



BEFORE SCHOOL PROGRAM

SEPTEMBER 2024-JUNE 2025

Registration Requirements

- ❖ Copy of child's physical
- ❖ Copy of child's immunization record
- ❖ First Month Fee:
 - Credit/Debit Card – *"One-Time"* Credit
 - Card Authorization Form attached
 - Check/Money Order (*payable to the City of White Plains*)

Completed registration forms along with payment will be accepted by Drop Box ONLY located in the front entrance hallway of the

Youth Bureau:

Monday – Friday 9 am to 8 pm

Summer Hours: 9 am to 5 pm



**FIRST COME
FIRST SERVE**

LIMITED SPACE!

MONTHLY FEE
\$222

BEFORE SCHOOL SITES

Church Street
George Washington
Mamaroneck Avenue
Post Road
Ridgeway

Time: 7:00 AM to 9:00 am

CITY OF WHITE PLAINS
YOUTH BUREAU
11 Amherst Place
914-422-1378

www.whiteplainsyouthbureau.org



YOUTH BUREAU
OFFICE OF THE MAYOR
11 AMHERST PLACE - WHITE PLAINS, NEW YORK 10601
(914) 422-1378 - FAX (914) 422-6489
www.WhitePlainsYouthBureau.org

THOMAS M. ROACH
MAYOR

FRANK WILLIAMS, JR.
EXECUTIVE DIRECTOR

ELIZABETH ALMONTE, MBA
DEPUTY DIRECTOR

WPYB BEFORE SCHOOL PROGRAM School Year 2024-2025

STUDENT INFORMATION PLEASE PRINT CLEARLY

Student's Name _____ Date of Birth ____/____/____
Home address _____ Apt. # _____ Zip _____ Home phone () _____ - _____
Ethnicity/Race _____ Gender _____ Age _____ **Grade as of September 2024:** K 1st 2nd 3rd 4th 5th
Elementary School: Church Street George Washington Mamaroneck Avenue Post Road Ridgeway
Time: 7:00 a.m. to 9:00 a.m.

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Parent/Guardian: _____
Work number: _____ Work number: _____
Cell phone: _____ Cell phone: _____
Email address _____ Email address: _____
I would prefer to receive my monthly invoice: E-Mail Regular Mail

REQUIRED EMERGENCY CONTACT INFORMATION

(Persons other than parent/guardian required for emergency contact)
Please update information whenever there are changes with after school registrar.

Name _____ Phone _____ Relationship to child _____
Name _____ Phone: _____ Relationship to child _____
Name _____ Phone: _____ Relationship to child _____

OFFICE USE ONLY

Medical _____ Immunization _____ Fee Paid _____ Method of Payment _____ Last 4 digits _____

Date Received _____ Student Start Date _____

WPYB BEFORE SCHOOL PROGRAM SY 24-25

MEDICAL HISTORY
MUST BE COMPLETED BY PARENT/GUARDIAN

Child's Name _____ Date of Birth _____ Gender _____

Name of Parent/Guardian _____ Phone # _____

Address _____

Is child's health generally good? _____ If not, describe according to chart:

Is child subject to:	Allergies:	Food Allergies:	History of Diseases:
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Other Tree Nuts	<input type="checkbox"/> Measles
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Drugs		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Hay Fever		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Influenza Type B		
	<input type="checkbox"/> Hepatitis B		

List operations or serious injuries with dates _____

List chronic or recurring illnesses _____

Please list current medications _____

Please describe restrictions on your child's participation in activities or necessary modifications

Does your child require an EpiPen, asthma inhaler and or Benadryl? Yes No

If yes, you must notify the registrar and your site director to complete required Healthcare Plan Forms.

Is your child designated through the Committee on Special Education? Yes No

Does your child need a smaller class size or extra resources during the school day? Yes No

Please describe _____

PARENTS MUST NOTIFY THE PROGRAM IF THERE HAS BEEN EXPOSURE TO A COMMUNICABLE DISEASE PRIOR TO OR DURING YOUR CHILDS ATTENDANCE IN THE PROGRAM

HOSPITAL RELEASE/PERMISSION SLIP

Doctor's Name _____ Phone# _____

In the event of serious illness or injury, I _____ grant permission to take my child _____ to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Hospitalization Insurance Co. _____ ID Number _____

Signature of Parent/Guardian _____ Date _____

RELEASE OF LIABILITY

In consideration of your acceptance of my child _____ for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may be the result of strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child's participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child's physician before allowing my child to participate in any strenuous activity.

