

**Allegany Department of Education**  
After-School JOM Enrichment Program  
Application  
School Year 2016-2017



Application Deadline: September 22, 2016  
Program Begins: October 5, 2016.

*We are accepting twenty (20) applicants, on a first-come, first-serve basis.*

*All previous applicants from 2015-2016 will need to re-apply.*

*We reserve the right to give Enrolled-Seneca preference for program application acceptance.*

*If you have any questions please contact the Allegany Education Dept.  
(716) 945-1790*

## **Program Expectations**

- **Students will be expected to sign in daily**

- **Attendance policy**

Due to the need of services and waiting list we must enforced the attendance policy. Missing Three (3) consecutive unexcused absences will result in loss of services.

- **Students are expected to fill out a weekly progress form and have it signed by a parent / guardian**

- **Participate not disrupt**

Throughout enrichment all students are required to bring materials to work on. They will often be expected to work independently on their own work and at permitted times, work with a partner. Cheating and/or copying work is in no way permitted. If a student becomes a disruption and/or refuses to do work they may be removed and a call may be made home. A continuous disruption may result in removal from the program.

- **Cell/phones/ Electronic devices**

Students must store all electronic devices in a secure location. (Staff is not responsible for lost, stolen and or broken equipment.) Throughout the program, there may be specific times in which staff may permit the use of electronic devices. During these times participants may use cell phones, iPods etc. however they must re-store all devices immediately upon instruction. If at any time a staff member feels the need to revoke an electronic device. They are permitted to do so without continuance.

- **Be respectful of people and property**

Participants are expected to show respect to both person and property at all times. Throughout enrichment students are expected to abide by the rules of the Allegany Community Center and all organizations that the department will be cooperating with. At no time will it be acceptable for a student to misuse another's property. In all cases students may rely on the staff for guidance or questions concerning conduct, and or other matters. All instructions given by any staff member must be promptly obeyed without dispute.

- **No foul language**

Participants are expected to use appropriate language at all times. In no circumstance may any member use profanity. Also, discussions pertaining to indecent material will at no point be tolerated.

- **No fighting or roughhousing**

Participants are expected to show a mature level of professionalism. Individuals must refrain from unnecessary roughness and or undesired personal contact with both peers and adults. When serious disputes arise they must be brought to the attention of a staff member.

- **The use of any tobacco products, drugs, alcohol, or weapons is strictly prohibited**

At any and all points throughout enrichment the use of any illegal substance is no way permitted. The suspected use of such materials will result in immediate dismissal from the program and repercussions will be pursued to the highest degree. Students are not to carry or distribute any form of drugs or weapons. If a participant requires the use of prescriptions medication then arrangements must be made with staff members prior to the start of the program.

- **Staff practices confidentiality**

Staff members will remain open for discussion and mentoring to all members. If an issue arises amongst students they should bring it to the attention of a staff member. Any issues effecting a participant's safety and mental wellbeing may be discussed on a basis of confidentiality. Privacy will be maintained until an unsuitable point which may affect a students' welfare. All SNI staff members are mandated reporters and are required by law to report any information prudent to the safety and wellbeing of a minor.

- **No nit policy**

We strictly adhere to the ACC no nit policy. Please see attachment.

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

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

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

**Child information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phone: home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency contact #1

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Emergency Contact #2

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone:#1 \_\_\_\_\_ #2 \_\_\_\_\_

**Permission and Waiver**

I \_\_\_\_\_ give \_\_\_\_\_  
(Print parent name) (Print child's name)

permission to participate in programs and receive services from the Allegany Education Department.

- By signing this form my child **may** participate in the program. I am the legal parent/ guardian of the child named above. The recipient waives releases and forever discharges all claims against any of the staff, administration, or participating members for any injuries. Damages, losses or claims to all participants, whether known or unknown, which arise during or result from any activity of or services provided by any of the participating parties. The recipient waives all claims including but not limited to any such injury damage loss or claim arising from any services provided as part of any education and or enrichment service. In signing the permission slip I understand and agree to all terms and conditions as described on this form.

Parent /guardian signature \_\_\_\_\_

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

**Emergency Health Care:**

- In the event that I cannot be reached in an emergency I hereby authorize emergency health care and services as deemed necessary by the staff for my child. I understand that the consent and authorization therein granted does not include major surgical procedures and is valid only during the allotted time of attendance during supervision. Physical conditions must be made clear.

Health care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Child's physician: \_\_\_\_\_

- As a parent /guardian of a participant in the education program, I understand that the recreation department does not have any insurance coverage for any accidental injuries, illness, or personal damages. I agree, by signature below, to release and hold harmless the Seneca Nation of Indians Education Department from responsibility or liability for the injuries or damages not directly caused by the negligence of the department, its officers, agents, or employees.

Parent /Guardian Signature:

\_\_\_\_\_

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

Medical Information (including allergies and any other condition(s))

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

Enrichment Request Form  
Seneca Nation of Indians  
Allegany Education Department

**Permission for Enrichment Services**  
**(School)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/ Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Academic release: (please check the items below that apply)

\_\_\_\_\_ I give permission for the Allegany Education Department enrichment program to work with my child and have access to all pertinent academic information. This shall include, but not limited to, grades attendance and educational plans etc. I understand that any information gathered will be kept confidential and only used to provide a greater opportunity for my child to learn.

\_\_\_\_\_ My child will participate in the after school enrichment program in the Junior – Senior High school.

\_\_\_\_\_ I am responsible for transportation if busing is not available

Days my child will attend tutoring:

Monday	Tuesday	Wednesday	Thursday	Friday

Areas needing assistance:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other: example test prep only

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Enrichment Request Form  
Seneca Nation of Indians  
Allegany Education Department

**Permission for Enrichment Services**  
**(ACC)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/ Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Academic release: (please check the items below that apply)

\_\_\_\_\_ I give permission for the Allegany Education Department Enrichment Program to work with my child and have access to all pertinent academic information. This shall include, but not limited to, grades attendance and educational plans etc. I understand that any information gathered will be kept confidential and only used to provide a greater opportunity for my child to learn.

\_\_\_\_\_ My child will participate in the after school enrichment program at the ACC

\_\_\_\_\_ I am responsible for transportation if busing is not available

Days my child will attend tutoring:

Monday	Tuesday	Wednesday	Thursday	Friday

Areas needing assistance:

- 1.
- 2.
- 3.
- 4.

Other: example test prep only

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**All students must be picked up from tutoring by 5PM.**

Permission and Waiver

I \_\_\_\_\_ give \_\_\_\_\_  
(Print parent name) (Print child's name)

permission to participate in programs and receive services from the Allegany Education Department.

- By signing this form my child may participate in the program. I am the legal parent/ guardian of the child named above. The recipient waives releases and forever discharges all claims against any of the staff, administration, or participating members for any injuries. Damages, losses or claims to all participants, whether known or unknown, which arise during or result from any activity of or services provided by any of the participating parties. The recipient waives all claims including but not limited to any such injury damage loss or claim arising from any services provided as part of any education and or enrichment service. In signing the permission slip I understand and agree to all terms and conditions as described on this form.

Parent /guardian signature: \_\_\_\_\_

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