

The Valley Community Association's 2023 Summer of Excellence

REGISTRATION

Name: _____ Age as of 7/1/2023: _____ Date of Birth: _____

School: _____ Grade (that will be completed in June 2023): _____

Home Address: _____ City, State, ZIP _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Days Attending Camp: (3 day a week minimum) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Date that your child will start camp: _____ Approximate time of morning drop off: _____

**no drop off prior to 7:00 am is available*

DEMOGRAPHIC INFORMATION

The VCA uses this information for grant reporting purposes. The VCA does not and shall not discriminate on the basis of race, ethnicity, religion, gender, gender expression, or disability.

Eligible for Free/Reduced Lunch: Yes ☐ No ☐

Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Race: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Native Alaskan ☐ Other _____

Student Gender: ☐ Female ☐ Male ☐ Other

T-Shirt Size: Please provide size in the following format (eg. Youth Small, Adult Medium). Shirts are YS-A 4XL. Assume that the shirt will run small. _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone Number: _____

Does your child have any health issues (medical, emotional, behavioral) we should be aware of that have been officially diagnosed by a medical professional? ☐ Yes ☐ No

If yes, please specify _____

Is your child on any medications that would need to be taken during day camp program hours?

☐ Yes ☐ No

If yes, please list: _____

**The VCA Day Camp program is only allowed to administer emergency medications (i.e. Epi-Pen, emergency inhaler, Benadryl)*

Does your child have any food allergies? ☐ Yes ☐ No

If yes, please list: _____

FAMILY CONTACT INFORMATION

Primary Guardian's Name: _____ Cell Phone: _____
Address: _____ City/Zip: _____

Secondary Guardian's Name: _____ Cell Phone: _____
Address: _____ City/Zip: _____

SUMMER DATE DETAILS

Please list any dates that your child will not be at Summer Day Camp due to a family vacation, camp, etc.

STUDENT CONTRACT AGREEMENT

I, _____, agree to be a member of the Valley Community Association Summer Day Camp. I understand that in order to participate in field trips, sports, special events, etc. I must also partake in computer instruction, art class, STEM programming, Reading Rocks, and other day camp activities.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

AUTHORIZATION TO RELEASE

The Authorization to Release gives your child permission to walk home from the Valley Center at the designated dismissal time frame of 5:30 without notification from you. Please check one of the following:

_____ I give my child permission to leave the Valley Center and walk home unattended at the end of the program.

_____ I DO NOT give my child permission to leave and walk home unattended. My child will be picked up by an authorized person.

HOUSEHOLD INFORMATION

This information will be used only for grant funding required reporting. It will be kept confidential. Please note that financial assistance and sliding scale tuition will require proof of income.

Child lives with (check all that apply): Mom____ Stepmom ____ Dad ____ Stepdad ____ Grandparent ____

Other: ____ (please specify) _____

Number of people residing in the household: _____ Head of Household: Female ____ Male ____

Number of people in the household under 18 years old: _____

Annual Income Level: Below \$9,999 ____ \$30,000 - \$39,999 ____

Please select one \$10,000 - \$19,999 ____ \$40,000 - \$49,999 ____

 \$20,000 - \$29,999 ____ \$50,000 and up ____

ADDITIONAL INFORMATION

Please provide any additional information that is relevant to the registration of child such as required accommodations.
Please understand we do our best to meet these but are sometimes unable due to internal limitations.

An activity or area I would love to explore this summer is: (ie. Performing a play, visiting the waterfront,
learning about volcanoes, etc.)

DISCLAIMER

The Valley Community Association is not responsible or liable in any way in the event of harm or injury occurring to the registered child. The Valley Community Association is not responsible for lost or stolen items.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

The Valley Community Association's 2023 Summer Day Camp

RELEASE FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIANS' NAMES:

Please initial after each sentence to indicate your authorization.

1. I authorize the use of my child's photographs for advertising and/or publicity purposes.

Parent Initials

2. In the event of an accident or injury, I give permission for my child to be treated in a hospital if I cannot be reached.

