up lists will be informed. Upon the advice of medical professionals, staff will accompany your child to the hospital if necessary.

ALLERGIES AND COMMUNICABLE DISEASES

Prior to acceptance, the health information on the third page of registration must be completed and on file in our office. This information includes doctors & dentists names & contact numbers as well as medication and allergy information. If your child has any allergies, please remember to indicate this on the health information form. You will be notified if any of our participants or staff have been exposed to a contagious disease. We urge you to contact us immediately if your child has been similarly exposed or contracts an illness that could be contagious.

FOOD & NUT POLICY

Beyond the Bell is a nut aware program. We avoid items that contain nuts, may contain nut products and try to avoid products produced in a factory that uses nuts. We continue to monitor the needs of our participants throughout the school year and will adjust this policy as needed. If the school where BTB is being held is or becomes a nut free space we will follow and become nut free as well. We do ask that NO outside food is brought in to the program unless it is approved by your child's Site Leader.

HEALTH AND SAFETY POLICY STATEMENT

It is the responsibility of our staff to protect the health and well-being of the children in attendance at our program and to maintain a safe environment.

OUTDOOR WEATHER SAFETY

All children are expected to go outside daily (weather permitting). Outside play gives children an opportunity to breathe fresh air, exercise and freedom of movement after being indoors for their school day. All children should be dressed for the day's weather and need closed toe shoes in order to participate in outdoor and gym activities.

The BTB staff will monitor the local weather and determine if it is safe for the children to participate in outdoor play that day.

Outdoor play will not take place if:

- It is raining
- It is snowing
- Frigid temperatures
- Excessive heat

ADMISSIONS & SCHEDULE CHANGES

SCHEDULE CHANGES

Schedule changes can take place at any time. All changes in your child's attendance must be made on a Schedule Change Form that you can get directly from your Site Leader or the BTB office. The forms can be turned in at your site or directly to JCC Rockland. All forms will be processed within two business days. Confirmation that your Schedule Change Form has been received will come from JCC Rockland directly. We do not offer make up days, exchanges or credits for days missed for any reason. Change in days may be made at any time, provided that the original contracted amount is not reduced and space is available. If space is available you will be contacted by the JCC or your Site Leader to confirm the change. Reduction in your child's contracted days will go in to effect the following month the Schedule Change Form is submitted. There is a \$35 processing fee per change per child.

INFORMING THE SCHOOL

All children that participate in the Beyond the Bell program need to submit a note to their classroom teacher informing them of the days the child will attend BTB for the school year. An updated note should be sent any time there is a change in attendance or on special early dismissal days. JCC Rockland sends an updated list to the school's office once a month.

EXTRA DAY POLICY

We understand that occasionally families are in need of an extra day of child care. We are happy to help when space is available. If you need to add an extra day for a particular week, you must contact your Site Leader directly to confirm space and fill out the appropriate form. We ask that all requests for adding an extra day be made a minimum of 24 hours in advance. There is a \$35 extra day fee that will be charged to your account within three business days of the form being received.

LATE PICK-UP POLICY

The BTB program ends at 6pm Monday thru Friday. We ask that parents arrive on time. If for any reason you will be running late, please call the Site Leader on their cell phone and inform them of the situation and your estimated time of arrival. You may at this time inform the Site Leader that you have made arrangements for an adult from your Authorized Pick-up list to be on their way. This will help the staff to reassure your child that you are safe and on your way or who will be picking them up. Please note there is a fee of \$35 per child for every fifteen minutes or part thereof after 6:00pm. These fees will be charged the next business day to your account. If a child is picked up late on a continuous basis their enrollment may be terminated without any refund for fees already paid.

RIGHT TO REFUSE SERVICE POLICY

JCC Rockland's Beyond the Bell School Age Care Program reserves the right to refuse services for the following reasons:

- Failure of parent or child to adhere to all BTB rules, policies and procedure guidelines
- Parent or child are physically or verbally abusive to staff or other program participants
- Failure to pay tuition on time as scheduled
- Failure to provide full, current and updated information, records and forms as requested
- Failure to arrive for pick up on time (by 6:00pm daily)
- Child continues to exhibit inappropriate behavior and all other options to correct the behavior have been exhausted
- When the Site Leader, Director of the program or Chief Operating Officer of JCC Rockland, at their discretion, believe that continued service is not in the best interest of the child or for the program as a whole

NO REFUNDS OR CREDITS WILL BE ISSUED

SNOW DAYS & EMERGENCY CLOSURES

BTB will be closed when school is canceled in the morning or dismisses early due to weather or any other emergency takes place, this includes if the school remains open all day but cancels ALL after school activities. If the weather is harsh and schools do not close early the BTB program will be open at the **discretion of the Director of the program**. If the program is going to close, you will be notified with a phone call and e-mail as early as possible. If there is a question about the status of the BTB program please feel free to call the office at 845.362.4400 ext.101, we also post updates online at www.jccrockland.org and on our Facebook page. Please check these sites for updated information during bad weather. If the BTB program remains open during harsh weather we ask that you pick up as early as possible to ensure a safe ride home for you and our staff. Based on JCC operations, we may offer care for snow day and emergency coverage at an additional fee.

