

July 2023

Dear Parent/Guardian:

Enclosed please find registration forms for our 2023/24 ESBOCES Enrichment Programs (child care) for the Early Morning and After School Programs. **You must register in person.** We are having registration on the following dates this summer in the Early Childhood Center/District Office board room, floor two, 1 Craig B. Gariepy Ave., Islip Terrace;

- August 8 (Tuesday) – 8:00 am to 10:00 am
- August 9 (Wednesday) – 5:00 pm to 7:00 pm - **evening**
- August 15 (Tuesday) – 8:00 am to 10:00 am **AND** 5:00-7:00 pm - **evening**
- \*August 16 (Wednesday) – 8:00 am to 10:00 am

***\*The cut-off date for child care registration to be able to utilize the Program(s) the first week of school is Wednesday, 8/16/23, no exceptions. The next start date will be 9/11/23, depending upon when you come to register if you miss the five sessions above.*** Additionally, if you have a prior outstanding balance due, you will not be able to utilize our Programs until that balance is paid in full.

Child Care Registration/Info. – Mrs. Stephanie Parker – (631) 224-2012, [sparker@eischools.org](mailto:sparker@eischools.org)

Child Care Billing – Mrs. Cheryl Rigogliosi – (631) 224-2024, [cheryl.rigogliosi@eischools.org](mailto:cheryl.rigogliosi@eischools.org)

When you come to register, it would be helpful if you have the **registration form completed**, a **start date** and your **MySchoolBucks password**. Also, there is a lot of information in this registration packet, please take a few minutes to read it through. If you have any questions, please contact the above personnel via email or telephone and we will get back to you as soon as we can.

Information on **Breakfast Program** @ each elementary school: Each elementary building has a Breakfast Program each school day. ***This is a separate program and has nothing to do with our child care programs.*** However, the cost is approx. \$1.00 per day and the only rules are that you must walk your child in and your child must buy something to eat or drink. Here is a list of the elementary school hours and the Breakfast Program hours. You may not bring your child to the breakfast program until the time it opens\*\*:

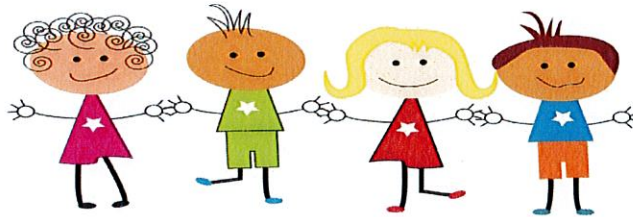
	<u>2023/24 School Hours</u>	<u>Breakfast Program Hours</u>
Connetquot Elem.	9:42 am-3:42 pm. ....	9:00 am – 9:42 am
John F. Kennedy Elem.	9:12 am-3:12 pm. ....	8:30 am - 9:12 am
Ruth C. Kinney Elem.	9:12 am-3:12 pm. ....	8:30 am - 9:12 am
Timber Point Elem.	9:42 am-3:42 pm. ....	9:00 am - 9:42 am

***\*\*Note: it is the parents' responsibility to be sure your child enters the Breakfast Program as opposed to the Early Morning Program. If marked "present" at Early Morning Program you will be subject to that program's billing policies.***

Stephanie Parker  
East Islip School District  
Special Programs  
(631) 224-2012

Eastern Suffolk  
BOCES  
Educational Services That Transform Lives

# 2023/24 ESBOCES Extended Day Enrichment Program at EAST ISLIP





## Introduction

ESBOCES is proud to provide the Extended Day Enrichment Program in the East Islip School District. ESBOCES has been a leader in providing enhanced educational activities for students of all ages and grades for many years and looks forward to providing a safe and secure program to the children. The first and most important concern is the safety of the students enrolled in the program. The monitoring of the students as they are released to their parents/guardians in the afternoon must be given special attention and shall always be the most important priority of the employees.

Since this is an enrichment program rather than merely a day care program, a variety of educational opportunities such as the homework assistance, use of the gymnasium, daily enrichment activities, Choose Love social and emotional learning activities, STEAM (Science, Technology, Engineering, Arts, Mathematics and Science) enrichment lessons based around student interest, virtual field trips and cultural arts presentations, as well as outdoor recreation (weather permitting).

## Students Eligible

This program will be available for all students enrolled in the East Islip School District attending grades kindergarten through fifth. In order to attend, the student must be registered with the ESBOCES Extended Day Enrichment Program and have completed the ESBOCES medical, emergency contact and Press Release forms.