Parent Initials

3. I authorize my child's participation in VCA field trips.

Parent Initials

4. I give the Valley Community Association permission to transport my child on a hired charter bus.

Parent Initials

Signature of parent/guardian: _____

Relationship to above child: _____

Date: _____

The Valley Community Association's 2023 Summer Day Camp Family Contract

1. Parents/guardians are welcome to observe their child's program at any time.
2. Youth who become ill may not remain at the Valley Center. Parents/guardians will be called and it is their responsibility to find someone to pick the child up in a timely manner. Youth sent home with a contagious disease or symptoms of COVID-19 will not be re-admitted without following the proper guidelines or a doctor's note stating that they are no longer contagious.
3. No child will be allowed to leave the Center with anyone that is not on the child's release form. That person must also present picture identification. **Parents must notify the Valley Center if someone other than themselves or someone on their pick up list will be picking the child up.**
4. The Valley Center has a "No Nits" policy whereas children with nits and/or head lice will not be allowed to remain in the program until they are nit free. Youth are subject to random "head checks" by VCA staff and will be rechecked upon re-admittance. **Those found with nits and/or head lice must be picked up immediately once parents are notified of the situation.**
5. Any change in family situation (i.e divorce, custody change, order of protection, separation) must be notified to the Program Director and documentation must be on file at the Valley Center.
6. If youth will not be attending on a previously scheduled day, you must call the Valley Center at 716-823-4707 x 117 and notify the staff.
7. A minimum of attendance 3 days per week is required.
8. Should parents decide to withdraw their child from the Valley Center program, a written two-week notice is required.
9. **Youth are not allowed to have any electronic devices while the program is in session (tablets, cell phones, iPod, etc.)** If youth choose to bring a device, it must stay in the backpack or cubby all day. If youth are found with electronic devices, the device will be taken by the Valley Center staff and returned only to parents. If parents need to contact their child, please call the Valley Center at 716-823-4707 x 117.
10. There is a \$25 per family registration fee for new families (this does not include current Striving for Excellence families) that is due upon return of the completed registration packet.
11. Weekly schedules are due when registration paperwork is returned. Once the program begins, any change in the schedule must be communicated at least one week in advance. Due to staff and scheduling requirements, the stated schedule must be maintained. Parents are responsible for tuition payments according to the stated schedule even if the child is not in attendance. Pre-scheduled vacations or camps are exempt from this requirement but the Valley must be notified in writing prior to the start of Day Camp of days that youth will not be in attendance.
12. Payment is due each Friday for the previous week. Once payment is made, no refunds or credits will be issued. For example, payment for the week of July 5-July 7 will be due on Friday, July 14. This is different from previous years.
13. For all past due balances, written or digital notification will be sent after seven (7) days of non-payment. Payment in full must be received within one week of the written notification or child care services will be terminated. A bi-weekly 5% late fee will be added to all the past due balances during Day Camp. After August 31, 2022 any past due balance is subject to a 5% late fee per week.

- 14. All children are required to be picked up no later than 5:30 pm. There is a \$1 charge/minute they are left after 5:30**
- 15. Disrespectful, rude, and/or violent behavior of any kind will not be tolerated.** If misbehavior occurs while the group is on a field trip, parents may be called to come and pick their child up from the field trip location depending on the severity of the offense. Youth may be banned from future field trips and day camp/care services will not be available at the center for those youth on those days.
- 16. The Valley Community Association reserves the right to expel a child from the program at any given point for any infraction or behavior issue(s) deemed serious enough by VCA staff without prior warning to the child, parent, or guardian.**
- 17. The Valley Community Association reserves the right to inspect bags, purses, or other items brought into the facility or on a field trip as well as the right to ask youth to empty pockets on their clothing if a safety or security risk is suspected by VCA staff without prior warning or notification to parents or guardians.**

2023 Valley Community Association Summer Day Camp Rates

- \$25 per day per child
- Minimum of 3 days per week
- \$5 additional fee for each field trip
- 10% sibling discount
- DSS Payments are accepted
- Financial assistance may be available for families. Proof of income will be required.

