



**West Side** Community Services

## **West Side Kids After-School Program Registration Packet 2023-2024**

Dear Families,

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

West Side Kids is open to children enrolled in Buffalo Public and Buffalo charter schools in kindergarten through sixth grade. Our hours of operation are 2:30-5:30 p.m., Monday through Friday.

This year's program will begin on Tuesday, September 5, 2023.

We follow Buffalo Public Schools' calendar. When BPS is closed for a holiday or a weather event or cancels after-school activities, West Side Kids 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 meal, a snack, academic support, physical fitness, and creative enrichment.

We partner with the Erie County Department of Social Services to provide high quality child care at little to no cost to you. During the registration process, we will work with you to complete Erie County Child Care Assistance paperwork. WSCS also offers need-based financial assistance to ensure every child can participate in our program.

We look forward to helping your child learn, explore, and build friendships during this school year. Attached, you will find information about West Side Kids, 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 x104 or [mfrias@wscsbuffalo.org](mailto:mfrias@wscsbuffalo.org).

Sincerely,

Marino Frias  
Senior Program Manager, Youth Department

Crystal Selk  
Executive Director, WSCS

161 Vermont Street | Buffalo, NY | 14213  
(716) 884-6616 | [info@wscsbuffalo.org](mailto:info@wscsbuffalo.org) | [wscsbuffalo.org](http://wscsbuffalo.org)



## Program Fees

West Side Kids charges a fee of \$60/week per child billed monthly. We are committed to ensuring that West Side Kids fits into your family's budget. We work with the Erie County Department of Social Services to provide an efficient application process to the Child Care Assistance Program, as well as provide scholarship opportunities for families who may not qualify for the Child Care Assistance Program, but still require financial assistance. (Attached to application is a payment schedule; please feel free to reference.)

| <b>Payment Due Dates</b> | <b>Payment amount (non DSS)</b> | <b>Payment amount (DSS)</b>            | <b>Scholarship</b>      |
|--------------------------|---------------------------------|--|-------------------------|
| 09/05/2023               | 240.00/per child                | Parent Fee based on Agreement with DSS | N/A                     |
| 10/05/2023               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 11/05/2023               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 12/05/2023               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 01/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 02/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 03/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 04/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 05/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |
| 06/05/2024               | 240.00/per child                | Parent Fee based on Agreement with DSS | Requires 90% attendance |

\*Payments must be made 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

We partner with the Erie County Department of Social Services to provide high quality child care at little to no cost to you. During the registration process, we will work with you to complete Erie County Child Care Assistance paperwork. WSCS also offers need-based financial assistance to ensure every child can participate in our program. West Side Community Services accepts cash, credit cards, or checks (made payable to West Side Community Services) or we can set up automatic payments with you.

## Scholarship Process

Families are entitled to financial-need scholarships if they are ineligible for Erie County Child Care Assistance and other associated programs. Scholarships are awarded to families with proof of ineligibility, as well as demonstrated financial need based on [Erie County Day Care Eligibility Guidelines](#).

In order to maintain scholarship eligibility, children must have a 90% attendance rate to West Side Kids. Families are required to reapply for scholarships each school year.

If you have questions or concerns about the payments or scholarships, please contact Senior Manager of Youth Department Marino Frias at 716-884-6616 or [mfrias@wscsbuffalo.org](mailto:mfrias@wscsbuffalo.org).



## Attendance Policy

West Side Kids 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 West Side Kids, 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 2023-2024 West Side Kids After-School Child Care Program.**

Parent/Caregiver name (print): \_\_\_\_\_

Parent/Caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Late Pick-up Policy

West Side Community Services's 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. Fifteen minutes after scheduled center closure, all emergency numbers will be called by staff. If no one can be reached by 7:00 p.m., WSCS staff reserve the right to contact the police to escort your child/ren to Protective**



# West Side Community Services

**Services for child abandonment. Please note, the staff will do everything in their power to contact emergency numbers. Calling the police will be a very last resort. This must be our policy to protect both staff and children.**

**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 Kids 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,  
Marino Frias  
Senior Program Manager, After-School Services

