



TOWN OF BRIGHTON
RECREATION DEPARTMENT

220 Idlewood Road, Rochester NY 14618
585-784-5260, TTY 784-5381

2018 – 2019
BRIGHTON RECREATION
AFTERSCHOOL PROGRAM*

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

PARENT'S MANUAL AND PROGRAM BROCHURE

Thank you for your interest in the Brighton Recreation Afterschool Program for 2018 - 2019! The Afterschool Program is a NYS licensed School Age Child Care Program. We look forward to your participation!

MISSION

It is our desire to provide appropriate and safe extended day recreation programs for your child. The Afterschool Program in Brighton has been designed to meet the ever-increasing needs of working parents to seek quality supervision for their son / daughter. We are looking forward with pride and confidence to a successful program.

PROGRAM CONTENT

The Afterschool Program is open to children entering Grades 1 – 5.

The program begins after the buses have dropped the children off at Brookside 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 the various other scheduled days off from school. These programs must be registered for separately in the Recreation Department. Please see the complete Recreation Brochure for additional program offerings.

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 from Brookside School Recreation Center with activities taking place in the Arts and Crafts Room, Small and Large Gymnasiums, and outside playing areas. 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 large group play as well as small 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 Council Rock Primary School and 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 from Brighton Central School Office at 2035 Monroe Avenue. Brighton Recreation does not provide or arrange transportation. Children being bused will be met at the Recreation Center door by the Afterschool Program staff.

The Brighton Afterschool Program is available from 3:00 – 6:00 pm (space permitting). Children registered in ASP who wish to enroll into any after school Brighton Recreation class being offered at Brookside between the hours of 3:00 – 6:00 pm will pay a reduced rate of \$8/day for ASP on the day of the recreation program. A separate registration form is needed for the recreation program. If interested, please contact the Recreation Department at 784-5260.

PARENT PARTICIPATION

We welcome visits from parents and guardians. 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. 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 11 & 12 of this brochure):

- 1) **Registration Form.** This form is comprised 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) **Children with special needs.** If you have a child with special needs, please contact the Recreation Department at 585-784-5260 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.

ATTENDANCE

Attendance is taken as the children arrive in the afternoon. **Parents are required to notify the program staff if their child will be absent.** Please contact the Recreation Department at 784-5260, x 0 if your child will not be attending on a day for which he or she is registered.

Staff is required to remain on site until every child is picked up. **Parents 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 POLICY

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. Each parent must sign out his or her child in the afternoon. This involves coming into the facility, locating the sign-out sheet and signing the child out.

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 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. **Should you need to contact the Afterschool Program directly after 5:00 pm, the staff can be reached at 784-5271.**

SCHOOL CLOSING AND EARLY DISMISSAL POLICY

The ASP 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**. 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 payment calendar for these dates and plan accordingly. There may be alternative recreation programs being offered. Please see your Recreation Brochure for available options.

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 is 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 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 notify us in the event your child contracts a communicable disease such as 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.

BEHAVIOR

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 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.

PROPERTY DAMAGE

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

PAYMENTS

The Afterschool Program is licensed 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.**

The Afterschool Program costs *\$17.50/day if paid before the 1st of each month.* *On and after the 1st of each month, payment for the Afterschool Program is \$18/day* for that month. If the 1st of the month falls on a weekend day, the \$17.50 payment will be accepted until 5 pm on the following Monday. 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 7 of this brochure for a complete monthly fee schedule. If your financial situation requires a different payment schedule (e.g. week to week) we are willing to work with you on a case by case basis with prior communication to avoid the late fee.

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 8 of this manual. The days we know the program will be closed are indicated by a dash (-). If paying by mail, please cut out the appropriate month, note your child’s name, circle the dates your child will be attending and return it with the appropriate payment to:**

**Brighton Recreation
220 Idlewood Road
Rochester, NY 14618**

The after hours drop box in the Recreation Office door may also be used if the office is closed.

Children attending the program without full payment will be escorted to the Recreation Office. Parents will be called to pick up their child immediately and he/she will not be re-admitted to the program until **full** payment is made.

Registrants may request no more than two changes per month. All requests must be made three business days in advance of the original date. All requests must be made with the Brighton Recreation staff by calling 784-5260.

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.

TAX ID NUMBER

For Income Tax purposes, our Federal Tax ID number is: 16-6002187.

