TOWN OF BRIGHTON
RECREATION DEPARTMENT
220 Idlewood Road, Rochester NY 14618
585-784-5260

COUNCIL ROCK

2024 – 2025
BRIGHTON RECREATION
AFTERSCHOOL PROGRAM

*We are a New York State
REGISTERED SCHOOL AGE CHILD CARE PROGRAM

FAMILY MANUAL AND PROGRAM BROCHURE

See inside for pricing and more details!
Thank you for your interest in the Brighton Recreation Afterschool Program for 2024 - 2025! The Afterschool Program is a NYS registered School Age Child Care Program. We look forward to your participation!

MISSION

It is our desire to provide an appropriate and safe extended day recreation program for your child. We are committed to the health and safety of your child and staff, and have increased our cleaning and disinfecting protocols to keep everyone safe! The Afterschool Program in Brighton has been designed to meet the ever-increasing needs of working parents who seek quality supervision for their child. We are looking forward with pride and confidence to a successful program.

PROGRAM CONTENT

All of the Program Information is subject to change based on guidelines and requirements set by Local and State Authorities, and the BCSD schedule.

The Afterschool Program is open to children entering Grades K – 5.

The program begins after dismissal at Council Rock Primary School and continues until 6:00 pm. Prompt pick-up by 6:00 pm is required.

The program operates on full Brighton School District school days only; it will not be offered during weather-related school closings, early dismissals or holidays. The department offers Recess Programs during the school breaks in December, February, and April. Additionally, we try to offer programs on various other scheduled days off from school. These programs must be registered for separately through the Recreation Department. Please see the Recreation Department Website for additional program offerings, www.townofbrighton.org/rec or give us a call at 585-784-5260 x0 we are happy to help.

The program has consistent rules, regulations, and policies, which must be adhered to by everyone. The specific content of the program will follow established guidelines. The program operates at Council Rock Primary School with activities taking place in the cafeteria, gym, outdoor fields and playgrounds. The site will have equipment and supplies including: a first aid kit, board games, arts and crafts supplies, athletic equipment, playing cards, and books. In addition, we encourage the children to bring a nut/peanut free snack, and any schoolwork they would like to complete. Due to numerous nut/peanut allergies, we request that you do not send any products containing nuts. Keeping the children safe and healthy is our top priority so we appreciate your cooperation with this request.

The schedule includes opportunities for group play as well as group instruction. Time is allowed for homework and/or quiet activities. We try to take the children outside daily (weather permitting), so please be sure they have adequate outerwear for the season.
Children may be transported by Brighton Central School District bus to our program from French Road Elementary School. A Brighton Central School District “Transportation Form” must be completed by the parent and returned to the School District’s Central Administration office prior to the child’s transportation to our program. This form can be obtained by contacting the transportation department at bcsd_transportation@bcsd.org. **Brighton Recreation does not provide, or arrange transportation.** Children being bused will be met at the Council Rock door by the Afterschool Program staff.

**SUPERVISION OF CHILDREN**

A. Children will not be left without competent direct supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher’s range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must take into account the child’s age emotional, physical, and cognitive development.

B. We will only employ staff who will promote the physical, intellectual, social, cultural and emotional well-being of the children.

C. We will supervise all staff responsible for children and strive to ensure regular, consistent staff working in our program. We will meet with staff regularly to make sure that all regulations are being followed and that we are providing a high quality program.

D. No person under 18 years of age may be left alone to supervise a group of children at any time, including in an emergency.

E. Adequate staffing will be provided to meet the supervision requirements of our program and will meet the necessary ratios and qualifications required to stay in compliance with all corresponding regulations and staff ratios.

F. If needed, any substitute staff will also meet the supervision requirements of our program and will meet the necessary ratios and qualifications required to stay in compliance with all corresponding regulations and staff ratios.

G. When a school-age child care program is in operation, an adequate number of qualified staff must be on duty to protect the health and safety of the children in care.

**Minimum Supervision Ratios Based on Group Size:**
The Town of Brighton Recreation Afterschool Program will maintain staff ratios of at least 1 staff member per every 10 children at all times. We will not exceed 1:10 regardless of the ages of the children in attendance at any given time.
VISITOR POLICY

Any and all visitors to the Brighton Recreation Afterschool Program must do the following:

1. Sign in upon entry to the program
2. Indicate in writing the date of the visit and the time of entry to the program
3. Clearly state in writing the purpose of the visit
4. Sign out upon departure from the facility indicating in writing the time of departure

BEHAVIOR POLICY

Behavior problems may occur occasionally. If problems should surface, the Brighton Recreation Department staff has been given the following guidelines:

First Offense: Verbal warning, documentation and notification of parent/guardian.