2023 Valley Community Association Day Camp Hours of Operation

Dates:

- Start: Wednesday, July 5, 2022
- End: Wednesday, August 30, 2022

Hours

- Program Activities: 8 AM – 5 PM, Monday-Friday
- Drop-off is any time after 7 AM. Breakfast will not be served past 8 AM.
- Pick up must be by 5:30 PM

I have read the above contract with the Valley Community Center Day Camp Program and I agree to all of the terms listed.

Child's Name: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

OCFS-6010 (5/2015)
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
Non-medication Consent Form
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:		2. Date of birth:	3. Child's known allergies:	
4. Name of product (including strength): SUNSCREEN		5. Amount to be administered: As Needed		6. Route of administration: Topically
7A. Frequency to be administered, include times of day if appropriate: _____ OR				
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____				
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply) AND/OR				
8B. Additional side effects:				
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent _____ Other (describe): _____				
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply) AND/OR				
10B. Additional special instructions: _____				
11. Reason(s) for use (unless confidential by law): _____				
12. Parent name (please print):			13. Date authorized:	
14. Parent signature: X				

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name: Valley Community Association Inc.		16. Facility ID number: 789788	17. Program telephone number: 716-823-4707 x117
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.			
19. Staff's name (please print): Hanna O'Neill			20. Date received from parent:
21. Staff's signature: X			

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name: _____		Date of Birth: _____ / ____ / ____	Gender: _____	
	Preferred Name/Nickname: _____				
	Child's Home Address: _____ _____ _____				
	Name of Person Enrolling Child: _____		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Phone Number(s) of Person Enrolling Child: _____ () - <input type="checkbox"/> ok to text			Address of Person Enrolling Child (if different than child): _____ _____		
Email Address: _____					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No	PRIMARY PHONE NUMBER <input type="checkbox"/> ok to text	OTHER PHONE NUMBER / EMAIL <input type="checkbox"/> ok to text
	Primary Contact: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For Program Use Only</i> Date of Enrollment: _____ / ____ / ____			<i>For Program Use Only</i> Date of Disenrollment: _____ / ____ / ____		

OCFS-LDSS-0792 (10/2018) FRONT

OCFS-LDSS-0792 (10/2018) REVERSE

Child's Full Name: _____		Date of Birth: _____ / ____ / ____
Check boxes below to indicate if your child has any special needs/services:		
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> None		
<input type="checkbox"/> Allergies (list) _____		
<input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
Child's Primary Care Physician's Name/ Group: _____		Phone Number: _____ () - _____
Preferred Hospital: _____		Phone Number: _____ () - _____
Child's Dental Care: _____		Phone Number: _____ () - _____
Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child..... No <input type="checkbox"/> Yes <input type="checkbox"/>		
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... No <input type="checkbox"/> Yes <input type="checkbox"/>		
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... No <input type="checkbox"/> Yes <input type="checkbox"/>		
• I provided information on my child's special needs to the program to assist in caring for my child..... No <input type="checkbox"/> Yes <input type="checkbox"/>		
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... No <input type="checkbox"/> Yes <input type="checkbox"/>		
• I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE: _____		DATE: _____ / ____ / ____

The Valley Community Association's 2023 Summer Day Camp Pick Up List

CHILDS NAME: _____

List of Approved People to Pick Up My Child

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

People NOT allowed to pick up my child: _____

Emergency Contacts

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

This page is intentionally blank.

Parental Yoga Waiver

My Child's Name _____

Risk of Activity

I (PARENT/GUARDIAN NAME HERE) _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling is always present and cannot be entirely eliminated. Soul Candy Project, LLC is also doing business as "Mari Fox Wellness" and for purposes of this document, separately and collectively, will be referred to as "SCP-MFW," unless stated otherwise. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent her/his participation in physical fitness activities, classes, workshops, and/or private instruction with SCP-MFW, including at home while receiving instruction from SCP-MFW's streaming classes or recorded classes. I agree to inform my instructor/teacher of any of my child's physical limitations, discomfort and/or injuries before or during class and I take full responsibility for nondisclosure. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against SCP-MFW.

