After School Enrichment Program 2019–2020

The Seneca Nation of Indians Department of Education recognizes that parents are primarily responsible for their children’s education and that education is essential for the growth and progression of the Nation. To assist parents in providing supplemental educational opportunities for their children, the After School Program is being provided by the Seneca Nation of Indians Department of Education – Cattaraugus Territory to assist students in Math, ELA and completing homework assignments.

Eligibility: Students Grades 1–5
Program Dates: October 7, 2019 – June 11, 2020
Program Hours: Monday through Thursday 3.30 pm – 5.30 pm
Location: Education Department Classrooms (ECLC Building)

Bus transportation can be arranged with your school district for your student to be dropped off directly at the program. The transportation request from must be completed and submitted with this application. Program calendar and schedules will be sent home with students after the first day of attendance at program.

Applications must be completed and returned to the Education Department – Cattaraugus by September 25th. We will be having an orientation on October 1st from 6.00pm– 7.00pm in the ECLC Commons. Parent(s) must attend the orientation for their student(s) to attend the After School Program.
Seneca Nation Education Department
After School Enrichment Program 2019–2020
Application

Student Name: ___________________________________________ Grade: __________

School District: ___ Gowanda ___ Lake Shore ___ Silver Creek Primary Teacher: ________________

Address: ________________________________________________________________________________

Parent/Guardian Name(s): ________________________________________________________________

Phone #(s) __________________________ Email: __________________________

Does student have an IEP/504? Y / N If yes, please provide a copy.

EMERGENCY CONTACT INFORMATION

Contact Name & Phone # __________________________ Relationship: __________________________

Authorized to pick up child: Y / N

Contact Name & Phone # __________________________ Relationship: __________________________

Authorized to pick up child: Y / N

Please list others authorized to pick up child on the back of this form.

Health Information/Allergies. (Please list health/allergy information that we may need to be aware of)

________________________________________________________________________

Medical Information Certification and Emergency Authorization

I certify that my child is in good health to the best of my knowledge and that he/she has not been recently exposed

To any contagious diseases. In the event of illness, injury or medical emergency, I authorize the adult staff of the

Seneca Nation After School Enrichment Program, as an agent for the undersigned, to perform first aid on my child, I

also give my consent for any medical or surgical care deemed advisable by any physician or surgeon licensed under

the provisions of the Medical Practice Act on the medical staff of any hospital. I also authorize the Seneca Nation

After School Enrichment Program to administer the sunscreen/insect repellent as specified to my child.

Parent/Guardian Signature: ___________________________ Date: ______________

Student Work and Data Release Form:

I understand that in order to provide the proper academic assistance to my student(s) the Education Department

staff and teachers need **access to files and student data** related to my student. I also acknowledge that any files

collected are kept confidential and used solely for JOM or department related purposes. By checking the lines

below, I acknowledge that the Education Department staff will be permitted **access to the following school

related files. This access will be granted from the date listed below until my student(s) the end of the 2019-

2020 After School Program.** I also acknowledge that this access can be cancelled at any time through a formal

letter to the Education Department.

**Student Work Samples:** ______ I DO give permission ______ I DO NOT give permission

**Student Data/IEP/Grades:** ______ I DO give permission ______ I DO NOT give
Media Authorization

I understand that various forms of media may be taken of my child while they are enrolled in the program. This media will only be used for publicity purposes or general activity documentation.

Parent/Guardian Signature: _______________________________ Date:___________

Programming Policies & Procedures:

- The program is designed with enrichment components, academic intervention and homework help. All of these components will have 30 minutes of time dedicated to completion. Your child is REQUIRED to work during both components of the program. Failure to participate in the intervention will lead to write ups and eventual removal from program. The program will have a standing waiting list and will pull students on first come basis.
- **Our program will begin at 3:30pm and end at 5:30pm.** Drop off by school district bus or parent for all groups. Parents are required to pick up students promptly at 5:30pm. Prior day notification to teacher of late arrival, and/or future absence when possible.
- Participants will be signed out of program by parent/guardian daily. If someone other than the parent/guardian or authorized pick up person(s) is picking up your child we need written permission to allow your child to leave with the alternate. **No child will be released without adult supervision.**
- Should parent/guardian contact information change, it is parent/guardian responsibility to notify the program in a timely manner.
- **Location sites for Enrichment program will be at the Education Department Classrooms located in the ECLC Building:**
- Students are expected to be respectful of staff and other students at all times. If behavior becomes a problem, parents will be notified and students will be removed from the program (see Discipline Policy)
- **Cell phones or other personal electronics will not be allowable during program.** Please be aware the Seneca Nation is not responsible for lost, damaged, or stolen devices. **If your child is caught with an electronic device it will be taken and held till pickup occurs. The device will only be released to the parent.**
- If a participant is found to have nits or lice she/he will be allowed to stay until the end of the program day and a parent will be notified.
- All injuries will be documented by program staff. For injuries requiring more than first aid, 911 will be called. Parent/guardian will be notified immediately.

