

Hope 7 Community Center Tel: (518) 272-8029 Fax: (518) 272-5782 596 Pawling Ave, Troy, NY 12180 Email: hope7.mia@gmail.com

February 3rd, 2025

Dear Families,

Welcome to Hope 7 Community Center and our traveling summer camp for 2024! We are very excited for the upcoming program with fun, exciting trips planned! Before the summer comes, this letter will help outline important due dates, required paperwork, and so on!

Registration is officially OPEN! Which means, summer camp applications and registration are all due soon. Below, you will find the breakdown for all requirements:

 Summer Camp Application — EACH child needs to have a completed summer camp application on file and MUST be completed in FULL. Applications will not be accepted until fully completed.

 Registration fees are due with your summer camp application. Our 2025 non-refundable registration fee is $35 per child.

Please note: your current account with Hope 7 must be up to date with no past due fees in order to be considered for our summer camp program.

If you have any questions or concerns, please contact me at 518-272-8029 or hope7.mia@gmail.com. We look forward to a fun, adventurous summer with you and your children once again this year!

Thank you,

 Mia Landor

Youth Program Director

Weeks of Operation: June 30th – August 22nd, Monday – Friday 7:00 am - 5:30 pm

Mondays, Wednesdays & Fridays we will be located at School 16 on 40 Collins Ave, Troy, NY 12180. Tuesdays & Thursday will be Trip days from the Center.

# Registration Fee Fee Schedule

$35 per child (if it’s multiple it will be $10 for each additional sibling) 1 Child $195 per week

1. Children $330 per week
2. Children $400 per week

 Daily Fee $65 per child/Family Rates Available (requirement minimum of 2 days)

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_ Age: \_\_\_\_\_ Grade (Sept 2024): \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please Check Mark for Weeks Attending

| Session #  | Dates  | Session #  | Dates  |
| --- | --- | --- | --- |
| 1 \_\_\_\_\_\_  | June 30th – July 4 (Closed 7/4)  | 6 \_\_\_\_\_  | August 4 - August 8 |
| 2 \_\_\_\_\_\_  | July 7 - July 11  | 7 \_\_\_\_\_  | August 11 - August 15 |
| 3 \_\_\_\_\_\_  | July 14 - July 18 | 8 \_\_\_\_\_  | August 18 - August 22 |
| 4 \_\_\_\_\_\_  | July 21 - July 25  |   |  |
| 5 \_\_\_\_\_\_  | July 28 – August 1  |   |   |

# Pick Up Authorization Form \*Must have a minimum of 3 people listed\*

It should be noted to all parents that, unless there is a legal document on file stating that a parent is not allowed contact with a child, staff are NOT legally able to keep a non-custodial parent from picking up a child. Please attach a copy of a legal document to this form if this situation applies to you.

I give permission for the following people to pick up my child from Hope 7 Community Center’s child care program. I realize that my child will not be released to anyone who is not listed below, unless the Program Director is informed previously with written documentation.

| **Name**  | **Relationship**  | **Address**  | **Phone Number**  |
| --- | --- | --- | --- |
|   | Mother/Guardian  |   |   |
|   | Father/Guardian  |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Waivers and Release Forms (Each must be signed independently)**

# Photo Release

\_\_\_ I give my permission for Hope 7 Community Center to use my child/children’s pictures or mine for commercial, promotional and grant purposes at any time, without compensation. I understand that names will not be used for picture identification, only program names (Summer

Camp/After-School) and Hope 7’s name.

\_\_\_ I do NOT give my permission for Hope 7 Community Center to use my child/children’s pictures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ **Transportation Release**

I give my permission for my child to ride by school bus from his/her school to Hope 7 Community Center and while traveling for Summer Camp. It is understood that I will speak to my child about the importance of acceptable behavior while riding on the bus. I give my permission for my child to ride by Hope 7 employee vehicle ONLY in case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Nature Walks and Swimming

I understand and give permission for my child to swim and take nature walks daily while in attendance of the Hope 7 Summer Camp Program and After-School outings.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Waivers and Release Forms - Continued**

# Sunscreen/Bug Spray

I authorize that the Hope 7 staff have my permission to apply sunscreen daily and bug spray as needed.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ **Topical Ointment Application**