Second Offense: Consultation with parent/guardian with documentation.

Final Offense: Possible suspension or dismissal from the program.

Staff will work to create a positive climate, which minimizes the potential for inappropriate behavior. When misbehavior occurs, appropriate modification techniques will be administered. Under no circumstances are participants or staff to be subjected to verbal or physical abuse by participants. Violation of this will be dealt with immediately & may result in removal from the program.

ATTENDANCE

Attendance is taken as the children arrive in the afternoon. A daily health screening, including temperature check is completed to allow participants entry into the program.

If a child is registered for any given day and they don’t show up staff will complete the following: contact the guardians, BCSD Transportation and/or the school they are attending from to locate the registered participant.

Parents / guardians are required to notify the program staff if their child will be absent. Please contact the Recreation Department at 363-2243 or 784-5260, x 0 if your child will not be attending on a day for which they are registered.

Staff are required to remain on site until every child is picked up. Parents / guardians must notify us in writing of a change in the release policy (either deletion or addition of another person with permission to pick up your child).
SIGN-OUT PROCEDURE

No one other than those listed on the Emergency Contact Form may pick up a child without previous written notification. If there are custody concerns, it is the parent/guardian’s responsibility to notify the staff in writing. Our current plan is for staff to sign children out so that the process can be contactless. Children will only be released to adults at the building entryway/exit. Children will not be released to cars in the parking lot.

Please text or call us at 585-363-2243 to let us know your ETA when you’re on your way so that we can start to have your child put away anything they were playing with and get ready for you. This will greatly help with the transition for pick-up. You may also contact that number during the hours of 2:30 pm – 6:00 pm with any questions or needs, outside of those hours please contact the recreation office at 585-784-5260 ext. 0.

Please use door number 5 at the cafeteria for pick up on indoor days.

EMERGENCY INFORMATION

It is essential that all work and home telephone numbers, as well as any change of address, be kept current. Parents are responsible for information which is pertinent to the protection of their child(ren). You must inform the Recreation Department at 784-5260, x 0 and the Afterschool Program Director of any changes. Please make sure the emergency numbers of friends and relatives are current and accurate in case they need to be called in reference to your child(ren).

The Recreation Main Office is open Monday - Friday from 9:00 am – 5:00 pm.

SCHOOL CLOSING AND EARLY DISMISSAL POLICY

The Afterschool program operates on full Brighton School District school days.

In the event schools are closed or close early due to inclement weather or mechanical failure, there will be no Afterschool Program. Your child will receive a credit for the day that can be used for them to attend another upcoming school day. Please tune to local news stations if there is a question about closing of schools. Parents must make alternate arrangements in advance to cover such emergencies.

On early dismissal days from Council Rock & French Road Schools there will be no Afterschool Program. Please consult the school calendar for these dates and plan accordingly. There may be alternate recreation programs being offered on previously scheduled early dismissal days. Please see the Recreation Department Website for available options, www.townofbrighton.org/rec.
PERSONAL BELONGINGS

The Brighton Recreation Department will not be responsible for any lost, stolen or damaged personal property. (Items such as trading cards, electronic games, jewelry, money, sports equipment, etc. should not be brought to the program.)

INJURY

The staff are required to complete an accident report in the event a child is injured. The parent or guardian will be notified if a child sustains any type of significant injury. In the event of a serious injury, the child will be taken to the nearest, most appropriate medical facility. Please remember that a hospital may not begin treatment until a parent/guardian is contacted.

ILLNESS

In the event your child(ren) becomes ill during our program, every attempt will be made to contact the parent, guardian, or the person listed as the emergency contact. Please keep your child home and notify us in the event your child contracts a communicable disease such as COVID-19, lice, measles, chicken pox, conjunctivitis (pink eye), etc. Once again, please keep your telephone numbers and emergency information current and accurate.

MEDICATION

Non-emergency medication cannot be administered during the Afterschool Program by program staff. If medication needs to be dispensed during program hours, the child’s parent/guardian may administer as needed.

Emergency medications (inhalers, Epi-Pens, etc.) may be kept on site for participants as required. A Health Care Plan must be completed and on file at the Recreation Department before your child may attend the program. These forms must be reviewed and updated every six months. Please contact the Recreation Department for additional forms.