The School-Year Extended Day Enrichment Program is a general education enrichment program with a staff to student ratio of one staff member per 20-25 students. However, enrollment for students with **special needs will be reviewed on a case-by-case basis**. Parents/caregivers will be required to meet to discuss their child's needs with the Executive Director of the program and the administrative team from ESBOCES **prior to being enrolled into the program**. This will ensure that an informed decision can be made whether or not the current structure and supervision that is in place can provide a safe learning environment for all students who enter our program.

**Families owing money to the District for services provided in prior years will not be able to register their child(ren) until the amount owed is paid in full.**

## Hours of Programs

The **Early Morning Program** which is held at each elementary school begins at 7:30 am. Parents are responsible for bringing their children to the Early Morning Program. Drop off between 7:00 am and 7:30 am can be arranged at an additional cost of \$5.00 per child per day. When dropping off children at the Early Morning Program, parents are to deliver their child(ren) to the cafeteria door and ensure that an employee is present and has admitted the child to the program prior to leaving the school.

The **After School Enrichment Program** begins at the end of the school day and operates until 6:00 pm. This program is also housed at each elementary school. Proper photo identification is required to pick up children. Only parents, guardians or other adults listed on a child's emergency contact card may pick up that child. Parents are to note that a fee is charged for late pick up after 6:00 pm and **enrollment will be cancelled at the 3<sup>rd</sup> late pick up**.



**Cost of Programs (Registration Fees are non-refundable)**

• **EARLY MORNING PROGRAM**

	<b>Registration Fee</b>	<b>Early Drop Off per day per child</b>	<b>Late Pick Up per occurrence per child</b>	<b>Daily Rate</b>	<b>**8-Day Minimum</b>	<b>Monthly</b>
1 <sup>st</sup> Child	\$50	\$5	N/A	\$11	\$88	\$187
Additional Child	\$50	\$5	N/A	\$9	\$72	\$151
Free/reduced lunch – 1 <sup>st</sup> child	None	\$5	N/A	\$9	\$72	\$151
Free/reduced lunch – addl. child	None	\$5	N/A	\$7	\$56	\$126

• **AFTER SCHOOL PROGRAM**

	<b>Registration Fee</b>	<b>Early Drop Off per day per child</b>	<b>Late Pick Up per occurrence per child</b>	<b>Daily Rate</b>	<b>**8-Day Minimum</b>	<b>Monthly</b>
1 <sup>st</sup> Child	\$50	N/A	\$35 - 1 <sup>ST</sup> time \$40 - 2 <sup>nd</sup> /3 <sup>rd</sup> time	\$16	\$128	\$272
Additional Child	\$50	N/A	\$35 - 1 <sup>ST</sup> time \$40 - 2 <sup>nd</sup> /3 <sup>rd</sup> time	\$14	\$112	\$236
Free/reduced lunch – 1 <sup>st</sup> child	None	N/A	\$35 - 1 <sup>ST</sup> time \$40 - 2 <sup>nd</sup> /3 <sup>rd</sup> time	\$14	\$112	\$236
Free/reduced lunch – addl. child	None	N/A	\$35 - 1 <sup>ST</sup> time \$40 - 2 <sup>nd</sup> /3 <sup>rd</sup> time	\$12	\$96	\$216

**\*\* You will be responsible for at /east the 8-day minimum rate each month, even if you do not use 8 days. Daily rates are only charged for the amount of days over 8 that your child utilized in each month. You must choose the frequency of the invoicing (8-day minimum vs. monthly) and this can only be changed once per school year. All changes must be made in writing by emailing Cheryl Rigogliosi and Stephanie Parker. This includes if you are dropping out of the program(s).**

**Health Services – Employees and Participants**

No student or staff member may attend the ESBOCES Extended Day Enrichment Program while he/she has acute symptoms of any infection or communicable disease. If a participating child becomes sick or is injured during his/her stay in the program, the child will be separated from the group and given individual attention. The child's parent/guardian/emergency contact person will be notified immediately and directed to pick up this child as soon as possible. In an emergency, the parent will be contacted and 911 will be called for ambulance assistance. No medication of any type including but not limited to; any prescription drugs, cough drops, vitamins, aspirins or ear drops may be administered, and no medical procedure will be carried out except upon the written consent of the parent/guardian and in original prescription containers with the child's name on it. Medications will be returned to the parent/guardian when no longer needed. Medications will not be made accessible to the children. All necessary program forms must be completed by the parent/guardian for medication administration. Spray sunscreen can be applied with written permission from the parent/guardian.

