



After-School Enrichment Program 2020-2021

Dear Parent/Guardian,

Please return the application with a copy of your child's Immunization Records, Birth Certificate, Physical that has been completed within the previous 12 months, proof of residency and household income, and payment for the month. After-School Program fee is \$100.00 per month, per child, due the first week of each month. **No child will be enrolled or given a spot, until all proper documentation, forms, and payments have been submitted. First come, first serve basis, limited spots available.**

- **Program will start potentially on September 21, 2020. This date may be subject to change and you will be notified if it changes. Program will run from 3:00pm to 6:00pm on Monday, Tuesday, Wednesday, Thursday and Friday.** If you arrive later the 6:00pm to pick up your child your child could be or will be removed from the program.
- Please be sure to notify, and complete the documents with the BCSD Bus garage to have your child transported to the After-School Program. Transportation is your responsibility.
- **The monthly program fee for 2020/2041 school year will be \$100.00 monthly, due by the first Friday of each month.** Please note that if payment is late, your child will be suspended from program until payment is made. If payment is consistently late your child will be permanently removed from our program.
- If you receive services/cash assistance through DSS you may qualify for daycare subsidies. Please contact your case-worker/manager, or local office.

Our After School Program will be located at:

United Presbyterian Church

42 Chenango Street

Binghamton NY 13901

3:00pm-6:00pm

During after school hours please call: 607.722.4219 (UPC phone number) and ask for a staff from the Broome County Urban League After-School Program.

All other calls can be directed to 607.723.7303 ext.104

Thank You,

Olivia Cornwell, Director of Youth and Family Services

Jennifer Lesko, CEO of Broome County Urban League



**Broome County
Urban League**

*Empowering Communities.
Changing Lives.*

The After-School Program

Child's Name: _____
LAST FIRST

Parent/Guardian's Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Phone: Home (607) _____ Work (607) _____ Cell Phone (607) _____

Main Contact Email: _____

Date of Birth: _____ **Age-** _____ **Ethnicity (optional):** _____

Please List Persons Able to Sign Your Child Out from the Program:

_____	Name	_____	Phone Number
_____	Name	_____	Phone Number
_____	Name	_____	Phone Number

Please list all known allergies (Environmental, food and animal, drug and stings):

Please give a brief description of your child (include likes, dislikes, things they are good at, etc.):

Parent/Guardian Signature

Date

Director/Assistant Director Signature

Date



Please Answer the Following:

Does your child have any behavior difficulties: Yes No

If Yes, please complete the following:

Behavior	What Works	What Doesn't Work

Does your child have an Emotional Disturbance Diagnosis (ADHD, ODD, etc)? Yes No

If yes, please provide diagnosis given: _____

Does your child take medications: Yes No

If yes, please provide name: _____ dosage: _____

Does your child have difficulties at school? Yes No

What grade is your child in? _____ What School? _____

Teacher name (if known): _____

Is your child in a Specialized Classroom? Yes No

If Yes, please explain: _____

We provide up to 1 hour of homework time. If your child has no homework we have work sheets and books available to reinforce your child's learning at school.

OUR SCHEDULE

Arrival: 3:00-3:30 PM

Homework/Snack: 3:30-4:00 PM

Large Motor group activity and Special of the Day 4:00-5:00PM

Free choice or Free play Time: 5:00-6:00 PM



Program INFORMATION

General Program Information

The purpose of The After-School Program is to enable children to:

- Have a safe place to spend their time afterschool
- Assist them with becoming better students and learners in an environment that is conducive to the children’s individual needs
- participate in activities in a non-threatening environment
- enjoy a stimulating and enriching experience through interaction with peers
- practice good decision making skills
- be creative

Program Description

The program is held whenever school is in session M-F from 3:00pm-6:00pm. If there is a half day of school, our program will be held from 11:00am-6:00pm. If there is **no school** or a snow day, there is **no program**.

The monthly fee for the program is \$80.00 a month (OPWDD children are paid through the State) – your program fee must be paid before the start of each month. Because are rates are very low, the fee is the same whether there is program or not, no exceptions. The Binghamton City Schools will bus your child to the facility after school. Please be prompt in picking up your child from program. If you are late in picking your child up, and you have not contacted us, we will contact the local authorities. Lateness can and will result in suspension or immediate removal from the program.