I have read, understand and agree with the terms of this release.

Signature of Parent/Guardian: _____ **Date:** _____

PHOTO/VIDEO CONSENT

I, _____, parent/guardian of _____, hereby **DO** **DO NOT** consent that the White Plains Youth Bureau may videotape/photograph my child and use such videotape/photographs for publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such videotape/photographs. I understand that such information could subsequently be used by other media.

I have read and understand the above release.

Signature of Parent/Guardian: _____ **Date:** _____

EDUCATIONAL INFORMATION RELEASE FORM

I, _____, parent/guardian of _____, **DO** **DO NOT** give permission for the exchange of the following information between my child's school and the staff of White Plains Youth Bureau: exchanges of information with teachers, social workers, guidance counselors, psychologists and school officials, as these relate to the student's behavior and academic needs. This information is strictly confidential and will be treated as such by the City of White Plains Youth Bureau in working with my child.

Signature of Parent/Guardian: _____ **Date:** _____

Youth Bureau Before School Program Statement of Policy

REQUIREMENTS: The City of White Plains Youth Bureau Before School Program is open to all school age children in grades kindergarten through fifth, who are White Plains residents. All children are welcome without regard for sex, race, color, or national origin.

DEADLINE: *The Before and After School Program has limited space available. We serve on a first come first serve bases. Once we have reached capacity we will hold a wait list.* Registration forms, a copy of your child's physical, copy of immunization record and payment must be completed and submitted in its entirety. For Credit/Debit card payments, please use the *"ONE-TIME"* Credit Card Authorization Form attached in this packet.

HOURS: Monday through Friday from start of the school day, 7:00 a.m. to 9:00 a.m. The Before School Program will follow the White Plains School District schedule. Our program is closed when school is closed. On early dismissal and half days we will be open.

DISMISSAL ARRANGEMENTS: *All participants of the Before School Program will be released to respective school staff members.*

FEES: The cost is \$222.00 per month and is due upon acceptance into the Before School Program and will be applied to your first month's tuition. *Refunds will be granted only for a full billing period's payment (generally four weeks) when a request for a refund is provided to our business office in writing at least one week before the beginning of the billing period. Payments are due in advance and collected on a monthly basis. Parents will receive their monthly invoice on the 10th day of each month via email or regular USPS mail. A \$21.00 late fee will be applied to your account each month if payment is not received on the selected due date.* If payment of fees becomes more than one month delinquent, your child will not be allowed to attend the Before School Program until the payment is brought up-to-date. *Fees are due regardless of absences.* There is a \$20.00 charge for all returned checks.

WITHDRAWAL: A child may be asked to withdraw from the Before School Program if, in the judgment of the professional staff, he or she is not able to adapt to the reasonable expectations of the program. *Please see parent handbook. Parents agree to inform the program upon registration of any special needs that require modifications in the child's school program.* If a child is removed from the Before School Program for any reason, it is the responsibility of the parent/guardian to inform their child's school of all new dismissal procedures.

STAFF: The ratio of staff to children will be approximately 1 to 10 in the primary grades. Children will be supervised at all times. Parents, guardians, Youth Bureau and school staff may be informed of child's attendance, progress and behavior. The Before School Program encourages parents and teachers to discuss specific concerns at any time with site director or program administrators of the Youth Bureau.

HEALTH: If it appears that a child's health may pose a threat to other children, parents will be called and required to immediately pick up their child. *Our directors may not administer medication of any kind to any child nor may a child self-administer medication while in our care.* The only exception to this is the case of emergency medications, including and limited to *asthma rescue inhalers, epi-pens, Benadryl and nebulizers.* All of our licenses have been amended so that we are able to administer these emergency medications, following careful procedures that *require advance written plans and consents from a parent and child's physician.* *If your child may require any of these medications during our program hours, please speak with your Site Director right away and arrange to process the needed forms to arrange for this in advance.*

In any other cases of medical emergency, we rely on the excellent local emergency services to provide urgent care. In the event of a medical emergency, we will contact the local emergency medical system. We are required to have a copy of the children's current physical & immunization record on file with our program.

