



# BEFORE SCHOOL PROGRAM

SEPTEMBER 2026-JUNE 2027

## Registration Requirements

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

Completed registration forms along with payment will be accepted.

Monday – Friday 10 am to 5:30 pm  
*Summer Hours: 9 am to 5 pm*



\*FIRST COME  
FIRST SERVE

\*LIMITED SPACE!

MONTHLY FEE  
\$237

## 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](http://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](http://www.WhitePlainsYouthBureau.org)**

JUSTIN C. BRASCH  
MAYOR

FRANK WILLIAMS, JR., Ph.D.  
EXECUTIVE DIRECTOR

ELIZABETH ALMONTE, MBA  
DEPUTY DIRECTOR

## WPYB BEFORE SCHOOL PROGRAM School Year 2026-2027

### 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 2026:**  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**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: \_\_\_\_\_

**Required email address** \_\_\_\_\_ **Required 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 SCHOOL YEAR 26-27**

**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 submit the required Individual Healthcare Plan Form(s), Medication Form(s) and medication(s) at least 2 weeks prior to the start of our program, to our program registrar. Each medication must have their own set of 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.

**FIRST MONTH FEE:** We accept credit, debit cards, check and money order payments

**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 \$237.00 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 10<sup>th</sup> day of each month via email or regular USPS mail. A \$23.00 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.* Zyrtec is not accepted as a form of antihistamine. 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 requires any of these medications during our program hours, please speak with our program registrar right away to arrange and process the needed forms in advance. Forms and all medications must be submitted and approved two weeks before the start of school.

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 or will read and understand all of the information in the Parent Handbook.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PLEASE KEEP HANDBOOK FOR YOUR RECORDS.  
DO NOT SUBMIT WITH REGISTRATION PACKET.***

# BEFORE SCHOOL PROGRAM

***PLEASE KEEP FOR YOUR RECORDS***

## PARENT HANDBOOK

**September 2026- June 2027**

*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 **\$237.00** 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 \$23.00 late fee that will be applied for any late payments.

**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 2<sup>ND</sup> 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.

**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.*** Zyrtec is not accepted as a form of antihistamine. 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 requires any of these medications during our program hours, please speak with our program registrar right away and arrange to process the needed forms in advance. Forms and all medications must be submitted and approved two weeks before the start of school.

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**

*[Please see attachment of WPYB Code of Conduct, Violations and Consequences](#)*

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

**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.

## **WHITE PLAINS YOUTH BUREAU CODE OF CONDUCT**

The White Plains Youth Bureau is committed to providing a safe and educational environment for the development and protection of all youth participants. All participants are expected to conduct themselves in an appropriate and civil manner and treat staff and other participants with respect. Participants are also expected to properly utilize facilities and program equipment to avoid causing harm to others or damage to property.

In order to foster a safe, enjoyable and educational environment, all participants must follow this code of conduct and refrain from engaging in prohibited conduct, which could result in removal from Youth Bureau programs and activities.

### **Prohibited Conduct**

The following behavior is prohibited and may result in removal from the program.

Using inappropriate or disrespectful language; Destroying or vandalizing property;

Engaging in disruptive behavior, including but not limited to shouting, yelling, name-calling, leaving assigned location without supervision, throwing objects with intent to harm, or dumping or scattering materials or toys;

Repeatedly refusing to follow directions; Intentionally provoking other participants;

Engaging in unwanted or harmful touching of other participants; or Bullying\*

\*Bullying is overt verbal, physical, or technology-based aggression that is persistently focused on a targeted person(s) over time. In order to be considered bullying, the behavior must be aggressive and repetitive.

Examples of bullying:

Verbal bullying, which may include: teasing; mocking, name-calling; making inappropriate sexual comments; taunting, threatening to cause harm.

Social bullying which involves hurting someone's reputation or relationships and may include: repeatedly excluding a participant from games or activities; spreading rumors, belittling, or publicly embarrassing or humiliating a participant.

Physical bullying consists of physical harm or destruction of property and may include: hitting, kicking, pinching, spitting, tripping or pushing another participant, or taking, breaking or destroying another participant's property

## **Violations and Consequences**

### 1. Minor violations

Minor violations of the code of conduct will result in verbal reminders or redirection. Participants will be verbally reminded of expectations and provided guidelines on proper behavior. If the behavior continues, the participant may be directed to have alone time to reflect and thereafter given an alternative activity.

### 2. Moderate violations

Behaviors that endanger the health and safety of others, disrupt the program, or involve repeated violations of the code of conduct may result in the temporary suspension or removal from the activity or program. Moderate violations will be documented and reported to the parent or guardian.

### 3. Severe violations

Behavior that involves bullying or the endangerment or physical harm of others may result in the immediate suspension or expulsion from the program without a refund.

### 4. Repeated violations

Repeated violations that have been addressed with the parent or guardian without successful correction during the term of the program may lead to suspension or expulsion from the program.

In cases of severe violations involving or repeated failure to follow rules or directions or the repeated disrespect of staff, the child may be suspended or expelled without a refund.

## **Notification**

Parents and guardians will receive verbal notification of all severe and repeated violations. Parents and guardians will have the opportunity to discuss the incident and collaborate on appropriate next steps. The Youth Bureau Director will also be notified of the incident and resolution.

The parent or guardian will be given written notification of an expulsion or suspension from the program.

## **Acknowledgment**

By signing this document, the parent/legal guardian acknowledges the Code of Conduct and understands that non-compliance may result in suspension or expulsion from the program.

Print Name: \_\_\_\_\_

**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.)*

<b><u>Staff/Title</u></b>	<b><u>Direct Line</u></b>
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***