**Refreshments**

During the Early Morning Program, students may purchase breakfast from the breakfast program at each school. In the after-school portion of the program, refreshments consisting of a nutritious snack and milk or juice will be available for every student. Note: if a child has any type of special



dietary restriction or need (for example diabetes, lactose intolerance, food allergies, celiac disease, etc.), the parent must inform the staff and provide a Food Safety Kit. If there are any concerns or questions regarding the contents of the Food Safety Kit, the parents should discuss the issue with the school nurse, Teacher Coordinator, and the Extended Day Enrichment Executive Director.

### **Communication with Programs**

Parents are encouraged to use the email address [sparker@eischools.org](mailto:sparker@eischools.org) to communicate with the program (Mrs. Stephanie Parker/child care registration & information. In the event a phone conversation is necessary, please call (631) 224-2012.

To reach our programs directly in case of emergencies:

- Connetquot Elem. Early Morning/After School Programs – (631) 224-2001 Ext. 1901
- JFK Elem. Early Morning/After School Programs – (631) 224-2003 Ext. 3900
- Ruth C. Kinney Elem. Early Morning/After School Programs - (631) 224-2007 Ext. 7900
- Timber Point Elem. Early Morning/After School Programs – (631) 224-2004 Ext. 4901

### **Activities of Programs**

Students will be assigned to a cohort of limited size and a counselor for the entire program. They will be provided time for snack, homework and enrichment activities. As the space in each location is limited, students will be provided time in the gymnasium and on the playground whenever possible. Enrichment activities will be coordinated by the program counselors daily. **Students signing up for an activity are expected to attend every session of that activity.**

Students will also be provided assistance with their homework by a certified teacher, if they should request it. Parents are encouraged to communicate with their children about their homework and may make special request to staff by email regarding homework priorities. Teachers will be prepared with content-area knowledge to assist students with homework, but the responsibility to complete all assignments rests entirely with the student. Please inform your children that approximately 20 minutes has been designated for them to complete homework or to read quietly every day.

### **Staffing of Program**

The ESBOCES Extended Day Enrichment Program will be managed by an Executive Director who must possess a valid and current NY State administrative certification.

*The Director will be responsible to:*

1. Oversee the instruction provided in the program.
2. Supervise all staff.
3. Communicate information to the parents regarding the needs and concerns of their children.
4. Address all behavioral concerns.
5. Ensure that all staff and students are adhering to health & safety protocols.

*Counselors will be responsible to:*

1. Provide supervision by maintaining a direct line of sight of every student.
2. Facilitate daily enrichment activities.
3. Ensure students are admitted to and dismissed from the program according to ESBOCES guidelines.
4. Provide behavior management techniques when appropriate according to ESBOCES guidelines.



*\*Teachers will be responsible to:*

1. Provide academic assistance in the homework room.
2. Facilitate STEAM (Science, Technology, Engineering, Art, Mathematics) lessons.
3. Facilitate Social and Emotional Learning (SEL) lessons and activities.
4. Communicate information to the parents regarding the needs and concerns of their children.
5. Address all behavioral concerns.
6. Maintain all policy and procedures as put forth by program directors and ESBOCES.

*\*Teachers must possess a valid and current NYS teaching certification.*

### **Code of Conduct and Behavioral Interventions**

It is our philosophy that rules are made to keep everyone safe and healthy. We have three basic rules;

1. Take care of yourself.
2. Take care of others.
3. Take care of your environment.

It is the expectation that each participant and their parent/guardian review and agree to the ESBOCES Extended Day Enrichment established Code of Conduct prior to the start of the program. The Code of Conduct is intended to be a guide for general behavior for all program participants and includes the expectation that each participant:

- a. Values and respects all students and staff in the programs.
- b. Is responsible for the appropriate use of the facility and the property belonging to others.
- c. Is expected to choose appropriate behaviors and language and encourage others to do so.
- d. Is expected to think about the results of one's actions and how they impact others.
- e. Is expected to solve disagreements by talking, listening, and compromising.
- f. Is expected to help make the enrichment program a safe and positive learning environment for everyone.

