



2022-2023 School Year After-School Child Care Registration

Dear Families,

Thank you for choosing West Side Community Services After-School Child Care Program to support your child's growth and development!

West Side Community Services After-School Child Care is open to children enrolled in Buffalo Public and Buffalo charter schools in kindergarten through sixth grade. Our hours of operation are 3:00-5:30 p.m., Monday through Friday.

This year's program will begin on Tuesday, September 6, 2022.

We follow Buffalo Public Schools' calendar. When BPS is closed for a holiday or a weather event or cancels after-school activities, the After-School Child Care Program is also closed.

Our program is licensed by the New York State Office of Children and Family Services. Each day that your child attends, they will receive a snack, academic support, physical fitness, and creative enrichment.

We look forward to helping your child learn, explore, and build friendships during this school year. Attached, you will find information about our After-School Child Care Program, as well as registration documents to complete and return. Your child's spot in the program will be reserved once we review and confirm receipt of your fully completed registration forms.

If you have any questions or need additional information, please contact me at 716-884-6616 or info@wscsbuffalo.org.

Sincerely,

Crystal Selk
Executive Director



Program Fees

We are trying something new this year! **In an effort to meet all families where they are, after-school care will be pay-what-you-can.**

Whether your family can pay \$5 per month or \$105 per month, we are open to your children.

Payments made to the After-School Child Care Program will help us provide fun activities and bring in partners to help your child learn and grow. Children will have the opportunity to vote on new events and special activities throughout the year, which will be funded in part by these voluntary program fees.

Feel free to make a payment at the time of registration or drop into the office during open hours to submit a payment throughout the school year.

West Side Community Services accepts cash, credit cards, or checks (made payable to West Side Community Services). You can also make a payment online at wscsbuffalo.org/donate. Simply make a note in the comment field that your payment is for the 2022-2023 After-School Program.

If you have questions or concerns about the pay-what-you-can model this year, please contact Executive Director Crystal Selk at 716-884-6616 or info@wscsbuffalo.org.



Attendance Policy

The West Side Community Services After-School Child Care Program has limited capacity. In an effort to ensure we fairly offer these limited spots to our community, we are implementing this attendance policy.

Families may be dismissed from the program if they have:

Five (5) unexcused absences in a row

- OR -

10 total unexcused absences over the course of the school year

This attendance policy will help us ensure we fairly distribute our limited spots to the community.

If you know that your child will miss one or more days of the After-School Program, please inform the front desk staff person or the Youth Programs Manager in advance. (Unexpected illness will be counted as an excused absence, provided you call the office to let us know that your child will be absent that day.)

I understand and will abide by WSCS's attendance policy for the 2022-2023 After-School Child Care Program.

Parent/Caregiver name (print): _____

Parent/Caregiver signature: _____

Date: _____

School Information

Grade: _____ School: _____



West Side Community Services

Late Pick-up Policy

The West Side Community Services after-school program is open until 5:30 p.m. on school days. All children who participate in the program must be picked up by this time.

The late pick-up fee structure is as follows:

1. \$10 late fee for pick-ups between 5:31 and 5:45 p.m.
2. An additional \$1 will be added per minute after 5:45 p.m.

Frequent late pick-ups may result in suspension and/or dismissal from the program.

Late fee payments need to be made within seven (7) days from the late pick-up day. Failure to make payments may result in longer program suspensions and/or dismissal from West Side Community Services' After-School Child Care Program.

Please contact us for additional information, questions, or concerns.

Thank you for your continued partnership in creating a safe and nurturing after-school child care program at West Side Community Services.

Sincerely,
Crystal Selk
Executive Director

I understand and agree to abide by West Side Community Services' late pick-up fee policy for my child(ren).

Parent/Caregiver name (print): _____

Parent/Caregiver signature: _____

Date: _____

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

PHOTO OF CHILD (Optional)	PROGRAM NAME: West Side Community Services		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	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
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:



West Side Community Services

Pick-Up Procedure

Parents/guardians/family members must come into West Side Community Services to pick up their child from the After-School Child Care Program.