IMPORTANT: If there are any changes at any time to the information provided on this form, please be sure to inform the After School Connection Office at 422-1378.

FOOD SERVICE ARRANGEMENTS: Breakfast is provided by White Plains Food and Nutrition Service, one breakfast per child will be served.

TRANSPORTATION: We do not provide transportation to and from the program.

I have read and agree to these policies.

Signature of Parent/Guardian _____ **Date** _____

PARENT HANDBOOK SIGNATURE

My signature below indicates that I have read and understand all of the information in the Parent Handbook.

PLEASE KEEP HANDBOOK FOR YOUR RECORDS. DO NOT RETURN WITH REGISTRATION FORMS.

Signature of Parent/Guardian: _____ **Date:** _____



Before & After School Program ONE-TIME Credit Card Authorization Form/

Formulario de Autorización de pago para los programas Antes de la Escuela & Post Escolar

Please complete and return this form to the White Plains Youth Bureau After School Program to make a ONE-TIME debit to your credit card listed below. All information will remain confidential. / Por favor llene este formulario y devuélvalo al Programa Post Escolar del Depto. de Juventud de White Plains para hacer un pago individuo con la tarjeta anotada. Toda la información permanecerá confidencial.

Please PRINT your information below clearly./ Por favor complete la información a continuación:

Cardholder Name/Nombre en la tarjeta: _____

Billing Address/ Dirección: _____

Visa _____ Mastercard _____ Discover _____ Amex _____

Card Number _____
de tarjeta

Expiration Date: _____
Fecha de vencimiento

AMOUNT: _____

By signing this form you give The City of White Plains Youth Bureau permission to debit your account for the amount indicated. This is permission for a ***single transaction only***, and does not provide authorization for any additional unrelated debits or credits to your account. Invoices will be emailed on the 10th of each month with payment instructions to follow./ Al firmar este formulario, autoriza a/ Depto. de Juventud de la Ciudad de White Plains a debitar de su cuenta la cantidad indicada. Este es un permiso solo para ***una sola transacción*** y no proporciona autorización para ningún débito o crédito adicional no relacionado en su cuenta. Las facturas se enviarán por correo electrónico el día 10 de cada mes con las instrucciones de pago a seguir.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only, ***and is valid for one time use only***. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form./ Autorizo a la empresa mencionada anteriormente a cargar la tarjeta de crédito indicada en este formulario de autorización de acuerdo con los términos descritos anteriormente. Esta autorización de pago es solo por el monto indicado anteriormente y es ***válida para un solo uso***. Certifico que soy un usuario autorizado de esta tarjeta de crédito y que no disputaré el pago con la compañía de mi tarjeta de crédito; siempre y cuando la transacción corresponda a los términos indicados en este formulario.

Print name/ Nombre: _____

Signed/ Firma: _____

Dated/ Fecha: _____

BEFORE SCHOOL PROGRAM

PLEASE KEEP FOR YOUR RECORDS

PARENT HANDBOOK

September 2024- June 2025

*The Before School Program is a youth development program
of the City of White Plains Youth Bureau*



CITY OF WHITE PLAINS YOUTH BUREAU BEFORE SCHOOL PROGRAM PARENT HANDBOOK

WELCOME

Welcome to the WPYB Before School Program. The Before School Program is just one of many youth development programs developed and offered to the residents of White Plains by the City of White Plains Youth Bureau. The Youth Bureau is able to offer quality before and after school programming to over four hundred students a day in the White Plains community.

GOAL AND PHILOSOPHY

The goal of the Before School Program is to offer a safe quality school-age child care youth development program for working parents/guardians that provides opportunities and experiences that stimulate a child's intellectual, social, physical and emotional development. We strive to create a warm, supportive and friendly environment where children are able to develop friendships with their peers and positive relationships with caring adults. The Before School Program is meant to be a place where children can follow their own interests and choose among a variety of stimulating activities, under the guidance of adult staff, within a secure and familiar environment.