PROPERTY DAMAGE

In the event it is determined a participant is responsible for vandalizing School District, Brighton Recreation, Council Rock, or participant property, the parents/guardians shall be financially responsible for all damages, which may include replacement or restoration of damaged property.
PARENT/GUARDIAN PARTICIPATION

Communication between parents / guardians and staff is a very important key to the success of this program. Please feel free to contact the Recreation Director or the Program Director if you need to share additional information concerning your child. If you would like to visit the program space please contact us to coordinate a visit so we can arrange an appropriate time. Visitations subject to change due to COVID19 protocol. We value your opinions and suggestions and welcome all feedback!

ADMISSION TO PROGRAM

Before your child can attend the Afterschool Program the following forms must be on file with our department (see pages 14 - 15 of this brochure):

1) Registration Form. This form consists of the child’s name and address, parent’s name, doctor’s and dentist’s name, health information, and participation release.

2) Emergency Contact Form. This form is completed by the parent / guardian and lists all the information needed to reach parents and/or emergency contacts. This form also indicates those individuals who may pick up your child(ren). This form must be completed in full and kept current; we may need to contact relatives, friends, and neighbors in case of emergency!

3) Immunizations. Current immunizations records need to be on file. You can mail, email brighton.recreation@townofbrighton.org, drop them off or have the doctor’s office fax to 585-784-5365

4) Children with special needs. If you have a child with special needs, please contact the Recreation Department at 585-784-5260, x 0 to obtain the Individual Health Care Plan for a Child with Special Needs form. This form will need to be filled out and returned to the Recreation Office prior to your child attending the Afterschool Program.

5) Optional Credit Card Payment Form. On page 14. *If you choose to use this method of payment, the office staff will NOT automatically charge your account or enroll your child into the program. It is the parents’ responsibility to call the Recreation Office at 784-5260 ext. 0 or email brighton.recreation@townofbrighton.org to schedule your child’s attendance in the After School Program for each month.
REGISTRATION

Remember, if you have NOT paid, you do NOT have a spot saved even if the registration paperwork is filled out and submitted to us.

Registration can now be done online, over the phone at 585-784-5260 x0, or if you have a credit card on file you can email us at brighton.recreation@townofbrighton.org

Children may be registered for 1 - 5 days / week with at the rate of $24 per day ($26 if after the first of the month).

The Afterschool Program is approved to serve a maximum of 30 students per day.

Registration for the Afterschool Program is received on a “first come/first served” basis each month. Children must be registered with payment made in full prior to attendance. Spaces are not held for children until payment is received.

PAYMENTS

The Afterschool Program costs $24/day or $26/day if paid after the 1st of the month. We encourage payments to be made month to month. If you wish, payment can be made for more than one month at a time and can be made with cash, check (made out to “Brighton Recreation”), VISA, Mastercard or Discover. See page 11 of this brochure for a complete monthly fee schedule. If your financial situation requires a different payment schedule (e.g. week to week) we will work with you on a case by case basis with prior communication.

THE AFTERSCHOOL PROGRAM DOES NOT OPERATE ON EARLY DISMISSAL DAYS, INCLEMENT WEATHER, OR HOLIDAYS. Credit will be given when schools are closed because of inclement weather. A payment calendar is provided for you on page 11 of this manual. If paying by check, please address payment to:

Brighton Recreation
220 Idlewood Road
Rochester, NY 14618

*If you have a credit card on file with us, you may email brighton.recreation@townofbrighton.org with your requested days.*

If a child attends the program without full payment, their parent/guardian will be called to pick up their child immediately and he/she/they will not be readmitted to the program until full payment is made.

All requests for a schedule change must be made three business days in advance of the original date (with September being the exception that all changes must be made by August 31st). All requests must be made with the Brighton Recreation staff by email or by calling 784-5260 ext. 0.
Refunds are granted when an illness is verified by a doctor's note or the child moves from the area. In the event a refund is necessary, you must send the request in writing to: Brighton Recreation, 220 Idlewood Road, Rochester NY 14618 or brighton.recreation@townofbrighton.org. You need to indicate the reason for the refund, request and confirm with us where you would like the refund to be mailed. Credits may also be given when deemed appropriate by the staff.

The program ends at 6:00 pm. A parent picking up a child at 6:01 pm is late. Failure to pick up your child by 6 pm could result in removal from the program.
# Brighton CSD 2024-2025 School Calendar

**Note:** On all days that are highlighted in blue, yellow, or green the afterschool program will NOT be in session. There may be alternate recreation programs being offered on these days. Please see the Recreation Department Website for available options, www.townofbrighton.org/rec.