PERSONAL ITEMS

We ask that all toys, electronics, trading cards and all other personal items be left at home. BTB has a wide variety of toys and activities to keep the children busy. We are not responsible for any item brought in that becomes lost, stolen or damaged. All clothing, outerwear and shoes should be labeled. We do our best to help the children keep track of their personal items.

DONATIONS

BTB does accept new or slightly used toys, games, books and crafts items that your family is no longer using. Check with your Site Leader about what they need, would like and can accept.

COMMUNICATION

Parent communication is one of the most important aspects of Beyond the Bell. Staff communicate with parent(s) each day to let them know how their child is doing. You can expect the following regular communication from our staff:

- Daily check-ins at pick up
- Verbal communication is the most common type, but written communication is also sometimes necessary
- Periodic surveys
- Remind text alerts
- Emails
- Flyers

We encourage parents to inform us of any changes happening in their life, including; moving, hospitalization of a family member, alterations in a parent's relationship, etc. These situations may influence the way your child relates with others. Staff can better provide for a child's needs when they are made aware of the situation.

PARENT INVOLVEMENT

Any difficulties a child may have at school will effect their behavior at BTB as well. Parents are asked to inform us of any such problems so that we can be sensitive to their child's needs. The staff work as a team with the school and family. This enables us to provide the best environment for the child's growth and development.

JCC Rockland will keep you informed with flyers and emails about upcoming programs, activities and events for your entire family.

SPECIAL NEEDS POLICY

JCC Rockland's Beyond the Bell School Age Care Program will work with families to devise a plan that will enable us to meet the individual needs of each child. We are required by the Americans with Disabilities Act (ADA) to make reasonable accommodations to provide fully inclusive school-age care for any child with special needs. Reasonable accommodations include adapting space and activities so that all children can participate fully. When the participation of a child requires a level of staff or resources that go above and beyond the reasonable accommodations, we will invite the family to take part in a conversation to help us identify additional sources of support before determining that we cannot accept or continue the enrollment of the child.

CULTURAL DIVERSITY STATEMENT

JCC Rockland's Beyond the Bell School Age Care Program will strive to hire staff that can relate to the child in his/her home language and culture in order to maximize the congruence between home and the BTB program site. JCC Rockland will prepare written information, such as handbooks in the child's home language whenever possible or necessary.

REPORTING ABUSE, MALTREATMENT AND/OR NEGLECT POLICY AND PROCEDURES

JCC Rockland School Age Care programs serve as mandated reporters. Any staff member that notices signs of abuse, maltreatment or neglect will contact the Mandated Reporter hotline at 1.800.635.1522. The staff person that notices the situation to be reported will be the one to make the call. If it is a counselor in the program they will make this call with the support and assistance of the Site Leader. The SAC Director will be notified of all calls and reports that are filled immediately.

No staff member can be left alone with a child or group of children at any time. Only staff 18 years of age or older may be head of group. All staff members must have completed SCR forms and clearance letter as well as a fingerprint clearance on file. Staff will NOT question children about suspected abuse, maltreatment or neglect.

Once the report is filed the Child Protective Services case worker will inform us of steps and actions that must be taken. We will follow the directions given fully. Our staff will not take any actions unless instructed to by the CPS worker.

The public hotline to report abuse, maltreatment or neglect is: 1.800.342.3720

VACATION DAYS AT THE J (SCHOOL BREAK PROGRAM) & EARLY RELEASE DAYS

EARLY RELEASE DAYS

Beyond the Bell offers coverage on early release days for no charge to those children who are regularly scheduled to attend the program on that day of the week. If it is not your child's regular day, you may add the day for a \$35.00 fee. Early Release programs run from dismissal time until 6:00pm. Children are transported from their site to JCC Rockland in West Nyack for a day of fun. A separate online registration form must be completed for each child participating on these days a minimum of one week in advance.

There is a \$25 cancellation fee for children who register and do not show up or cancel.

For school closure days, JCC Rockland offers our Vacation Day at the J Program for an additional fee. It runs from 8:45am – 4pm.

Lunch and snacks are included daily. No outside food is permitted.

All Programs are held at JCC Rockland in West Nyack.

We do not provide programming for the half-days during the last week of June.

CONTACT LIST

Eliza Millman

Chief Operating Officer

Office: 845.362.4400 ext. 136

elizam@jccrockland.org

Stephanie Schleider

After School Coordinator

Office: 845.362.4400 ext. 633

stephaniesc@jccrockland.org

SCHOOL ADDRESSES:

New City Elementary – 60 Crestwood Drive, New City, NY 10956

Link Elementary – 51 Red Hill Road, New City, NY 10956

Valley Cottage Elementary – 26 Lake Road, Valley Cottage, NY 10989

JCC Rockland – 450 West Nyack Road, West Nyack, NY 10994

BTB HANDBOOK ACKNOWLEDGMENT

My signature below indicates that I have received and reviewed a copy of JCC Rockland's Beyond the Bell School Age Care Parent Handbook 2021-2022.

I understand that this Handbook contains information regarding the program's policies and procedures which affect me as the child's guardian.

I acknowledge that I have read and understood the program's policies.

Print Name

Signature

Date