LICENSING/REGISTRATION AGENCY

The Before School Program is licensed to provide after school child care by the New York State Office of Family and Children Services (NYSOCFS). You may contact the **Westchester Regional office at 845-708-2400. The address is 117 East Stevens Avenue, Suite 201, Valhalla, NY 10595**

ORGANIZATIONAL STRUCTURE

The Before School Program is one of many programs run by the White Plains Youth Bureau out of the office of the Mayor of White Plains. The Youth Bureau is advised by a volunteer Youth Board made up of a range of members from the White Plains community. The Youth Bureau is headed by a Director who is responsible for the administration and supervision of the overall Bureau. The Director is assisted by an Assistant Director and a staff of Youth Specialists I, II, Youth Care Specialists, Youth Aides, Office Clerks and support staff. The Before School Program is supervised by a Youth Specialist II and directed by the Youth Care Specialist, who is responsible for the day-to-day operations, programming, coordination and implementation of curriculum, staffing, budget and payroll. A Youth Aide maintains the attendance, billing, snacks and supplies, and assists in the daily maintenance of the program. Site Directors are responsible for the day-to-day administration of their particular centers, Head Instructors, Assistant Instructors and support staff. Head Instructors assist the Site Directors in their daily activities, are responsible for their own groups and act as a substitute for the Director as needed. Specialists are responsible for providing programs in their particular area of expertise, for example art or tennis. Youth Workers assist both the Lead Teachers/Site Director as well as Specialists.

ELIGIBILITY FOR PROGRAM:

The City of White Plains Youth Bureau Before School Program is open to all school-age children in grades kindergarten through fifth grade who are White Plains residents. All children are welcome without regard for gender, race, color, or national origin.

ACTIVITIES:

The After School Connection offers a wide variety of choices and activities for your child. The list below gives you a sample of the kinds of activities that take place in our programs.

Reading (DEAR) ~ STEAM ~ Art ~ Recreation ~ Games ~ Seasonal Activities

CHILD ABUSE AND MALTREATMENT:

The White Plains Youth Bureau is mandated by the New York State Office of Children and Family Services to report any suspicion of child abuse or maltreatment. Reports will be submitted when any member of the Before School

Program staff has reasonable cause to suspect that a child whom the reporter sees in his/her professional capacity is abused or maltreated.

DISMISSAL PROCEDURES:

All participants of the program will be released to respective school staff members.

ABSENCES:

Parents/Guardians should notify Site Directors of all expected absences from the program.

FEES:

The monthly fee for the Before School Program is \$222.00 and is due upon acceptance into the Before School Program and will be applied to September's tuition. There is a \$20.00 charge for all returned checks and a \$21.00 late fee that will be applied for any late payments.

FOOD SERVICE ARRANGEMENTS:

All children in our programs are eligible to receive one breakfast daily provided by the School District's Food and Nutrition Program

HEALTH:

If it appears that a child's health may pose a threat to other children, parents will be called and asked to pick up their child immediately. ***Our staff may not administer medication of any kind to any child, nor may any child self-administer any medication while in our care. The only exception to this is the case of emergency medications, including and limited to asthma rescue inhalers, epi-pens, Benadryl and nebulizers.*** All of our licenses have been amended so that we are able to administer these emergency medications, following careful procedures that ***require advance written plans and consents from a parent and child's physician.*** If your child may require any of these medications during our program hours, please speak with your Site Director right away and arrange to process the needed forms to arrange for this in advance.

In any other cases of medical emergency, we rely on the excellent local emergency services to provide urgent care.

We urge you to contact us immediately if your child has been exposed to or contracts an illness which could affect others.

CONFIDENTIALITY OF RECORDS

All information in your child's record is privileged and confidential. No record will be released without the written consent of the parent or guardian.

HOURS OF OPERATION:

HOURS: Monday through Friday 7:00 am to 9:00 a.m.

The Before School Program will follow the White Plains School District schedule. The program is closed when school is closed. We also offer full-day vacation camps during some of the school vacation weeks; look for announcements during the year.