All completed Code of Conduct contracts will be collected at the time of registration. If a participant does not comply with the Code of Conduct, a progressive discipline plan will be established to assist the participant in meeting the behavioral expectations of the program. Failure to respond to the interventions set forth in the progressive discipline plan may result in the dismissal of the participant. Such dismissal may be for a day, several days or indefinitely.

Any disciplinary action taken will be first discussed with the participant's parent/guardian. Behavioral intervention techniques will be prescribed, administered, and supervised only by staff. The ESBOCES Director will fully document actions taken and the reasons for taking such action when deemed necessary. This includes a conference between the Director and the parent/guardian followed by written communications when necessary. Appropriate behavior is a requirement for continued enrollment, and determination of appropriate behavior shall be at the discretion of the Director.

### **Snow Days/Closure of Programs**

1. When the East Islip School District declares a ***snow day or closes school for any other reason***, the ESBOCES Extended Day Enrichment Programs will be cancelled for that day.
2. If the district declares an emergency closing ***during the school day***, the After School Program will be closed. Students entitled to a bus will be bused home, walkers will be released as walkers.
3. If there is a ***delayed opening***, the Early Morning Program will be cancelled.



### Payment Information

#### **(Registration fee and first month's payment due at time of registration)**

At the time of registration, families will need to enroll in MySchoolBucks® in order to have access to the convenience, efficiency and flexibility of making payments to the program online. A link to the MySchoolBucks® School Store can be found on the District's website under the "Parents" dropdown list. Your student's school ID# will be needed to enroll your child. If you already make payments for the breakfast and lunch program through MySchoolBucks®, there is no need to establish a separate account.

Payments are due at the beginning of the month, therefore prior to the beginning of each month, those families paying either the 8-day minimum or monthly tuition **must** access the MySchoolBucks® School Store to submit their payment. Invoices for monthly *minimums* will not be sent out, unless specifically requested by you. For your convenience you can register your payments to be recurring, therefore eliminating the need to log-in every month. Those families paying the 8-day minimum will also be able to submit payment for additional days utilized beyond the initial eight days in the prior month. If you are an 8-day minimum payer, an attendance invoice will be emailed to you at the completion of each month (if applicable) and it is your responsibility to log onto MSB and make the payment. Please be sure that the email address provided in this packet is one that is checked often. Payment can also be made for additional hours used for Early Drop Off (Morning Program 7:00-7:30 am) or Late Pick Up (After School Program after 6:00 pm), if applicable.

There is a convenience fee associated with using the MySchoolBucks® School Store. This fee can be minimized by using the OnePay™ option at the MySchoolBucks® School Store. An *annual* membership fee of either \$12.95 for a student membership or \$26.95 for a household membership will cover any transactions processed through MySchoolBucks® School Store during a twelve-month period, ***including payments made for the breakfast and lunch programs***. This feature requires the fee and subsequent payments to be deducted from your checking account. If families would rather use a credit card for school store payments, a fee of 4.95% of the transaction amount will be added to each payment being made. Please note that in either case, the District does not receive revenue relating to the processing of your checking account or credit card transactions.

Support in establishing your account can be obtained via email at [parentsupport@myschoolbucks.com](mailto:parentsupport@myschoolbucks.com) or by phone at 1-855-832-5226. Questions relating to amounts due for registration and tuition can be directed to Cheryl Rigogliosi at (631) 224-2024.

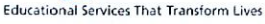
**Families owing money to the District for services provided in any prior year will NOT be able to register their child until the amount owed is paid in full. Also, students will not be permitted to attend the programs if amounts owed in the *current* year are past due. Tuition fees are due in advance of the month of service.**

#### Disclaimer:

The East Islip School District's site may contain links to third-party websites. The links on the Site to Heartland Payment Service's Lunchbytes or MySchoolBucks are provided solely as a convenience to you and not as an endorsement by the East Islip Union Free School District of the content of such third-party websites, or any affiliation or association with its operators. Please be advised that by using this website, you understand and agree that this website is not endorsed, maintained or owned by the East Islip Union Free School District. The

East Islip Union Free School District is not responsible for the content of the linked third-party sites, including without limitation to any link contained in a linked site, or any changes or updates to a linked site. The School District does not make any representations regarding the content or accuracy of the material on such third-party websites. If you decide to access linked third-party websites, you do so at your own risk. Your use of third-party sites is subject to the Terms and Conditions of use for such sites. No warranty of any kind including but not limited to warranties of non-infringement of third-party rights, identity theft or freedom from computer virus, is given. You further agree to indemnify and save harmless the East Islip Union Free School District from any and all actions, suits, damages, loss, claims of loss or expenses of any kind caused by or arising from the use of this website.