Please list below the individuals authorized to pick up your child. ***These individuals (including you!) must bring a valid photo ID in order for a West Side Community Services staff member to release your child to their care.***

First & Last Name	Phone Number	Address	Relationship to Child

Do you give permission for your child to walk or ride their bike home from West Side Community Services at 5:30 PM?

- Yes
- No



Does your child have any current orders of protection regarding their safety? (Please check one):

NO, my child **does not** have any current orders of protection regarding their safety.

YES, my child **does** have a related order of protection regarding their safety.

If YES - please provide copies of current orders of protection that relate to your child. These documents must include a clear photo, full name, and license/make/model of vehicle for anyone named in the order and all persons not allowed to be near your child.



Health Form

Child's Name: _____

Date of Birth: _____ Gender: _____

Family Physician Name: _____

Family Physician Phone: _____

Dentist/Orthodontist Name: _____

Dentist/Orthodontist Phone: _____

Is the child covered by family medical/hospital insurance? (Please check one.):

YES

NO

If yes, insurance carrier: _____ Group #: _____

Policy: _____ Policy Holder's Name: _____

Relationship to participant: _____

Please complete next page ----->



West Side Community Services

Does the child have a history of or is the child prone to any of the following?

(Please check all that apply).

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Diarrhea or constipation |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart defect or disease | <input type="checkbox"/> Frequent stomachache |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Fractures | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Joint problems | <input type="checkbox"/> Dizziness or chest pain | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Corrective lens | <input type="checkbox"/> Bleeding or clotting disorder | <input type="checkbox"/> Serious emotional disturbance |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Medic Alert ID | <input type="checkbox"/> Recent injury, illness, or infection | <input type="checkbox"/> Complex trauma |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Been hospitalized | <input type="checkbox"/> Bathroom accidents or wetting pants | |
| <input type="checkbox"/> Autism spectrum disorder(s) | <input type="checkbox"/> Other | | |

Please explain any items checked above. (Attach additional pages as needed.)



Physical Activities to be limited or restricted at after-school program:

Does the child have any allergies? (Please check one.):

Yes

No

(If yes, please check off and describe the relevant allergies below. Attach additional information as needed.)

Hay fever _____
(Describe type of reaction & severity)

Poison Ivy/Oak _____
(Describe type of reaction & severity)

Bees/Insects _____
(Describe type of reaction & severity)

Penicillin _____
(Describe type of reaction & severity)

Food _____
(List the foods, describe type of reaction & severity)

Other allergies _____
(List allergies by name, indicate type of reaction & severity)

Does your child require an **EPIPEN**? (Please check one.)

- No
- Yes - stored on-site by WSCS
- Yes - carried by child daily

Does your child require an **INHALER**? (Please check one.)

- No
- Yes - stored on-site by WSCS
- Yes - carried by child daily

Does your child require any medications to be administered after school? (Please note that our staff are not permitted to administer or supervise self-administration of medications to children. If your child requires after-school medication, please contact the office to discuss options.):

- No
- Yes

(If you check 'yes,' a note is required from the prescribing physician.)

Medication Name	Dosage	Time(s) Given

I give permission for my child to self-apply sunscreen.

- Yes
- No

I give permission for my child to self-administer their **INHALER**.

- Yes
- No
- Not applicable (does not use an inhaler).



West Side Community Services

I acknowledge that my child can self-administer their **EPIPEN** as prescribed by physician.

- Yes
- No
- Not applicable (does not use an EpiPen).

My child has permission to engage in all after-school activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations. I give consent in advance of medical treatment at an appropriate facility in case of illness or injury.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



West Side Community Services

Supplemental Information

The details you provide about your child's personality, past experiences, common behaviors, and motivations will help our staff create a positive and engaging after-school program for them!

As your child's parent/guardian, what language(s) do you prefer us to communicate to you in?

Please describe any vision, hearing, mobility, healthcare, and/or behavioral needs your child may have.