Eligibility & Required Information for New Enrollments

- Child must be 5 years old and in Kindergarten, up to age 13.
- For OPWDD Eligible children between 5 to 21 years old
- For OPWDD Eligible children - Notice of Decision copy must be provided
- An Afterschool Program Application
- Family must provide documentation in reference to their household income.
- Parent/Guardian must provide copy of child’s Birth Certificate
- Parent/Guardian must provide copy of child’s current Immunizations
- Parent/Guardian must provide copy of child’s physical (child must have had physical within 12 months of enrollment to Program)
- Parent/Guardian must provide copy of Proof of Residence (Rent Receipt, Utility Bill, Lease/Rental Agreement)
- Liability, Indemnification, and Disclosure Agreement Form
- Travel Permission Form
- Media Permission Form

I, the undersigned, have read and understood the General Information Guidelines of the Broome County Urban League Afterschool Program and agree to participate under the rules as outlined in this document.

Family Signature

Date

Director/Assistant Director Signature

Date



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**BROOME COUNTY URBAN LEAGUE AFTERSCHOOL PROGRAM
TRANSPORTATION & FIELD TRIP PERMISSION FORM**

On occasion our program may go on local trips. By signing this form, you are consenting to allow your child to be transported for any scheduled trips. If there is any particular trip that you *would not like* your child to take part in, it is your responsibility to notify the Program Director.

I, _____ give permission for my child,
(Parent/Guardian Name – Please Print)

_____ to be transported by agency
(Child’s Name – Please Print)

I further understand that should I have any questions or concerns regarding any of the scheduled trips I will address my concerns to the Program Director. I also understand that should my child exhibit any unsafe behaviors during any transportation, it could mean my child’s removal from any or all transportations.

Parent/Guardian (Please Print)

Parent Guardian Signature

Date

88 Main Street Binghamton, New York 13905
Phone: (607) 723-7303 • Fax: (607) 723-5827
www.bcul.org





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MEDICAL EMERGENCY SLIP

I, _____ give the staff of Broome County Urban
Parent/Guardian Name (Please Print)

League permission to provide standard/basic emergency care for my child

_____ during his/her enrollment in the
Child's Name (Please Print)

Afterschool Program. If neither I nor the emergency contacts listed can be reached and

my child must be transported either by agency vehicle or ambulance to a hospital, I

would prefer my child be brought to: _____
Name of Hospital Preference

Parent/Guardian (Please Print) Parent Guardian Signature

Date

In Case of Emergency, please list the names and contact numbers of persons we may call:

Name Telephone Number

Name Telephone Number

Name Telephone Number

Name Telephone Number

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BCUL AFTERSCHOOL PROGRAM

TRANSPORTATION LIABILITY, INDEMNIFICATION AND DISCLOSURE AGREEMENT

In consideration of the transportation services provided by the Broome County Urban League Family Support Afterschool Program, I (we), my representatives, heirs, and assigns:

- A. Release the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss or damage and liability from damage to property or personal injuries (including injuries resulting from death) arising out of or in connection with the transportation services provided by the Broome County Urban League.
- B. Shall indemnify, defend and save harmless the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss, damage, and liability for damages to personal property or from personal injuries (including personal injuries resulting in death) arising out of or in connection with the transportation services provided by the Broome County Urban League.
- C. Release the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss or damage, and liability for damages to property or personal injuries (including injuries resulting from death) arising out of or in connection with the transportation services provided by outside vendors.
- D. Shall indemnify, defend and save harmless the Broome County Urban League, its Board, its Family Support Services Committee, and employees from any loss, damage, and liability for damages to personal property or from personal injuries (including personal injuries resulting in death) arising out of or in connection with the transportation services provided by these outside vendors.
- E. Releases the Broome County Urban League from financial responsibility for travel arrangements made by family members or other unauthorized persons.

NOTICE: THIS IS A RELEASE OF LIABILITY, IDEMNIFICATION, AND DISCLOSURE AGREEMENT INVOLVING IMPORTANT LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Parent/Guardian (Please Print)

Director/Assistant Director

Parent Guardian Signature

Director/Assistant Director Signature

Date

Date

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Phone: (607) 723-7303 • Fax: (607) 723-5827
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Household Residency/Occupancy & Relation to Child

How many individuals reside in your household: **Adults:** _____ **Children:** _____

Please list the names of all adults and children residing in the household and their relationship to the child being enrolled in the Afterschool Program.

Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Adult Name	Relationship to Child (i.e.; father, mother, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child (i.e.; Brother, sister, cousin, family friend, etc.)
Child Name	Relationship to Child

Parent/Guardian (Please Print)

Parent Guardian Signature

**More space on back of form or
Attach additional adult and child information if needed.**



CDBG FUNDED PUBLIC SERVICE PROGRAM

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

ETHNICITY (select only one):

_____ Hispanic or Latino _____ Not Hispanic or Latino

RACE (select one or more):

_____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ White
_____ Native Hawaiian or Other Pacific Islander

Is applicant and/or any household member an employee for the City of Binghamton: ___ Yes ___ No

Female Head of Household: ___ Yes ___ No No. of family members currently employed: _____

Family Income (please circle):

No. of family members living in household	Level 1	Level 2	Level 3
1	Up to \$13,750	\$13,751 - \$22,900	\$22,901 - \$36,600
2	Up to \$15,930	\$15,931 - \$26,150	\$26,151 - \$41,800
3	Up to \$20,090	\$20,091 - \$29,400	\$29,401 - \$47,050
4	Up to \$24,250	\$24,251 - \$32,650	\$32,651 - \$52,250
5	Up to \$28,410	\$28,411 - \$35,300	\$35,301 - \$56,450
6	Up to \$32,570	\$32,571 - \$37,900	\$37,901 - \$60,650
7	Up to \$36,730	\$36,731 - \$40,500	\$40,501 - \$64,800
8+	Up to \$40,890	\$40,891 - \$43,100	\$43,101 - \$69,000

In order to be considered eligible for the CDBG program, applicants must provide current proof of residency and income for all currently employed family members living in the household. Listed below are acceptable forms of documentation.

Acceptable Documentation for Residency

Cable Bill
Phone Bill
Utility Bill
Driver's License
Sheriff's Identification Card

Acceptable Documentation for Income

Unemployment Payment
Social Services Budget
Pay Stub
W-2 Form
Social Security Income Form

If you are unable to provide current proof of residency and income, please explain why.

I understand that all information provided herein meets the eligibility requirements for the CDBG program and will be used for HUD reporting purposes only. By signing below, I declare that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____



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Broome County Urban League Children's Programs



MEDIA PERMISSION FORM

Name of Child: _____

We take many photos during our Programs and use the photos for our own advertising (Website, Facebook, Brochures, etc). Additionally, the media at times will come and do news segments on our programs. Many times they take pictures and/or ask for comments from program participants.

This form is for you to give permission for, or exclude, your child to be interviewed, having their picture taken for printed news, or from being filmed for television news. If you do not mind if your child is interviewed or photographed please complete line #1. If you do NOT want your child to be interviewed or to have his/her picture taken by media reporters, please complete line #2 and sign the bottom of this form.

LINE #1:

I, _____ allow my child's comments and photographs to be used in agency advertisements, and media coverage.

LINE #2:

I, _____ request that my child's comments and photographs to be excluded from agency advertisements, and media coverage.

If in the future you decide to change your responses for Media Coverage and Agency Advertisements, you may do so by requesting and completing another Media Permission form.

My signature indicates that I have read and understand the content of this permission form.

Parent/Guardian Signature

Date

If you have any questions or concerns regarding this permission form, please address them to Olivia Cornwell, Youth & Family Services Director.

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Phone: (607) 723-7303 • Fax: (607) 723-5827
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AUTHORIZATION TO RECEIVE/RELEASE INFORMATION

Child's Name: _____
LAST FIRST MI

Address: _____ **SSN:** _____

Parent Name: _____

I hereby authorize the staff of:
NAME & ADDRESS OF SCHOOL _____

To: **Release**

Receive

- Report Cards & Progress Reports on Child
- IEP (Individual Education Plan) if applicable to student
- Contact & Visitation with teachers and/or school officials

I authorize this information to be released by:

Received by:



**Broome County Urban League
Youth & Family Services
88 Main Street
Binghamton, NY 13905
Phone: (607) 723-7303 Fax: (607) 723-5827**

I understand that the information released will be used only for the purpose(s) listed below:

1. Guide child in their academic success
2. Remain aware of issues/problems related to school
3. Open communication to assist child in school success

and will not be re-disclosed to any other agency or person without my written consent.

Signature

Date

Parent/Guardian's Signature

Date

Witness' Signature

Date