**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: \_\_\_\_\_

|   |                                     |  |  |  |                         |  |         |
|---|-------------------------------------|--|--|--|-------------------------|--|---------|
| <b>PHOTO OF<br/>CHILD (Optional)</b>                    |                                     | NEW YORK STATE<br>OFFICE OF CHILDREN AND FAMILY SERVICES<br><b>DAY CARE ENROLLMENT</b> |  |  |                         |  |         |
|   |                                     | PROGRAM NAME:  |  | ADDRESS:   |                         | PHONE NUMBER:<br>(   )   -                       |         |
|   |                                     | CHILD'S FULL NAME:   |  |  | DATE OF BIRTH:<br>/   / |  | 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 _____<br><input type="checkbox"/> Other _____ |                         |  |         |
| PHONE NUMBER(S) OF PERSON ENROLLING CHILD:<br>(   )   - |                                     | <input type="checkbox"/> ok to text  |  | ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):   |                         |  |         |
| EMAIL ADDRESS:  |                                     |  |  |  |                         |  |         |
| EMERGENCY INFO  | EMERGENCY CONTACT NAMES / ADDRESSES |  | Authorized to<br>Pick Up Child                           | PRIMARY PHONE NUMBER   |                         | OTHER PHONE NUMBER / EMAIL                       |         |
|   | PRIMARY CONTACT:                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | (   )   -<br><input type="checkbox"/> ok to text   |                         | (   )   -<br><input type="checkbox"/> ok to text |         |
|   |                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | (   )   -<br><input type="checkbox"/> ok to text   |                         | (   )   -<br><input type="checkbox"/> ok to text |         |
|   |                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | (   )   -<br><input type="checkbox"/> ok to text   |                         | (   )   -<br><input type="checkbox"/> ok to text |         |
| <b>FOR PROGRAM USE ONLY</b>                             |                                     |  | <b>FOR PROGRAM USE ONLY</b>                              |  |                         |  |         |
| DATE OF ENROLLMENT:   /   /                             |                                     |  | DATE OF DISENROLLMENT:   /   /                           |  |                         |  |         |

|   |  |  |
|---|--|--|
| CHILD'S FULL NAME:  |  | DATE OF BIRTH:<br>/   /                                  |
| <b>Check boxes below to indicate if your child has any special needs/services:</b> <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) _____<br><input type="checkbox"/> Other _____  |  |  |
| Please provide information here <b>AND</b> discuss with your child care provider:   |  |  |
| CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:   |  | PHONE NUMBER:<br>(   )   -                               |
| PREFERRED HOSPITAL:   |  | PHONE NUMBER:<br>(   )   -                               |
| CHILD'S DENTAL CARE:  |  | PHONE NUMBER:<br>(   )   -                               |
| <b>Child health care information is available by calling toll-free 1-800-698-4543 or<br/>         the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b> |  |  |
| <b>AGREEMENTS</b>   |  |  |
| • 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:<br>/   /   |



## 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.*

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

|                |                       |                             |
|----------------|-----------------------|-----------------------------|
| Name of Child: | Date of Birth:<br>/ / | Date of Examination:<br>/ / |
|----------------|-----------------------|-----------------------------|

**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). ☐ Yes ☐ No

|   |                             |                             |                             |  |                             |
|---|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|
| Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP) | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /  | 5 <sup>th</sup> Date<br>/ / |
| Polio (IPV or OPV)  | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /  |                             |
| Haemophilus influenzae type B (Hib)   | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)<br>/ / |                             |
| Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)                               | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /  |                             |
| Hepatitis B   | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / |  |                             |
| Measles, Mumps and Rubella (MMR)  | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / |                             |  |                             |
| Varicella (also known as Chicken Pox)   | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / |                             |  |                             |

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

|                       |              |                       |              |
|-----------------------|--------------|-----------------------|--------------|
| Type of Immunization: | Date:<br>/ / | Type of Immunization: | Date:<br>/ / |
| Type of Immunization: | Date:<br>/ / | Type of Immunization: | Date:<br>/ / |
| Type of Immunization: | Date:<br>/ / | Type of Immunization: | Date:<br>/ / |