I give permission for the Hope 7 staff to apply topical ointment such as Neosporin or Calamine to cuts or bug bites as needed.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

# Summer Camp Contract

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Agree to the payment as per this fee schedule:

a. Registration Fee

|  II. 1 Child  | $35 (multiple it will be $10 for each additional sibling) |
| --- | --- |
|  b. Camp Fee  |  |
|  I 1 Child  | $195 per week  |
|  II. 2 Children  | $330 per week  |
|  III. 3 Children  | $400 per week  |
|  IV. Daily Fee  | $65 (requirement minimum of 2 days) |

1. I grant permission for my child to travel by bus to daily outings.
2. I agree to assume responsibility for the transportation of my child at the close of each day he/she attends the program.
3. I agree to keep my child home if sick and will notify the program of the absence. I will arrange for my child to be picked up if I am notified that my child is too ill to remain in the program.
4. I understand that it is my responsibility to provide accident insurance coverage for my child.
5. I understand that the responsibility for the care of my child at Hope 7 Community Center ends at 5:30 PM each day.
6. I understand that if I am late picking up my child, I will be charged $1 per minute for every minute I am late. In accordance with New York State Law, it is Hope 7’s responsibility to contact the police if a parent/guardian is one hour late. Lateness may result in the termination of childcare contracts.
7. I grant permission to swim and go on nature walks daily.
8. I understand that Hope 7 is a peanut/ Tree Nut free zone. I will not send my child in with any peanut/Tree Nut products.
9. I understand that payment in full for camp sessions must be paid by the Friday prior to my child attending the camp week. Hope 7 reserves the right to refuse care if an account falls past due.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hope 7 Responsibilities**

1. Admission is open to all children ages 5-12 providing their individual needs present no safety problems to other children or staff and children can function independently and appropriately in group activities without specialized care.
2. We provide a safe and nurturing environment with emphasis on recreational and individual enrichment programs for your children and comply with all NYS OCFS regulations.
3. It is the legal responsibility of Hope 7 and its employees to report to Child Protective Services and NYS Office of Child and Family Services ANY suspected cases of child abuse or neglect inside or outside of the center.
4. Hope 7 will provide any authorized parent or guardian access to the premises to assess our program, staff, and childcare at any time. A copy of the NYS Office of Child and Family Services regulations and contact numbers for inquiries and complaints, and suspicion of abuse are posted at the sign in/out desk.
5. In the event of an unscheduled early dismissal due to bad weather, childcare will be available.
6. Hope 7 childcare will open at 7 am on vacation days. Lunch provided during summer session ONLY. Snacks are provided daily.
7. Hope 7 can only administer emergency medicines (epi-pen, inhaler, Benadryl for allergic reactions) with a form from your child’s doctor.
8. School year begins with the first day of school for all schools.
9. Hope 7 childcare is closed for the following holidays:

# Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Day, New Year’s Day Memorial Day, 4th of July.

Christmas Eve and New Year’s Eve - Hope 7 will be open from 7 am to 3 pm for childcare.

I have read and fully understand the above agreement and agree to the conditions set forth above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_ **Parent Responsibilities**

1. It is my responsibility to inform Hope 7 if my child will be absent by 7:45 AM for summer camp. Prolonged absenteeism without a call may result in disenrollment.
2. It is my responsibility to submit childcare fees on time. If there should be a reason I can’t, I will speak with the Program Director immediately. Failure to comply may result in immediate termination of care.
3. It is my responsibility to send the appropriate clothing for my child in accordance with the activities planned for that day and the weather. Children should be in sneakers daily. Boots, coats, hats and gloves should be sent in during the cold winter months. Children must come to summer camp in their bathing suits and have a change of clothes in their bag.
4. Children in Kindergarten to second grade need to bring at least one extra outfit daily.
5. It is my responsibility to send my child with lunch on full days, snow days, and early dismissals with the exception of the summer months.
6. It is my responsibility to have at least three people listed and kept current on my child’s pick-up list.
7. It is my responsibility to have my child picked up on time. Failure to do so will result in a $1.00 per minute late fee with habitual tardiness resulting in the termination of childcare

contract. I understand that after 1 hour late, Hope 7 will notify the Troy Police Department and NYS OCFS.