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July</td>
<td>Aug 28</td>
<td>Superintendent’s Conference Day</td>
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<td></td>
<td>Sept 2</td>
<td>Labor Day</td>
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<td></td>
<td>Sept 3</td>
<td>School Opens – Full Day Session</td>
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<td></td>
<td>Oct 5-6</td>
<td>Rosh Hashanah (Schools Closed)</td>
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<td></td>
<td>Oct 13</td>
<td>Superintendent’s Conference Day</td>
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<td></td>
<td>Oct 14</td>
<td>Indigenous People Recognized / Columbus Day</td>
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<td>Nov 1</td>
<td>Thanksgiving Recess</td>
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<td>Nov 8</td>
<td>5th Day K-5 Parent/Teacher Conf.</td>
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<td>Nov 11</td>
<td>Veterans Day (Schools Closed)</td>
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<td>Nov 15</td>
<td>5th Day K-5 Parent/Teacher Conf.</td>
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<td></td>
<td>Nov 27-29</td>
<td>Thanksgiving Recess</td>
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<td></td>
<td>Dec 6</td>
<td>5th Day K-5 Parent/Teacher Conf.</td>
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<tr>
<td></td>
<td>Dec 13</td>
<td>5th Day K-5 Parent/Teacher Conf.</td>
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<td></td>
<td>Dec 23-Jan 3</td>
<td>Holiday Recess</td>
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<tr>
<td></td>
<td>Jan 6</td>
<td>School Resumes</td>
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<td></td>
<td>Jan 20</td>
<td>Martin Luther King Jr. Day (Schools Closed)</td>
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<td></td>
<td>Jan 24</td>
<td>9-12 Superintendent’s Conference Day</td>
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<tr>
<td></td>
<td>Mar 28</td>
<td>Spring Recess</td>
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<tr>
<td></td>
<td>Apr 14-18</td>
<td>Early Release Day</td>
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<tr>
<td></td>
<td>May 23</td>
<td>Memorial Day (Schools Closed)</td>
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<td></td>
<td>May 26</td>
<td>Local/Regents Exams</td>
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<tr>
<td></td>
<td>Jun 13-27</td>
<td>Anticipated Last Day of School</td>
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<tr>
<td></td>
<td>Jun 26</td>
<td>Regents Rating Day</td>
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<tr>
<td></td>
<td>Jun 27</td>
<td>9-12 Superintendent’s Conference Day</td>
</tr>
</tbody>
</table>

**Faculty Days:** 183  
**Student Days:** 179  
**Collaborative Day:** 1  

**BOE APPROVED:** Feb. 6, 2024
Below is a 2024 - 2025 schedule of the fees for full months:

<table>
<thead>
<tr>
<th>Month</th>
<th>Fee: $24.00 (If rec’d before the 1st of each month)</th>
<th>Fee: $26.00 (If rec’d on or after the 1st of each month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>$480.00 / mo. or $24.00 / day</td>
<td>$520.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>October</td>
<td>$456.00 / mo. or $24.00 / day</td>
<td>$494.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>November</td>
<td>$336.00 / mo. or $24.00 / day</td>
<td>$364.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>December</td>
<td>$312.00 / mo. or $24.00 / day</td>
<td>$338.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>January</td>
<td>$432.00 / mo. or $24.00 / day</td>
<td>$468.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>February</td>
<td>$360.00 / mo. or $24.00 / day</td>
<td>$390.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>March</td>
<td>$480.00 / mo. or $24.00 / day</td>
<td>$520.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>April</td>
<td>$408.00 / mo. or $24.00 / day</td>
<td>$442.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>May</td>
<td>$480.00 / mo. or $24.00 / day</td>
<td>$520.00 / mo. or $26.00 / day</td>
</tr>
<tr>
<td>June</td>
<td>$432.00 / mo. or $24.00 / day</td>
<td>$468.00 / mo. or $26.00 / day</td>
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</tbody>
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Changes for September 2024 must be made by August 31st. We cannot honor any changes for September after that date due to potential demand and staffing constraints.

Monthly registrations may be done Online at www.townofbrighton.org/rec

Flexible registration by specific days may be done over the phone by calling the Recreation Department at: 585-784-5260 x 0

or by emailing brighton.recreation@townofbrighton.org

Children may attend 1 - 5 days per week with no change in fee per day.