Internet and iPad use Policy:

The After School Program utilizes technology in order to assist with academic and homework help. Students will not be permitted to access any websites that are deemed inappropriate in a school setting. Failure to comply with a teacher’s request with regard to questionable websites will result in disciplinary action up to and including dismissal from the program.

Attendance Policy:

Any child absent from After School Enrichment program for more than four (4) consecutive days, without notification, will be dropped from the program. Any child that has more than fifteen (15) cumulative absences, without notification, will be dropped from the program. Any student with a 60% attendance rate will be dropped at the end of each quarter. **NO EXCEPTIONS!**
Discipline Policy:

**Bullying** “Bullying” or “Harassment” is intentional written, cyber, verbal, or physical. Actions that are reasonably perceived as being intimidating, hostile, humiliating, or threatening will not be tolerated. Each incident will be documented and a follow up call/meeting will take place with parent/guardian.

**Language** No swearing or abusive language will be tolerated. Each incident will be documented and a follow up call/meeting will take place with parent/guardian.

**Behavior** Disrespectfulness and defiance will not be tolerated and will require a staff/parent/guardian conference to form an intervention approach to remedy the behavior pattern.

**Vandalism &Stealing** Vandalism and the willful or malicious destruction, defacement or theft of any equipment or property is strictly prohibited and should be reported immediately. Participant/parent/guardian will be financially responsible. The participant will be held to the consequence policy.

**Weapons** 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 Program Staff. Any incidents will be grounds for immediate dismissal from the program.

**Violence** No fighting, wrestling, horseplay, or “hands on” will be permitted. Please report any incidents to program staff. Fighting will result in immediate removal of both children involved.

**Drugs** There will be a ZERO TOLERANCE of any drugs, tobacco products, alcohol, or controlled substances. Any incidents will result in immediate dismissal from the program.

**Consequences Policy:** Violations of the discipline policy will result in immediate suspension or removal, as noted in discipline policy above. Other violations will follow the three step consequences below.

**STEP 1** – documented verbal warnings will be given to child by Teacher or Program Supervisor. Supervisor will be notified of concerns and documentation will be filed. Parent will have to sign off on acknowledgment of verbal warning.

**STEP 2** – parents are given a written report and notification of possible suspension by Teacher and/or Program Director. Parent conference will take place with ASEP staff.

**STEP 3** – third written report documented and immediate phone call to parents requesting a conference is to take place. Parent may be requested to pick up student based on severity of incident. Suspension from the program may occur immediately. Duration of suspension is to be determined by the Supervisor/Director and Teacher.

By signing below I consent with the program requirements, policies & procedures, attendance, internet and discipline policies outlined in this document. I understand that these policies must be followed at all times during the After School Enrichment Program to ensure the function of the program and also the safety of my child. I acknowledge the policies and will make sure my child will follow them.

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<th>Student Signature</th>
<th>Student Name – Print</th>
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After School Enrichment Program Transportation Request for the Cattaraugus Education Department

Child’s Name: ___________________________ Grade: ___________________________

School District: ___________________________ Effective as of: __________________

Drop Off Location: Early Childhood Learning Center
Drop Off Address: 2016 Henodeyesta Drive Irving, NY 14081

Days to be dropped off at the above location: Monday Tuesday Wednesday Thursday Friday

Days not attending the After School Enrichment Program:

Drop Off Location: ___________________________
Caregivers Name: ___________________________
Home Address: ___________________________
Phone Number: ___________________________

Days to be dropped off at home: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian (Print Name): ___________________________ Date: ______________
Signature of Parent/Guardian: ___________________________ Date: ______________
Authorized Pick up List

Contact Name & Phone# ______________________________ Relationship: ________

Contact Name & Phone# ______________________________ Relationship: ________

Contact Name & Phone# ______________________________ Relationship: ________

Contact Name & Phone# ______________________________ Relationship: ________

Contact Name & Phone# ______________________________ Relationship: ________