What motivates your child to do well (e.g. toys, special activities, recognition, etc.)?

Please list any triggers that might agitate your child (e.g. loud noises, large groups, etc.).

What is the best way to assist your child if they get overwhelmed or upset?

How does your child prefer to communicate?

- | | |
|--|---|
| <input type="checkbox"/> Speaks clearly | <input type="checkbox"/> Uses a communication board |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Speaks but may be difficult to understand | <input type="checkbox"/> Other: _____ |

Does your child have a caseworker? YES NO

If yes: Caseworker Name: _____ Organization: _____
Email Address: _____ Phone Number: _____

With whom does your child live?

What are your child's favorite activities?

Please list any of your child's dislikes or fears of which we should be aware.

Does your child have any religious restrictions related to food? YES NO If yes, please list.

How well does your child follow directions?

- | | | | |
|---|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Extremely well | <input type="checkbox"/> Fairly well | <input type="checkbox"/> Not too well | <input type="checkbox"/> Poorly |
|---|--------------------------------------|---------------------------------------|---------------------------------|

Has your child previously attended an after-school program? YES NO

If yes, was it a positive experience? YES NO (If no, please explain below.)



COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

The undersigned, in my capacity as parent or legal guardian, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while in the care of the West Side Community Services.

As such, and in consideration for child care services to be provided by West Side Community Services, the undersigned, for myself and my minor children enrolled in the program fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child and that my signature binds each other person having authority to make decisions on behalf of the child.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Child's Name _____

Date _____



Code of Conduct

West Side Community Services believes that all children have a right to a safe and healthy environment. West Side Community Services has an obligation to promote mutual respect, tolerance, and acceptance.

Child Expectations:

- Follow all directions given by West Side Community Services staff
- Respect one another
- Include each other
- Create a welcoming community

West Side Community Services will not tolerate behavior that infringes on the safety of any child. A child shall not intimidate, harass, or bully another child through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation.

Physical, Verbal, or Emotional Bullying:

- A phone call home will be made after any physical incident.
- After a second infraction on the same day, the child will be sent home immediately and receive a one-day suspension from the program.
- After three suspensions, the child will be removed from the program.

Sexual Harassment:

- A phone call home will be made, immediate pick-up of the child, and a two-day suspension is enforced.
- After two suspensions the child will be removed from the program.
- Sexual harassment includes, but is not limited to, inappropriate touching, unwanted comments, and staring.

My child and I agree to help build a positive community and understand the behavior policy.

Parent Signature: _____

Child Signature: _____

Other Authorizations

Participation

I give permission for my child to participate in all activities, including field trips, and to be transported as authorized by WSCS if applicable. If field trip locations are close, we will walk to these places. I understand that I will be notified in advance of any field trips. Release from Liability recognizing the West Side Community Services will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks.

Media

I understand that my child may be photographed during normal hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or digital formats. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

- YES, it is ok to take photos of my child and use them in print and digital formats.
- NO, it is not ok to take photos of my child.

(Parent/Caregiver Signature)

Date

If your child has a SEVERE food allergy or medical condition or if there is anything not covered in this application that you would like to discuss with us, please contact our office directly to meet about your child's needs.

Please return completed registration packet to:
Crystal Selk, Executive Director
West Side Community Services
161 Vermont St.
Buffalo, NY 14213



Sample Day Schedule at WSCS After-School Program*

3:30-4:15 p.m. - Snack/meal and homework time/educational enrichment

All children will be required to complete their homework or, if they have no assignments to complete, participate in engaging educational enrichment activities during this time.

4:15-4:45 p.m. - Rotation 1

Red Group: Art Room

Blue Group: Gym

Yellow Group: Game Room

4:45-5:15 p.m. - Rotation 2

Red Group: Game Room

Blue Group: Art Room

Yellow Group: Gym

5:10-5:30 - Free play in gym until pick-up

*Subject to change, permanent schedules posted at front desk/each room.