**Tests**

|  |               |        |  |
|--|---------------|--------|--|
| Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ mm  |               |        |  |
| TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.   |               |        |  |
| Lead Screening Date: / /   |               |        |  |
| Attach lead level statement  |               |        |  |
| <b>Lead Screening (Include All Dates and Results)</b>  |               |        |  |
| 1 year / /   | Result: _____ | mcg/dL | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary |
| 2 years / /  | Result: _____ | mcg/dL | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary |
| <b>Most recent date of lead screening (if different from above):</b>   |               |        |  |
| / /  | Result: _____ | mcg/dL | <input type="checkbox"/> Venous <input type="checkbox"/> Capillary |
| <b>Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.</b>   |               |        |  |
| If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test. |               |        |  |

(Continued on reverse side)



**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

|   |  |
|---|--|
| Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Is medication regularly taken?<br>(Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |
| Is a special diet required?<br>(Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No                        |  |
| Are there any hearing, visual or dental<br>conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are there any medical or developmental<br>conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

|                                |   |
|--------------------------------|---|
| _____<br>Signature of Examiner | _____<br>Address                            |
| _____<br>Please Print Name     | _____<br>City, State, Zip                   |
| _____<br>Title                 | (     )     -     /     /<br>Phone     Date |



## West Side Community Services

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.):

☐ Yes

☐ No

(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).

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?

☐ Speaks clearly

☐ Uses a communication board

☐ Uses sign language/gestures

☐ Speaks but may be difficult to understand

☐ 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 (If yes, please list.) ☐ NO

How well does your child follow directions?

☐ Extremely well ☐ Fairly well ☐ Not too well ☐ 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.)



## 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 but not limited to evidence-based prevention programming (Too Good for Drugs, Too Good for Violence, Girls' Circle and Boys' Council), sport activities, arts and culture activities, 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. I 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.

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(Parent/Caregiver Signature)

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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:  
Marino Frias, Senior Program Manager, After-School Services  
West Side Community Services  
161 Vermont St., Buffalo, NY 14213

Agency: \_\_\_\_\_  
Activity: \_\_\_\_\_

**CLIENT CHARACTERISTIC FORM - CDBG 49**  
Public Services - Limited Clientele Activities

Staff Reviewed Initial \_\_\_\_\_  
Issue Date: **10/1/23**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Individual Age: Please check **one** from the below based on your (the participant) age.

|  |                                      |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Under 5 years | <input type="checkbox"/> 10-15 years | <input type="checkbox"/> 21-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 62 years and older |
| <input type="checkbox"/> 5-9 years     | <input type="checkbox"/> 16-20 years | <input type="checkbox"/> 25-44 years | <input type="checkbox"/> 55-61 years |   |

2. Gender: Please check **one** from the below based on your (the participant) gender.

|                               |                                 |                                       |
|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other: _____ |
|-------------------------------|---------------------------------|---------------------------------------|

3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

4. Please check **one** from the below which best describes your (the participant) race.

|  |  |
|--|--|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Asian and Black or African American                                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> American Indian or Alaskan Native and White                             |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian or Alaskan Native and Black or African American         |
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Native Hawaiian or other Pacific Islander and White                     |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Native Hawaiian or other Pacific Islander and Black or African American |
| <input type="checkbox"/> Black or African American and White       | <input type="checkbox"/> Other/Multi Racial  |
| <input type="checkbox"/> Asian and White                           |  |

