

Advantage After-School Program Student Guidelines

**Parents/ Guardians please remove and keep this page of enrollment form.*

If you need to reach your child or staff during program hours (after school- 6p.m.)

please call: 654-3532

As a part of the Corning Advantage After-School Program Community, staff and youth are expected to treat each other with kindness, courtesy and respect.

- **All school rules apply.**
- Students must sign-in upon arrival and may only sign themselves in. If arriving later than 3:20 students must bring a pass.
- Students are not allowed to leave school property before coming to Advantage, if a student does leave school property they will not be allowed to participate in program that day.
- Students are expected to participate in scheduled activities and remain in activity for the whole session.
- Homework help takes place Monday through Thursday. Students are encouraged to do homework but not forced.
- Respect all staff, students, and property.
- Use appropriate language *NO Vulgarity* *NO Swearing* *NO Putdowns*
- Listen when others speak, do not interrupt.
- No yelling, use appropriate voices when inside and outside.
- Keep hands and feet (and every other body part and object) to yourself.
- Do not touch other people's property.
- One person at a time may get a pass to bathroom/lockers/teachers room.
- No gossiping.
- Hats may be worn outside only.
- Any and all information will be kept confidential.

Advantage After-School Program- Corning-Painted Post Middle School

Please contact Brian Rose with any questions – 936-3507(office) 654-3532 (after school)

1. Who can come to the Advantage After-School Program?

All Corning-Painted Post Middle School students are invited to join the After-School Program.

2. What will I be able to do at the After-School Program?

Homework assistance, recreational games, arts and crafts projects, community service projects, cooperative and active games, academic enrichment, cooking club, character education activities, computer time.

3. Do I have to be there to whole time?

Not necessarily. For example, if you have sports or chorus practice at 3:30, you could join the after-school program before practice, get a healthy snack, and come back after practice is over. Staff can help arrange this.

4. Do I have to attend every day?

We encourage you to attend every day but understand that this is not always possible. The youth who attend every day for the entire length of program have more opportunities for experiences. Parents will NOT be notified if their child is not in attendance that day. Whoever is at program by 3:20 p.m. is our group for the day!

5. How do I sign up? Who can I talk to about the Advantage After-School Program?

Talk with your teachers, principal, or guidance counselor. You can speak with Advantage staff at the After-School Program office (located in your school's cafeteria). You can also reach Advantage staff during the school day by phone at 607-936-3507.

6. Do I need permission from my parent/guardian to attend the Advantage After-School Program?

Yes, once you decide to join you will be given a new student packet that must be turned back in, in order for you to continue attendance.

7. What if I want to stop attending the after-school program?

The program is strictly voluntarily. You may stop coming to the program at any time. We may need to contact your parent or guardian.

8. When is the after-school program?

The program starts after school and ends at 6:00pm M-F. However, we do not operate program when school is not in session. For example: snow days, half days, vacations, summer. The program will only close if school district closes ALL after school activities.

9. How will I get home from the after-school program?

You will need to arrange transportation (i.e. walking, pick-up) with your parent/guardian. A late bus is available M-Th at 4:30 p.m when intramurals is in session.

**Advantage After-School Program
Corning-Painted Post Middle School
Application Form**

Students Name: _____ Grade: _____
Birth Date: _____ Age: _____ Parents' Name: _____
Street Address: _____
City/Town: _____ State: New York Zip code: _____
Phone: _____

How did you hear about the Advantage After-School Program?

- The easiest way to return this form is to have your child bring it to the cafeteria after school on their first day attending.
- Schedules/ Days attending program can change at any time. Advantage will not need notice of this.

The Advantage After-School Program operates Monday through Friday from after school until 6:00pm. We only operate on FULL school days.

I, _____, give permission for my child, _____
(Parent/Guardian Name) (Student's Name)

to participate in the Advantage After-School Program at Corning-Painted Post Middle School and receive medical treatment in the case of an emergency.

Also, I give my permission for the Advantage Program and Family Service Society, Inc. to use photos of my child's likeness for annual reports, brochures, and other print, broadcast, and electronic media.

(Note to parent/guardian: cross off this statement and initial if you do not grant such permission).

Parent/Guardian Signature

Date



PROCEDURES IF RULES OF CONDUCT ARE BROKEN

- 1. Verbal Warning
- 2. Talk with staff in office about behavior, need to correct it and consequences if they do not.
- 3. Suspension from the Advantage After-School Program
 - a. Failure to sign-in and out: 1 day off
 - b. Swearing: 1 day off
 - c. Being Disrespectful: 3 days off
 - d. Physical Contact: 3 days off
 - e. Fighting, physical, or verbal abuse: 3 days off

Students will not be allowed to return to the program once they have signed out for the day unless they are coming from practice, rehearsal, or an event that is school related

Upon returning to the Advantage After-School Program, students will need to meet with the Program Coordinator.

I understand the Corning Advantage After-School Program conduct guidelines and what will happen if I do not follow these.

I, _____ want to attend the Advantage After-School Program and agree to actively participate in the activities and follow program guidelines. I understand that participation with the Advantage After-School Program is voluntary. Agreeing to participate means that any Advantage staff will assist me and we will work together in planning programming which will meet my needs. I agree to voluntarily participate in programs offered by the Advantage After-School Program. I understand that my parent(s)/guardian will be contacted by the Advantage staff to discuss the program and to obtain parental permission for my participation in the Advantage After-School Program.

Student Signature

Date

Parent/ Guardian Signature

Date





Dear Parents,

The Advantage After-School Program is required to meet set performance targets for the New York State Office of Children and Family Services (OCFS) funding. Many of these performance targets are focused on academic improvement of the students. Any information gained is kept strictly confidential.

The Advantage After-School Program offers students opportunities to participate in character education and prevention activities. Some of these topics could include, drug and alcohol prevention, healthy decision making, and positive body image

If you have any questions, feel free to contact Brian Rose at 936-3507 (office) 654-3532 (after school).

I, _____ give permission for Corning-Painted Post Middle School to provide social and academic information about my child, _____, to the Advantage staff (i.e. grades, weekly progress reports, behavior notes).

Parent/ Guardian Signature

Date

I give permission for my child, _____ to participate in the following activities:

- _____ Character Education
- _____ Drug and Alcohol Prevention
- _____ Healthy Decision Making
- _____ Positive Body Image
- _____ None of the Above

Parent/ Guardian Signature

Date



United Way Funded Partner

Main Office: 280 Princeton Ave. Ext., Corning, NY 14830 – Phone: (607) 962-3148 Fax: (607) 962-8422

Youth Center – Phone: (607) 936-4116 Fax: (607) 962-3624 • **Bath** – Phone: (607) 776-3822 Fax: (607) 776-3857 •

Hornell – Phone (607) 324-2460 Fax: (607) 324-2461

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

**PHOTO OF CHILD
(Optional)**

Child's Full Name: _____

Does your child have any allergies? Yes No
If Yes, what is your child allergic to? _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

Would you like information on Child Health Plus? Yes No

	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
EMERGENCY DATA				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other