**EXTENDED DAY ENRICHMENT PROGRAM/EDUCATIONAL SUPPORT SERVICES**  
**APPLICATION/REGISTRATION FORM**

**(Note: This packet contains forms for up to two children to register)**

• Student Name (#1): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

<b>Early Morning Program _____ (check if needed)</b> <b>Days Needed: M Tu W Th F</b> <b>(circle days)</b>	<b>After School Program _____ (check if needed)</b> <b>Days Needed: M Tu W Th F</b> <b>(circle days)</b>
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• Student Name (#2): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

<b>Early Morning Program _____ (check if needed)</b> <b>Days Needed: M Tu W Th F</b> <b>(circle days)</b>	<b>After School Program _____ (check if needed)</b> <b>Days Needed: M Tu W Th F</b> <b>(circle days)</b>
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Name of Both Parent(s)/Guardian(s): \_\_\_\_\_  
(first & last)

Home Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/Guardian **Place of Employment:**

**Mother/Guardian:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*(place of employment)*

**Father/Guardian:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*(place of employment)*

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO BE PICKED UP BY ANY OF THE PEOPLE LISTED BELOW (NON-PARENTAL)**

1. Name: \_\_\_\_\_ Relation \_\_\_\_\_ to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation \_\_\_\_\_ to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation \_\_\_\_\_ to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

EASTERN SUFFOLK BOCES  
EXTENDED DAY ENRICHMENT PROGRAM/EDUCATIONAL SUPPORT SERVICES  
**MEDICAL INFORMATION FORM**

(Note: please use one medical page for each child)

A. Student Name (#1): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male ( ) Female ( )  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address (please print): \_\_\_\_\_

**B. Health History (list month and year if student had illness):**

Ear Infection -	Mumps -	Rheumatic Fever -	Asthma -
Poison Ivy -	Hay Fever -	Measles -	Convulsions -
Insect Stings -	Chicken Pox -	Diabetes -	German Measles -

Any allergies (foods, drugs, plants, insects, other?) \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Operations or serious injuries (type and date): \_\_\_\_\_  
\_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_ Other diseases: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Does he/she wear them all the time? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_  
Hearing Aid? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Can your child participate in water activities (sprinklers)? \_\_\_\_\_

**C. Please describe any conditions that our staff should have knowledge of in order to assure a safe environment for your child:** \_\_\_\_\_  
\_\_\_\_\_

**D. Parent Authorization (required):**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted above. In the event that my emergency contact person or I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program Administrator to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I, the undersigned, hereby acknowledge my child's voluntary participation in the recreational and educational activities of the Eastern Suffolk BOCES Extended Day Enrichment Program.

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



(Note: please use one page for each child)

A. Student Name (#2): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Male ( ) Female ( )  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address (please print): \_\_\_\_\_

**B. Health History (list month and year if student had illness):**

Ear Infection -	Mumps -	Rheumatic Fever -	Asthma -
Poison Ivy -	Hay Fever -	Measles -	Convulsions -
Insect Stings -	Chicken Pox -	Diabetes -	German Measles -

Any allergies (foods, drugs, plants, insects, other?) \_\_\_\_\_  
 Please explain: \_\_\_\_\_  
 \_\_\_\_\_

Operations or serious injuries (type and date): \_\_\_\_\_  
 \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_ Other diseases: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Does he/she wear them all the time? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_  
 Hearing Aid? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_ Receiving  
 Special Education Services? \_\_\_\_\_

Can your child participate in water activities (sprinklers)? \_\_\_\_\_

**C. Please describe any conditions that our staff should have knowledge of in order to ensure a safe environment for your child:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Parent Authorization (required):**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted above. In the event that my emergency contact person or I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program Administrator to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I, the undersigned, hereby acknowledge my child's voluntary participation in the recreational and educational activities of the Eastern Suffolk BOCES Extended Day Enrichment Program.

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Eastern Suffolk BOCES**  
**Extended Day Enrichment Program**  
**Educational Support Services**  
**MEDICATION AT THE PROGRAM**

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ DOB \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy.