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

|                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

6. Are you (the participant) severely disabled?

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

| Income Limits   | 1 Person Household                        | 2 Person Household                        | 3 Person Household                        | 4 Person Household                         |
|-----------------|---|---|---|--|
| 30% median (XL) | <input type="checkbox"/> \$19,500 or less | <input type="checkbox"/> \$22,300 or less | <input type="checkbox"/> \$25,100 or less | <input type="checkbox"/> \$27,850 or less  |
| 50% median (VL) | <input type="checkbox"/> \$32,500 or less | <input type="checkbox"/> \$37,150 or less | <input type="checkbox"/> \$41,800 or less | <input type="checkbox"/> \$46,400 or less  |
| 80% median (LI) | <input type="checkbox"/> \$52,000 or less | <input type="checkbox"/> \$59,400 or less | <input type="checkbox"/> \$66,850 or less | <input type="checkbox"/> 74,250 or less    |
| 81-100% median  | <input type="checkbox"/> \$54,400 or more | <input type="checkbox"/> \$62,100 or more | <input type="checkbox"/> \$69,900 or more | <input type="checkbox"/> \$77,600 or more  |
| Income Limits   | 5 Person Household                        | 6 Person Household                        | 7 Person Household                        | 8 Person Household                         |
| 30% median (XL) | <input type="checkbox"/> \$30,100 or less | <input type="checkbox"/> \$32,350 or less | <input type="checkbox"/> \$34,550 or less | <input type="checkbox"/> \$36,800 or less  |
| 50% median (VL) | <input type="checkbox"/> \$50,150 or less | <input type="checkbox"/> \$53,850 or less | <input type="checkbox"/> \$57,500 or less | <input type="checkbox"/> \$61,250 or less  |
| 80% median (LI) | <input type="checkbox"/> \$80,200 or less | <input type="checkbox"/> \$86,150 or less | <input type="checkbox"/> \$92,100 or less | <input type="checkbox"/> \$98,050 or less  |
| 81-100% median  | <input type="checkbox"/> \$83,900 or more | <input type="checkbox"/> \$90,100 or more | <input type="checkbox"/> \$96,300 or more | <input type="checkbox"/> \$102,500 or more |

**Certification** (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: \_\_\_\_\_

Participant Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

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



## Sample Day Schedule at WSCS After-School Program\*

|                                       |                       |                 |                         |   |
|---------------------------------------|-----------------------|-----------------|-------------------------|---|
| Start Time 2:30pm<br>End Time 3:00pm  | All Groups            | Cafe ▼          | Check in & Meal         | Check Google Drive for Activity Details |
| Transition Time at 2:55pm             |                       | First Activity  |                         |   |
| Start Time 3:00 pm<br>End Time 3:30pm | Pathfinders (k-1)     | Stay and Play ▼ | HomeWork Help ▼         | H.H & Activity Sheets ▼                 |
|                                       | Explorers (2nd-3rd)   | A&C Room ▼      | HomeWork Help ▼         | H.H & Journals ▼                        |
|                                       | Adventurers (4th-6th) | Comp Room ▼     | HomeWork Help ▼         | H.H & Computer 101 ▼                    |
| Transition Time at 3:25pm             |                       | Second Activity |                         |   |
| Start Time 3:30pm<br>End Time 4:00pm  | Pathfinders (k-1)     | GYM ▼           | "Rec It Up" ▼           | CTF/Sharks & Minnows ▼                  |
|                                       | Explorers (2nd-3rd)   | A&C Room ▼      | Arts & Culture ▼        | Drum Circle Stories ▼                   |
|                                       | Adventurers (4th-6th) | Game Room ▼     | Collaboration Station ▼ | Table Top Games ▼                       |
| Transition Time at 3:55pm             |                       | Third Activity  |                         |   |
| Start Time 4:00 pm<br>End Time 4:30pm | Pathfinders (k-1)     | Game Room ▼     | Collaboration Station ▼ | Table Top Games ▼                       |
|                                       | Explorers (2nd-3rd)   | GYM ▼           | "Rec It Up" ▼           | Kid's Choice ▼                          |
|                                       | Adventurers (4th-6th) | A&C Room ▼      | Arts & Culture ▼        | Poem City ▼                             |
| Transition Time at 4:25pm             |                       |                 |                         |   |
| Start Time 4:30 pm<br>End Time 5:00pm | Pathfinders (k-1)     | A&C Room ▼      | Arts & Culture ▼        | Flower Power Craft ▼                    |
|                                       | Explorers (2nd-3rd)   | Game Room ▼     | Collaboration Station ▼ | Ping Pong & Table Top Games ▼           |
|                                       | Adventurers (4th-6th) | GYM ▼           | "Rec It Up" ▼           | Basketball/ CTF ▼                       |
| 5:00pm-5:30pm                         |                       | Dismissal       |                         |   |
| Pick up starts at 5:00pm              | All Groups            | Game Room ▼     | Dismissal & Snacks      |   |

Each child is assigned to a grade/age-level group with developmentally appropriate activities.

Pathfinders : Kindergarten - 1st Grades

Explorers : 2nd - 3rd Grades

Adventurers : 4th - 6th Grades

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