I have read and fully understand the above agreement and agree to the conditions set forth above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Program **Activities for After-School**

* Rotation of each age group into various classrooms every hour. Groups include activities in arts and crafts, education enrichment, socialization and interactive sports/games. Children are also brought outside upon the discretion of the director. Children will also be able to utilize the programs’ computers under supervision, to build technological skills. ● Snack time - Snack is provided by Hope 7 for all children Monday through Friday.
* Children may bring snacks from home. Please do not send children with food that needs to be reheated or cooked.
* Homework time- Assistance will be provided for willing and cooperative children. In the event of a special activity that commences prior to 3:30, homework will need to be completed at home.
* Various clubs are scheduled throughout the week such as art club, trivia club, homework club, Forest Rangers, Girls Scouts and many more.
* Volunteers from local organizations and colleges commit semester hours to Hope 7 to enrich the children’s experience and assist staff throughout the year.
* Receives funding from NYS OCFS and Rensselaer County Youth Bureau

# Program Activities for Summer Camp

* We travel 2 times a week (Tuesdays & Thursdays) by chartered school bus to area State Park facilities where children enjoy swimming, hiking, arts & crafts, and special activities.
* Each week is a theme such as “Around the World,” “Under the Sea,” “Fitness Fun,”

“Color Wars,” and many more.

* Lunch and snacks are provided by Hope 7 for all children Monday-Friday. Children may bring lunch or snacks from home. Please do not send children with food that needs to be reheated or cooked as we do not have access to appliances at the parks.
* A more detailed calendar of field trips is to come.

# Discipline Policy

 It is Hope 7 Community Center’s objective to guide the behavior of children for the protection and growth of all the children in our care. Our goal is to assist children develop self-control and assume responsibility for their actions through clear and consistent rules and limits appropriate to their ages and development. The staff of Hope 7 uses acceptable techniques and approaches to help children solve problems; including but not limited to redirecting to an alternative activity, rewarding acceptable behavior, encouraging children to talk about feelings and providing an example for children by speaking and interacting with children in a positive manner.

 Should the above discipline be utilized by the Hope 7 staff, it must relate to the child’s action and without delay. Isolation of a child in a closet or darkened area, or where the child cannot be seen and supervised is prohibited. When a child’s behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts group interaction, a child may be separated from the group, but only for as long as necessary for the child to regain enough self-control to rejoin the group. If deemed necessary by staff, the parent/guardian may be called to pick up the child immediately.

 Every effort will be made to work with the child and parent before expulsion. However, Hope 7 reserves the right to terminate care at any time as a result of disruptive behavior, without notice. Grounds for disenrollment include, but are not limited to, the following reasons:

**Reasons for Termination of Care:**

1. **Disruptive Behavior:**
	* Consistent disruptive behavior that interferes with the safety, well-being, or learning environment of other children, staff, or volunteers.
	* Behavior that repeatedly disturbs the class, program activities, or environment.
	* Refusal to follow rules and expectations despite multiple reminders and interventions.
2. **Aggressive or Violent Behavior:**
	* Physical aggression, such as hitting, kicking, biting, or pushing others.
	* Threatening or intimidating language or actions toward children, staff, or others.
	* Destructive actions, such as breaking property intentionally or damaging materials.
	* Any form of bullying or harassment towards peers, staff, or others.
3. **Inappropriate Language:**
	* Use of vulgar, obscene, or abusive language.
	* Name-calling, teasing, or hurtful comments directed toward other children or staff.
	* Use of discriminatory or racist language or behavior.
4. **Non-Compliance or Refusal to Follow Instructions:**
	* Persistent refusal to follow directions or instructions given by staff members.
	* Ignoring established rules, schedules, or safety procedures.
	* Failure to participate in activities or cooperate with group expectations.
5. **Substance Abuse:**
	* Possession, use, or being under the influence of drugs, alcohol, or other illegal substances while at the program.
6. **Endangerment or Harm to Self or Others:**
	* Engaging in behaviors that put themselves or others in danger, such as running away, attempting to leave the premises, or engaging in reckless behavior.
	* Any behavior that could potentially cause physical harm to the child or others.
7. **Consistent Disregard for Health and Safety:**
	* Refusal to comply with safety protocols, including refusal to wear required safety gear or follow health guidelines.
	* Disregard for personal hygiene and health standards that affects the child’s or others’ well-being.
	* Failure to follow procedures that ensure the child’s safety during field trips, outdoor activities, or daily routines.
8. **Failure to Follow Program Expectations:**
	* Repeated failure to participate in scheduled activities, disrupts the group’s ability to proceed.
	* Habitual tardiness or early pick-up without a valid reason or prior notice.
	* Failure to maintain a respectful attitude towards staff and peers, creating an unhealthy or uncooperative environment.
9. **Failure to Meet Behavioral Expectations Despite Interventions:**
	* Repeated incidents of misconduct that have been addressed through warnings, time-outs, or other disciplinary measures.
	* Consistent refusal to show improvement after multiple behavioral interventions have been implemented.
10. **Verbal or Physical Threats:**
* Making verbal threats of harm to self or others, including threats of violence.
* Any physical action that suggests intent to harm another individual.
1. **Parent or Guardian Non-Compliance:**
* Repeated failure by parents or guardians to follow program policies, such as payment policies, communication requirements, or drop-off/pick-up guidelines.
* Not adhering to the program’s requests to manage a child’s behavior or addressing concerns raised by staff.
1. **Harassment or Discriminatory Behavior:**
* Harassment based on race, gender, ethnicity, religion, or other personal characteristics.
* Discriminatory behavior that creates an unsafe or hostile environment for others.
1. **Tuition in Arrears:**
* Tuition that is in arrears by one week or more without prior communication or resolution.
1. **Parent or Child Behavior that Harm or Disrupt:**
* Parent or child behavior that harms or is likely to result in harm to the child, staff, property, or seriously disrupts group interaction.
1. **Excessive Late Pick-Up:**
* Three late pick-ups without prior communication may result in additional fees and potential termination.
* A single late pick-up of 30 minutes or more without communication from the parent, and if the parent cannot be reached, may result in immediate termination.
1. **Medical Treatment:**
* The necessity of administering medical treatment for which staff are not trained, unless appropriate accommodations can be made.
1. **Dangerous, Harmful, or Disruptive Incidents:**
* Any single incident that is deemed by the Program Director as dangerous, harmful, or disruptive to the child, staff, or others.

**Final Notes:
Termination of care will be considered if all other interventions have failed, and the behavior continues to disrupt the program’s operation or the safety of others. Immediate removal may occur if a situation arises that threatens the safety or well-being of the child or others in the program.**

Corporal punishment is prohibited including, but not limited to spanking, biting, shaking, slapping, twisting or squeezing, demanding excessive physical exercise, prolonged lack of movement or motion, strenuous or bizarre postures or compelling a child to eat or have in the child’s mouth, soup, foods, hot spices or foreign substances. Withholding or using food, rest, or sleep and forced feeding as a punishment is prohibited. Discipline which frightens, demeans or humiliates a child is prohibited.

 In addition, Hope 7 will conduct health checks and maintain a daily log which will include, but not limited to any observance of unusual bruising or cuts on a child when he/she arrives as well as any behavior problems, actions taken and consultation results with parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**Credit Card Fees**

A 4% administrative fee will be charged to all credit card payments.

# Returned Checks

There is a $35 fee for each returned check in addition to any late payment fee that may apply.

Money orders or cash may be required for future payments.

# Fee For Late Pick Up

The official closing time for the center is 6:00 pm for after-school and 5:30 pm for summer camp.

You will be charged $1 for every minute you are late. After 1 hour, we must call the police.