If you have a credit card on file, office staff will NOT automatically charge your account or enroll your child into the program. It is the parents’ responsibility to call the Recreation
Office at 784-5260 ext. 0 or email brighton.recreation@townofbrighton.org to schedule your child’s attendance in the After School Program for each month.
CONCLUSION

We are pleased to be able to offer this service and will make every effort to make your child's experience a positive one. Please feel free to contact the department with any concerns or questions at 784-5260.

Finally, we would like to thank you for allowing us the opportunity to get to know you and your family. We hope you will participate in our many other recreation programs.
**If you choose to use this method of payment, the **office staff will NOT automatically charge your account or enroll your child into the program.** It is the parents’ responsibility to call the Recreation Office at 784-5260 ext. 0 or email brighton.recreation@townofbrighton.org to schedule your child’s attendance in the After School Program for each month. (Children coming to the program without full payment will be escorted to the Main Office and parents/guardians will be called to pick up their child immediately.)

Fill out the enclosed registration information sheets on pages 14 and 15 of this brochure AND the Credit Card Payment Form at the bottom of this page. If you plan to use more than one credit card as a form of payment, you must submit a Credit Card Payment Form for each card. Please make the office staff aware of which card you choose for payment, as well as any changes that may occur with your card(s). (Your Credit Card Payment Forms will be kept in a secure location.) Submit all required forms to the Recreation Office. Receipts will be sent to you after payment has been processed.

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**ASP CREDIT CARD PAYMENT FORM 2024 - 2025**

Parent/Guardian/Self ___________________________________________

Address __________________________________ City _______________ Zip ____________

Preferred Phone __________________ Work Phone __________________ Cell Phone ____________

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>ASP Month</th>
<th>Amount paid</th>
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<tbody>
<tr>
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</table>

I give Brighton Recreation permission to use my credit card number as payment for the After School Program.

_________________________________________  __________________________
Signature                                          Date

• VISA Account Number
• Mastercard
• Discover

Expiration Date: _________

Receipt #_________ Amount _______ Date ____________
BRIGHTON RECREATION
AFTERSCHOOL PROGRAM
2024 - 2025
Registration Form

Child’s Name ______________________________________ Age ______

School ___________________________________________ Grade____

Birthdate ___/____/_____

Parent / Guardian _______________________________________

Address _____________________________________________ Zip Code ______

Preferred Phone ________________________ Cell Phone ______________ 

Work Phone __________________________________ Ext. _________

Email ____________________________________________

Emergency Contact _________________________ Phone __________________

Doctor’s Name ____________________________ Phone ______________ 

Dentist’s Name ____________________________ Phone ______________ 

Additional Information __________________________________________ 

____________________________________________________________ 

AGREEMENTS:
No refunds will be given except when the child moves from the area or a doctor certifies illness of 
the participant. A $10.00 administrative fee will be withheld on all refunds unless the program is 
cancelled.

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical 
care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper 
health and wellbeing of my child.

I hereby release the Town of Brighton and any of its staff from any responsibility or liability from 
any connection with this activity. I also fully realize that I must provide proper hospitalization.

By signing below I agree to all above listed agreements.

Parent / Guardian Signature ____________________________ Date ________

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BRIGHTON RECREATION
AFTERSCHOOL PROGRAM
2024 - 2025

EMERGENCY CONTACT FORM

Please complete the following information before your child participates in this program. In addition, please send us a note if anyone other than those indicated below will be picking up your child. Prompt pick-up is expected. Please sign your child out when picking them up.

CHILD’S NAME ________________________ Preferred Phone ____________
Parent/Guardian Name ________________________ Day Phone ______________
Parent/Guardian Name ________________________ Day Phone ______________

*Others who may be contacted in case of emergency:

Name ________________________ Day Phone ______________
Name ________________________ Day Phone ______________
Name ________________________ Day Phone ______________

*Others who are authorized to pick your child up:

Name ________________________ Day Phone ______________
Name ________________________ Day Phone ______________

*Please share with us any medical concerns, allergies, or medical information about your child:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*If you have a child with allergies we will provide you with an additional Individual Allergy and Anaphylaxis Emergency Plan form to fill out before your child attends.

*If you have a child with special needs please request the Individual Health Care Plan from the Recreation Department so we can better serve your child.

*Required

Parent / Guardian Signature ________________________ Date __________

☐ Please check this box if you DO NOT want your or your child’s photo to be used.