DISCIPLINARY POLICY

While participating in the program, please be certain that both you and your child are completely familiar with these policies. The Site Director, in consultation with the ASC Program Coordinator or Program Supervisor, upon notification to the parent, may suspend or terminate a child from all activities and participation in the program for the following types of conduct:

- Leaving the program premises without permission, or entering unauthorized areas
- Use of foul language, threats or rudeness to staff
- Defacing school property
- Physically assaulting another child or staff member
- Stealing or defacing someone else's property

Failure to follow the rules may result in any of the following order of consequences:

1. Verbal warnings and/or reminders
2. Redirection
3. Talking through problem with the student
4. Brief separation from the group
5. Conversation with parent/guardian regarding behavior
6. Suspension (1 to 5 days depending upon infraction)
7. Termination

TERMINATION POLICY

When the health, welfare, and safety of other children are at stake, the After School Connection reserves the right to terminate a child's participation in the program. Possible reasons for termination of a child from the program include, but are not limited to:

- Inappropriate behavior that places your child, other children or staff members at risk of harm
- Destruction of property
- Repeated disruptive behavior

PAYMENT PROCEDURES:

Payments are due in advance and collected on a monthly basis. A monthly invoice will be mailed to the address listed on your child's registration form or emailed depending on your preference. Payment in the form of check or money order should be returned with the 2ND page of your invoice. After the first registration payment, credit and debit card users will be instructed to pay online through our Bill Pay Form Portal on our website. **Parents are responsible for making monthly payments. We do not process monthly automatic debits. Refunds will be granted ONLY for a full billing period's payment (generally four weeks) when a request for a refund is provided to our business office in writing at least one week before the beginning of the billing period.** If payment of fees becomes more than one month delinquent, your child may not be permitted to attend the Before School Program until you have spoken with us and made arrangements to settle your overdue balance. If a child is removed from the Before School Program for any reason, it is the responsibility of the parent/guardian to inform the school and their child's teacher of all new dismissal procedures and transportation arrangements. Fees are due regardless of absences.

SNOW DAYS AND EMERGENCY CLOSINGS:

The Before School Program will be closed on all snow-emergency days and delayed openings announced by the White Plains Board of Education. In the event of an early emergency dismissal due to weather or any other event, the Before School Program will be open. It is the responsibility of the parent/guardian to make the proper arrangements for transportation and care for their children in the event of an emergency/early dismissal. On rare occasions we need to close the program due to extreme weather or other emergencies even when school has been open. On those occasions we notify parents via email and text messaging.

STAFF:

The ratio of staff to children in elementary will be at least 1 to 10. Children will be supervised at all times. Parents, guardians and teachers may be informed of a child's attendance, progress and behavior. We encourage parents, guardians and teachers to discuss specific concerns with us at any time.

All Before School Program staff members are required to complete the State requirement for staff training, generally 30 hours per school year. Before School Program staff members receive in-depth training at the beginning of each school year as well as ongoing training at intervals throughout the school year.

TAX IDENTIFICATION NUMBER:

The City of White Plains Youth Bureau Tax Identification Number is **13-6007339**.

TRANSPORTATION:

No transportation is provided by the Youth Bureau to or from the Before School Program.

WITHDRAWAL FROM PROGRAM:

Parents must give a full week **written notice** of their child's withdrawal from the Before School Program. This notice must be mailed, faxed, emailed or delivered in person to the City of White Plains Youth Bureau at 11 Amherst Place, White Plains, NY 10601. A child may be asked to withdraw from the After School Center program if, in the judgment of the professional staff, he or she is not able to function positively in our group setting, or the program is unable to meet the special needs of that particular child.

AFTER & BEFORE SCHOOL CENTER OFFICE
NUMBERS & HOURS

White Plains Youth Bureau:	422-1378	9:00 a.m. - 8:00 p.m.
After School Office:	422-1378	10:00 a.m. - 6:00 p.m.
Fax number:	422-6489	

(Summer Hours are 9:00 a.m. - 5:00 p.m.)

<u>Staff/Title</u>	<u>Direct Line</u>
Program Supervisor Byron H. Smalls	422-1378, ext. 6720
Program Coordinator Yesenia Ruiz	422-1378, ext. 6723
Program Registrar Sherry Bannister	422-1378, ext. 6706
Program Office Assistant	422-1378, ext. 6711

**After School Connection is a program of the
White Plains Youth Bureau, located at 11 Amherst Place
Frank Williams, Jr., Executive Director
Elizabeth Almonte, Deputy Director**