# Important Phone Numbers

**Name of Center: Hope 7 Community Center**

**Name of Person Preparing Plan: Mia Landor**

# Title- Youth Program Director

| **Name**  | **Location**  | **Phone**  |
| --- | --- | --- |
| Ambulance  |   | 911  |
| Samaritan Hospital  | 2215 Burdett Ave Troy, NY 12180  | 911 or 518-274-3000   |
| Troy Police Department  | 55 State Street Troy, NY 12180  | 911 or 518-270-4411  |
| Rensselaer County Sheriff’s Dept.  | 400 Main Ave Troy, NY 12180  | 911 or 518-270-5252  |
| Troy Fire Department  | Troy, NY 12180  | 911 or 518-270-4471  |
| Office of Children and Family Services  | 155 Washington Ave Albany, NY  | 1-800-732-5207  |
| Child Abuse and Maltreatment Center  |   | 1-800-342-3720  |
| Poison Control  | Albany Medical Center  | 518-445-3152  |

\*\*In case of an emergency, 911 will be called\*\*

# Health Care and Emergency Medical Plan

* Children must be provided with childcare within an environment which not only protects them from physical harm but also provides for their physical, intellectual, emotional and social development.
* There will be two people on staff who are certified in First Aid and CPR.
* Hope 7 can only administer emergency medicine (epi-pen, inhaler, Benadryl for allergic reactions) ONLY with a form from your child’s doctor. A log will be kept of medicine used and you will be notified if medication has been administered.
* Each family of an accepted child for care shall be required to have medical records on file.
* Children who are ill and absent from school must have alternative arrangements for after-school care for the duration of the illness.
* If a child becomes ill on site, they will be isolated from well children until they are picked up from the center.
* Monitoring children for daily health problems will be done by staff members. Any concerns will be brought to the attention of the Program Director, who will notify the parents and seek emergency assistance if necessary.

I have read the Health Care Plan and Emergency Medical Treatment Plan and understand the procedures that will be followed in the event of an emergency. I understand that Hope 7 will NOT administer any medications except emergency medication with a form from my child’s doctor.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delegation of Medical Treatment Parent Consent**

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby authorize a staff member of Hope 7 Community Center to grant consent to any physician deemed appropriate to conduct the required test and provide necessary treatment/care to the above-named child, if I or my spouse cannot be reached.

Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical Record

List all medical conditions (allergies, asthma, etc....):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any medical restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Information

|   | Mother/Guardian  | Father/Guardian  |
| --- | --- | --- |
| Home Address  |   |   |
| Home Phone Number  |   |   |
| Place of Employment  |   |   |
| Work Phone Number  |   |   |

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Authorization expires 12 months from signed date\*

**Safety Policies**

# Fire Drills

Fire drills are conducted monthly and documented records are kept on file in the center. Fire drill evacuation plans are posted in each classroom.

# Emergency Evacuation - Long Term

1. The center will be fully evacuated upon the sounding of the alarm according to normal evacuation procedures, at this point all children and staff will be accounted for.
2. All staff, children and parents will then proceed to 606 Pawling Avenue, Troy, NY 12180
3. Once inside, everyone will be accounted for by the Executive Director or Designee who will then notify all parents by phone that the center is closed and their child will have to be picked up immediately at PAUM at 520 Pawling Ave, Troy, NY 12180.
4. The evacuation will be considered complete when all children have been released to their parents.

# Emergency Shelter-in-Place

Shelter-in-place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than evacuating. Generally, shelter-in-place means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing the windows shades, remaining in a room away from large windows or turning off the heat and air conditioning system. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. TWO shelter-in-place drills must be performed every session. Parents will be notified in advance of drills taking place.

# DSS Absence Payments

If child(ren) miss(es) 3 days or more in a row you MUST have a doctor’s excuse, or you will be responsible for payment for missed time. This includes days off during break weeks - take the week off and you must pay the going rate for the week if your child(ren) are signed up for care during that week.

You are also only allowed 4 absences per month without a doctor’s excuse. Anything over 4 and you are responsible for that payment as well.

I understand I will be held personally responsible for childcare payments not covered by my DSS contract and failure to pay will result in termination of childcare services.

Child/Children’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anything listed on the medical record must be elaborated on the individual health care plan (following page). Please list each health care need with symptoms, triggers, accommodations, techniques, emergency medicine to be administered, etc....**

**Even if accommodations do not need to be made, you need to describe health care need and write**

**“No Accommodations Needed.”**

**If the medical packet is not filled out, your child will not be registered!**

**If emergency medicine is needed, you will need to provide the medicine, and another form will need to be filled out.**