Risk of Covid-19 Exposure

I understand that coronavirus or COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that SCP-MFW is closely monitoring this situation and has put reasonable preventative measures in place aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is inherent risk of becoming infected with COVID-19 by virtue of taking part in in-person classes. I acknowledge and assume the risk of becoming infected with COVID-19 by participating in group activities such as, but not limited to, yoga poses, stretching, breathing, talking and acknowledge that such exposure or infection may result in personal injury, illness, disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself, and others, including, but not limited to SCP-MFW instructors, staff and/or program participants. I agree that neither I nor my child will come to SCP-MFW sessions if my child exhibits any symptoms of COVID-19, or has come into contact with anyone who has been diagnosed with the COVID-19 virus in the past 14 days. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the above mentioned activities with SCP-MFW, including those which may result from the negligence of SCP-MFW or other participants.

Soul Candy Project, LLC d/b/a Mari Fox
Wellness

Parental Yoga Waiver

I am acknowledging that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I understand there is inherent risk of becoming infected with COVID-19 by virtue of taking part in in-person classes.

By having my child attend public, in-person sessions, I voluntarily assume all risks related to exposure to COVID-19 and agree not to hold SCP-MFW liable for any illness or injury to my child. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and condition stated above.

I specifically agree that SCP-MFW, its officers, employees, teachers, assistants, and independent contractors shall not be liable for any claim, demand, or cause of action of any kind whatsoever for, or on account of, death, personal injury, property damage or loss of any kind resulting from or related to COVID-19 exposure or my participation in any exercise or activity within or outside of SCP-MFW class locations. I agree to hold SCP-MFW harmless from the same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and condition stated above.

Photo Release: My child's photo may be published on our website, social media platforms & promotional materials in association with SCP-MFW and without compensation.

Initial Here to approve Photo Release: _____

I have read this document and fully understand and agree to the terms and conditions & consent to these terms by signing below:

Please sign below in **blue** or **black** ink:

Parent/ Guardian Signature

Child's Name

Today's Date

Class Location

Email Address or
Mobile Phone

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or guardian (if the client is under 18 years of age).

Soul Candy Project, LLC d/b/a Mari Fox Wellness * p.o. box, #812 * williamsville, new york 14231

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of _____
Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

--	--	--	--

DATE _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The *For Sponsor Use Only* section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

The Valley Community Association's 2022 Valley Community Center Day Camp Parent Handbook

Please read the following information and keep for your own records.

The Valley Community Association's "Striving for Excellence" youth program is designed to serve students in the Buffalo River Community through academic tutoring and enrichment opportunities. This program is free to families. Membership to the VCA is required.

Membership Rates:

Individual - \$10

Family - \$25

Please make checks payable to Valley Community Association and mail to Attn: Youth Programs at 93 Leddy St. Buffalo, NY 14210 or return to the Program Director.

Licensing/Registration: The VCA is a licensed School-Aged Child Care facility operating under regulations set forth by the Office of Child and Family Services (OCFS). For any information regarding the license of the program, please contact the Program Director at youthdirector@thevalleycenter.com.

Enrollment Process:

All necessary forms must be completed and returned to the Program Director before the program start date. Enrollment does not begin until the necessary forms are received, reviewed, and confirmed by the Program Director. You will receive a confirmation email or call.

Necessary Forms:

- Registration
- Release Forms
- Parent Contract
- Drop off/Pick up Lists
- CACFP information forms
- Day Care Enrollment Form
- Sunscreen Form

Attendance/Pick up:

No child will be allowed to leave the Center with anyone that is not on the child's release form. That person must also present picture identification. **Parents/guardians must notify the Valley Center if someone other than themselves or someone on the pickup list will be picking up the child.**

Children are expected to be in attendance on the days set up between The Valley Center and the parents. If your child will not be attending on any given day, you must call the Valley Center at 716-823-4707 ext. 117 and notify the staff.

We are not able to accommodate specific child programming requests (i.e. if a student is attending summer classes). Our activities designed to meet certain requirements and we are unable to separate one child out from the rest of their group and activity. Requests to do so will not be honored.

Health Policies:

Children who become ill may not remain at the Valley Center. Parents will be called and it is their responsibility to find someone to pick their child up in a timely manner. Children sent home with a contagious illness will not be re-admitted without a doctor's note stating that they are no longer contagious. Children sent home with a fever may not return until they are symptom free for 2 days. Students will be screened for symptoms daily. The VCA currently follows the NYS Department of Health and OCFS guidelines related to COVID-19. Any changes will be communicated to parents/guardians. The VCA reserves the right to change regulations at any time.