Below is a 2018-2019 schedule of the fees for full months:

| Month: | Fee: (If rec'd before the 1 st of each month) | Fee: (If rec'd on or after the 1 st of each month) |
|-----------|--|---|
| September | \$262.50 / mo. or \$17.50 / day | --- |
| October | \$367.50 / mo. or \$17.50 / day | \$378 / mo. or \$18 / day |
| November | \$297.50 / mo. or \$17.50 / day | \$306 / mo. or \$18 / day |
| December | \$227.50 / mo. or \$17.50 / day | \$234 / mo. or \$18 / day |
| January | \$367.50 / mo. or \$17.50 / day | \$378 / mo. or \$18 / day |
| February | \$262.50 / mo. or \$17.50 / day | \$270 / mo. or \$18 / day |
| March | \$350 / mo. or \$17.50 / day | \$360 / mo. or \$18 / day |
| April | \$280 / mo. or \$17.50 / day | \$288 / mo. or \$18 / day |
| May | \$367.50 / mo. or \$17.50 / day | \$378 / mo. or \$18 / day |
| June | \$297.50 / mo. or \$17.50 / day | \$306 / mo. or \$18 / day |

2018 – 2019 PAYMENT CALENDAR

Fee schedule: \$17.50/day or \$18/day on and after the 1st of each month.

| | | | | | | | | | | | | | | |
|-----------------------|----------|----------|----------|----------|---------------------|----------|----------|----------|----------|-----------------|----------|----------|----------|----------|
| September 2018 | | | | | October | | | | | November | | | | |
| M | T | W | R | F | M | T | W | R | F | M | T | W | R | F |
| | | | | — | 1 | 2 | 3 | 4 | — | | | | 1 | 2 |
| — | — | 5 | 6 | 7 | — | 9 | 10 | 11 | 12 | 5 | 6 | 7 | 8 | 9 |
| — | — | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | — | 13 | 14 | 15 | — |
| 17 | 18 | — | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 19 | 20 | — | — | — |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | 26 | 27 | 28 | 29 | 30 |
| December | | | | | January 2019 | | | | | February | | | | |
| M | T | W | R | F | M | T | W | R | F | M | T | W | R | F |
| 3 | 4 | 5 | 6 | — | | — | 2 | 3 | 4 | | | | | 1 |
| 10 | 11 | 12 | 13 | — | 7 | 8 | 9 | 10 | 11 | 4 | 5 | 6 | 7 | 8 |
| 17 | 18 | 19 | 20 | 21 | 14 | 15 | 16 | 17 | 18 | 11 | 12 | 13 | 14 | 15 |
| — | — | — | — | — | — | 22 | 23 | 24 | 25 | — | — | — | — | — |
| — | | | | | 28 | 29 | 30 | 31 | | 25 | 26 | 27 | 28 | |
| March | | | | | April | | | | | May | | | | |
| M | T | W | R | F | M | T | W | R | F | M | T | W | R | F |
| | | | | 1 | 1 | 2 | 3 | 4 | 5 | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | — | 9 | 10 | 11 | 12 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | — | — | — | — | — | 13 | 14 | 15 | 16 | — |
| 18 | 19 | 20 | 21 | — | 22 | 23 | 24 | 25 | 26 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 29 | 30 | | | | — | 28 | 29 | 30 | 31 |
| June | | | | | | | | | | | | | | |
| M | T | W | R | F | | | | | | | | | | |
| 3 | 4 | 5 | 6 | 7 | | | | | | | | | | |
| 10 | 11 | 12 | 13 | 14 | | | | | | | | | | |
| 17 | 18 | 19 | 20 | 21 | | | | | | | | | | |
| 24 | 25 | — | — | — | | | | | | | | | | |

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.

BRIGHTON RECREATION

2018 – 2019

ASP CREDIT CARD PAYMENT OPTION

**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 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 Recreation Office and parents will be called to pick up their child immediately.)

Fill out the enclosed registration information sheets on pages 11 and 12 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.

ASP CREDIT CARD PAYMENT FORM 2018-2019

Parent/Guardian/Self _____

Address _____ City _____ Zip _____

Preferred Phone _____ Work Phone _____ Cell Phone _____

| Participant Name | ASP Month | Amount paid |
|------------------|-----------|-------------|
| | | |
| | | |
| | | |

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

Signature Date

- VISA
- Mastercard
- Discover

Account Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date: _____

Receipt # _____ Amount _____ Date _____

BRIGHTON RECREATION
AFTERSCHOOL PROGRAM
2018 - 2019

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 well being 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 _____

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

BRIGHTON RECREATION
AFTERSCHOOL PROGRAM 2018 - 2019

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:**
****Required**

Name _____ Day Phone _____
Name _____ Day Phone _____
Name _____ Day Phone _____

****Others who are authorized to pick your child up:**
****Required**

Name _____ Day Phone _____
Name _____ Day Phone _____

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

***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.**

Parent / Guardian Signature _____ Date _____