Signature (Parent or Guardian): \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

**PLEASE CHECK ONE:**

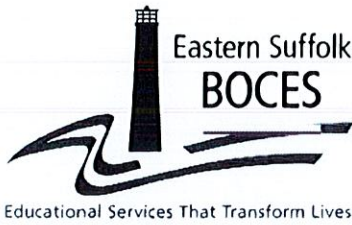
- ☐ I deem this child to be **self-directed** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will dispense the medication, including field trips.
- ☐ Student **may self-carry and administer** his or her own inhaler and/or Epi-Pen only.
- ☐ I deem this child to be **non self-directed** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

Physician's Signature/Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

- \* Medication must be in original pharmacy labeled container with specific orders and name of medication.
- \* Medication and refills must be brought to school by parent, guardian or responsible adult.





**Consent for Use of  
Student Photograph,  
Audio, and Video in  
ESBOCES Print and  
Electronic Media**

**2110F.1  
Page 1 of 1**

Board of Cooperative Educational Services  
First Supervisory District of Suffolk County  
201 Sunrise Highway  
Patchogue, NY 11772

***If the student named below is 18 years of age or older, the student may complete and sign this form and return it to his/her teacher.***

***If the student named below is under 18 years of age, this form must be completed and signed by the student's parent/person in parental relation and returned to the student's teacher.***

Current School Year 2023/24

Name of Student \_\_\_\_\_

Building \_\_\_\_\_

**Summary:** Eastern Suffolk BOCES takes photographic, audio, and video footage of students for the purpose of informing various constituents about the activities, programs, and objectives of ESBOCES, as well as for promoting the achievements of students and staff.

ESBOCES may use this footage in both print and electronic media, including, but not limited to, newsletters, bulletin board displays, the ESBOCES website, and ESBOCES social media sites, as well as any and all media used for educational student and staff training and related purposes, and to inform the public via news media outlets.

- ☐ I give consent for photographic, audio, and video footage of the above-named student to be obtained and utilized as indicated above. This consent will remain valid for all perpetuity unless ESBOCES receives written instructions advising otherwise from the parent/person in parental relation or student 18 years of age or older.
- ☐ I do not give consent.

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_ / \_\_\_\_ /20  
Date

**Indicate relationship to student:** ☐ Parent/Person in Parental Relation ☐ Self (*if over age 18*)

## **ESBOCES Extended Day Enrichment Participation Policies & Code of Conduct**

I have reviewed the Extended Day Enrichment Handbook for 2022-23 with my child(ren) and we acknowledge and agree to the following:

### **ESBOCES EXTENDED DAY ENRICHMENT CODE OF CONDUCT**

It is our philosophy that rules are made to keep you safe and healthy. We have three basic rules:

1. Take care of yourself.
2. Take care of others.
3. Take care of your environment.

The Code of Conduct is intended to be a guide for general behavior for the members of our community and includes the following expectations. Each person:

- a. values and respects others in our community.
- b. is responsible for the appropriate use of the facility and the property belonging to others.
- c. is expected to choose appropriate behaviors and language, and encourage others to do so.
- d. is expected to think about the results of one's actions and how they impact others.
- e. is expected to solve disagreements by talking, listening and compromising.
- f. is expected to help make ESBOCES Extended Day Enrichment a safe and positive learning environment for everyone.

### **Consequences for Inappropriate Behavior**

If a program staff member is unable to solve the problem through discussions, redirections, and reviewed expectations, they will proceed with the following stages:

1. Give a verbal warning and help the student identify the misbehavior through a discussion about expectations and some alternative behaviors that could be used in the future. Age appropriate re-direction or an alternate activity may be provided.
2. Give a second warning with a discussion about expectations and arrange for the teacher or director to communicate with parent(s)/guardian(s) regarding the concern.
3. Schedule a conference with the student, parent(s)/guardian(s) and program director to discuss a plan of action for resolution of the concern.
4. Prohibit the student from participating in a future activity for a pre-determined amount of time.

Student(s) Name(s): \_\_\_\_\_

Student(s) Signatures: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

This form must be signed and returned in order to complete your registration.



