

# **Cattaraugus Community Center**

## **Afterschool Program Rules**

### **2018-2019**

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#### **PARTICIPANT RESPONSIBILITIES:**

##### **Code of Conduct:**

To enhance the enjoyment and protect the safety of all users of the Cattaraugus Community Center and to retain the center as a clean, well-maintained facility, all Participants are required to adhere to the following Code of Conduct. The CCC Management will investigate all reported incidents. Suspension or termination of Program participation may result from any violation of the Code of Conduct depending on severity.

- All participants are expected to respect all others while utilizing the facility and conduct themselves in a manner that does not interfere with another person's enjoyment of the facility/program.
- All participants are required to demonstrate good sportsmanship. At all times, the dignity of others will be respected. FIGHTING, BULLYING, PROFANITY, AND/OR ABUSIVE, INSULTING, OR OBSCENE LANGUAGE are strictly prohibited and are grounds for expulsion from the program.
- Food will only be consumed in designated areas. NO CHEWING GUM ALLOWED. All participants shall properly dispose of all trash and recyclables.
- Vandalism and the willful or malicious destruction, defacement or theft of any equipment or property is strictly prohibited and should be reported immediately. Willful damage will be the financial responsibility of the participant/parent/guardian for repair.
- Participants will wear proper attire for fitness, sports, and outdoor activities (weather permitting). This includes wearing proper gym shoes. NO OPEN TOED SHOES (e.g. flip flops, sandals, etc.). SHOES MUST BE WORN AT ALL TIMES. Wet bathing suits are to be worn only in the pool and restroom areas. A change of clothes and shoes are recommended. You may get dirty or muddy. No profanity, negative or offensive logos/ images on shirts. Participants may be excluded from activities based on attire (skirts, dresses, improper shoes, etc.) at the discretion of CCC Staff.
- There will be a ZERO TOLERANCE of any drugs, tobacco products (including electronic cigarettes), alcohol, or controlled substances. Any incidents will be grounds for immediate dismissal from the program and suspension from the CCC as defined by the SOP.
- There will be ZERO TOLERANCE of weapons (including knives and firearms) on the premises. Participants are required to immediately report knowledge of a weapon on the premises to CCC Staff.
- Participants will be responsible to secure their own personal belongings. It is strongly advised that NO VALUABLES are to be brought to the facility. This includes any phones or electronics (e.g. iPods, MP3 players, handheld games, eReaders, etc.)
- There is to be no pictures or recording of videos taken in the locker room for privacy of others, if caught taking a picture or recording in the locker rooms it will be at the Directors discretion if you are able to stay in the program for the remainder of the program.

## **PROGRAM PROCEDURES:**

- Children will have the choice of participating in offered activities
- As we are not an education program, we will not mandate homework time but it is available
- Please send children with necessary clothing to participate in physical activities

## **PARENTAL RESPONSIBILITIES:**

### **Court Orders Effecting Participants**

If your child is the subject of a court order (e.g. Custody Order, Order of Protection, etc.) the CCC must be provided by the parent, with a signed and dated copy, with the courts seal, of the most recent order and all amendments. If conflicting orders are present, the most recently dated court order will be followed.

This order must be strictly followed by all employees of the CCC until a new order or amendment has been issued by the court. The CCC will report any violations of these orders to the appropriate authorities and the court.

In joint custody cases, custodial parents must put in writing a schedule for any mutually agreed times to the CCC. Unless this is on file, the CCC will not allow pickups or visits by the non-custodial parent.

### **General Parental Procedures**

- Parents will be responsible for securing transportation from the school to the program site (Saylor Building)
- Participants will not be accepted if not dropped off by a bus – parents may not drop off children
- Only parents or other authorized adults (18 or older) may pick up your child.
- Parents should ALWAYS notify the center if an alternate person is picking up their child. No child will be released even to a family member, without the parent/guardian notifying the center first.
- All parents or authorized adults MUST sign out their child at the front desk.
- It is the parent/guardian's responsibility to ensure that someone (either parent or emergency/alternate pickup person) is available to pick up the child on time.
- Pick up time is any time prior to 5:30pm. 3 unexcused late pickups will result in dismissal from the program
- In an emergency situation, the child's parents or guardians will be called first. If they cannot be reached, staff will call the persons listed until someone can be contacted. If a parent is reached but cannot pick up the child, they must arrange for someone from their list to do so.
- All changes and/or additions to both of these lists must be made in written form, signed and dated by the custodial parent/guardian. Turn in changes/additions to the receptionist at the front desk.