The Valley Center has a "No Nits" Policy. Whereas children with nits and/or live head lice will not be allowed to remain in the program until they are nit free. Children are subject to random "head checks" by VCA staff and will be rechecked upon re-admittance. **Those found with nits and/or live head lice must be picked up immediately once parents are notified of the situation.**

The VCA has implemented a Child Care Exclusion list to outline any health concern that will prevent the center from offering services to a child. This list can be found in your registration paperwork, and includes a brief description and the necessary plan of action before a child may return to care. You may also request an additional copy from the Program Director at any point throughout the year.

The VCA is not able to administer any medications beyond emergency medication. We request that you inform the staff of any medical concerns. For a complete copy of the health plans, please contact the Program Director.

Conduct Policies:

The Valley Community Association reserves the right to expel a child from the program at any given point for any infraction or behavior issue(s) deemed serious enough by VCA staff without prior warning to the child, parent, or guardian. Disrespectful, rude, and/or violent behavior of any kind will not be tolerated. Bullying is not tolerated. Students participating in this behavior will be removed from the program.

Outside Items:

Youth are not allowed to have any electronic devices while the program is in session (cell phones, tablets, iPods, etc.). If youth are found with electronic devices, the devices will be taken by Valley Center staff and returned only to the parents/guardians. If parents/guardians need to contact their child, please call the Valley Center at 716-823-4707 ext. 117.

Students may only bring essential items from home. This includes items such as:

- Technology needed for schoolwork (ie. iPad, tablet, headphones)
- Sunscreen
- Change of clothes/shoes
- Water bottle
- School supplies

Outside items beyond this list, or without prior approval from the Program Director or Academic Coordinator, will not be permitted. This includes toys, candy, and food to share. If a child is distracted by an item that they brought from home, if other children are distracted from the items another child brought from home, or if there is any sharing of candy or food by other children, VCA staff will take the object away and return it only to a parent/guardian at the end of the program.

The Valley Community Association reserves the right to inspect bags, purses or other items brought into the facility or on a field trip as well as the right to ask youth to empty pockets on their clothing if a safety or security risk is suspected by VCA staff without prior warning or notification to parents or guardians. The Valley Community Association is not responsible for any lost or damaged items. We encourage families to label anything their child brings to the center to prevent misplacing these items.

Goals/Mission Statement:

The Valley Center Day Camp meets the needs of the youth in the Buffalo River neighborhood. The activities and programs that comprise the VCA's program improve student achievement and learning by offering a comprehensive, structured, schedule based program that includes not only academic remediation but also enrichment activities; a broad array of additional services, programs and activities; and special presentations. The program meets the diverse needs of all students by offering a variety of hands-on, project based, high quality, fun activities.

The Components of the VCA's Summer Day Camp:

- | | |
|-------------------------------|---------------------------------|
| - <i>Physical Education</i> | - <i>Outdoor Recreation</i> |
| - <i>Art Class</i> | - <i>Nature Exploration</i> |
| - <i>Explore More</i> | - <i>Mindfulness Activities</i> |
| - <i>STEM Classes</i> | - <i>Special Presentations</i> |
| - <i>Computer Instruction</i> | - <i>Field Trips</i> |
| - <i>Reading Rocks</i> | - <i>And more</i> |
| - <i>Team Play</i> | |

Valley Community Association's Youth Program Diversity, Equity and Inclusion Statement

The Valley Community Association (VCA) is committed to fostering an environment where all employees, families, students, senior citizens, and community members feel welcomed and have the opportunity to excel personally, professionally, and academically. We embrace diversity and understand the need for continual growth. The VCA encourages all members to explore their identity and use the Valley Center as a safe space to learn and connect with others.

The VCA strives to create a culture of acceptance, awareness, learning and respect in all programs. The Board of Directors, Executive Director, Program Directors, and all staff will continually work to build a more inclusive space where all ideas and people are able to prosper.