\*\*\*Parents with joint custody cannot take people off of each other's lists. Parents do not need to be listed as emergency contacts or pickups. All parents have the right to pick up their child (in absence of a court order indicating otherwise)

## Health Concerns/Illness Policies

- SNI Cattaraugus Community Center **STAFF CANNOT ADMINISTER PRESCRIBED MEDICATIONS TO YOUR CHILD. PLEASE ADMINISTER BEFORE THE PROGRAM OR MAKE OTHER ARRANGEMENTS. THANK YOU!**  
Exceptions are limited to emergency medications e.g. EpiPens or asthma inhalers (pending)
- If your child does not attend school, they may not attend the program for that day
- Notify the staff/activity leader of any communicable illness your child may have; we must notify other parents of communicable diseases that may be present. Confidentiality of the child will be maintained.
- Out of respect for the other participants, please do not send child if they have a fever (temperature over 100.6\* without medication within the last 24 hours) or have been vomiting (more than 2x in 24 hours). Children may return after illness subsides for 24 hrs.
- Children with open oozing sores must have them covered and may not participate in any pool activity.
- Children with infections requiring antibiotics (examples: Pink Eye, Impetigo, Strep Throat, etc.) must be on antibiotics for at least 24 hours and have a doctor's slip before they return.

**3 STRIKE POLICY - FAILURE TO FOLLOW ANY OF THE RULES (PARENT OR CHILD)**  
**WILL RESULT IN A STRIKE. ANY THREE STRIKES WILL RESULT IN DISMISSAL FROM**  
**THE PROGRAM.**

I have read and agreed with the above stated rules, disciplinary policies, and procedures as covered; I understand these policies will be strictly adhered to and have discussed the consequences with my child.

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

Child's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

PARENTS: Please ensure your child signs this contract as this is used in the event of any problems or concerns

## Cattaraugus Community Center Afterschool Program Application

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Address \_\_\_\_\_  
(if different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone/Location \_\_\_\_\_  
School District \_\_\_\_\_

### ADULT AUTHORIZATION

In the event of an emergency, please indicate names and phone numbers of authorized adults and where they can be contacted

Name & Relationship \_\_\_\_\_  
Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Location \_\_\_\_\_ Normal Hours \_\_\_\_\_

Name & Relationship \_\_\_\_\_  
Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Location \_\_\_\_\_ Normal Hours \_\_\_\_\_

**ALL CUSTODY ALERT/RESTRICTION DOCUMENTATION MUST BE SUBMITTED TO CCC STAFF BEFORE IT WILL BE ENFORCED. IF MULTIPLE DOCUMENTATION SUBMITTED, THE MOST RECENT DATED WILL BE UPHELD**

### EMERGENCY CARE

In the event of a medical emergency in which I cannot be reached, the physicians at a local hospital are hereby authorized to provide emergency care deemed necessary for my child during the Cattaraugus Community Center's After School Program

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

### MEDICAL INFORMATION

Please check all those that apply to your child and include medical info as necessary

Example: (X) ALLERGIES : severely allergic to bee stings, will send with epi pen

( ) ALLERGIES \_\_\_\_\_ ( ) HEART DEFECTS/DISEASE \_\_\_\_\_  
( ) EAR INFECTIONS \_\_\_\_\_ ( ) MUSCULATURE DISORDERS \_\_\_\_\_  
( ) HYPERTENSION \_\_\_\_\_ ( ) SEIZURES \_\_\_\_\_  
( ) ASTHMA \_\_\_\_\_ ( ) DIABETES \_\_\_\_\_  
( ) RASHES \_\_\_\_\_ ( ) DISEASES \_\_\_\_\_  
( ) OTHER (ex. ADD,ADHD, or IEP) \_\_\_\_\_

### DATE OF LAST HEALTH EXAM?

Any complications/concerns noted in last exam? If so, please explain: \_\_\_\_\_

Is child currently under the care of a physician or psychologist? If so, is there anything we need to be concerned about?  
Please explain: \_\_\_\_\_

Is child currently taking any prescribed medications? If so, for what reasons? Name of medication? Dosage? \_\_\_\_\_

Has child ever been retained or currently has an IEP at school? \_\_\_\_\_

**MEDICAL RELEASE**

Child's Name: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_

Dentist Phone #: \_\_\_\_\_

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

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

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

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