**PAYMENT RECORD FOR CHILD CARE REGISTRATION FEE  
AND FIRST MONTH'S PREPAID TUITION**

---

Parent/guardian name: \_\_\_\_\_  
(please print)

Home Address: \_\_\_\_\_  
(if Great River, please indicate P.O. Box Number)

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_  
(please print)

**Child(ren) Registered:**

Name: (#1) \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ AM Prog.: \_\_\_\_\_ PM Prog.: \_\_\_\_\_

Name: (#2) \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ AM Prog.: \_\_\_\_\_ PM Prog.: \_\_\_\_\_

**Additional Notes for Parents/Guardians Regarding Payment**

- a. At registration, you must inform Cheryl Rigogliosi if your child receives **Free/Reduced lunch**.
- b. Any **past due balance** must be paid in full at registration prior to your child being admitted to our programs.
- c. You will be responsible for at least the **8-day minimum rate each month**, even if you do not use 8 days per month. *Daily rates are charged for the amount of days over 8 that your child has attended in each month.* You must choose the frequency of the invoicing (8-day minimum vs. monthly) and this can only be changed once per school year. All changes must be made in writing by emailing Cheryl Rigogliosi and Stephanie Parker, including if you are dropping out of our programs; [cheryl.rigogliosi@eischools.org](mailto:cheryl.rigogliosi@eischools.org), [sparker@eischools.org](mailto:sparker@eischools.org).
- d. **Late Pick Up Fees/After School Prog. only (After 6:00 pm):** Please be aware that we do charge \$35 for the first late pick up, \$40 for the 2<sup>nd</sup> and 3<sup>rd</sup> late pick up – enrollment is cancelled at the 3<sup>rd</sup> late pick up.
- e. **Please initial:** I have read the above "additional notes" and agree to the terms.

\_\_\_\_\_  
Initial here

## FOR OFFICE USE ONLY

(Payment Information)

Student Name:	Parent last name if differs from student:
8 day minimum for Early Morn. Prog.:	Flat Discount Fee:
8 day minimum for After School Prog.:	Flat Discount Fee:
Registration Fees:	
TOTAL DUE TO START PROGRAM(S):	
ID ACCOUNT NUMBER FOR MY SCHOOL BUCKS:	





**Ryan J. Ruf**  
Chief Operating Officer

**Kate Davern**  
Director, Educational Support Services

**Danielle Hudek**  
Program Administrator, Enrichment Services

**Nancy Dowdy-Adams**  
Assistant Administrative Coordinator, Curriculum and Assessment Services

Dear Families and Caregivers:

As we begin this new school year, Social Emotional Learning (SEL) is needed now, more than ever, to address the needs of the whole child. SEL is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. SEL lays the groundwork for a lifetime of healthy relationships, responsible citizenship and flourishing.

SEL has been proven to increase grades, attendance, and focus, while reducing aggression, anxiety, substance abuse, and other issues. The program we have adopted, Choose Love for Schools, plays an important role in promoting students' social and emotional wellbeing and academic and personal success. It also enhances our classroom and school climate, making it a place where students are safe, compassionate, connected and able to thrive.

The Choose Love for Schools Program is the most comprehensive curriculum that supports, nurtures, and fosters the whole child. Students will learn skills and tools they will use throughout their lives to be honest, trustworthy, caring and compassionate, self-disciplined, intellectually curious, fair, and respectful. Students learn how to thoughtfully respond by choosing love. The program's foundation is a formula: Courage + Gratitude + Forgiveness + Compassion in Action = Choosing Love. We use courage daily to choose love over fear. Practicing gratitude helps us focus on what we have. Forgiveness is the key to healthy relationships and compassion in action help us connect with and help others.

I hope you will share in this journey with your children, asking questions about what they have learned and enjoying the benefits of the program as well. Please check out the Choose Love At Home Program for families and caregivers. You can learn alongside your children and incorporate these skills and tools to promote Social and Emotional Learning in your home, and even within yourself! Visit [www.chooselovemovement.org](http://www.chooselovemovement.org) for more information.

If you have any questions or concerns, please contact me for more information. Thank you for your continued support in helping promote your child's academic, social, emotional, and personal well-being through our Year-Round Extended Day Enrichment Programs. I'm looking forward to working together with you as we help our children grow into healthy, happy, successful individuals with the tools and skills to make their positive mark on the world!

Choosing love,

*Nancy Dowdy-Adams*

©2020 Jesse Lewis Choose Love Movement Choose Love for Schools **CAREGIVER LETTER**

\*Please register for free access to updates, support and more at [www.ChooseLoveMovement.org](http://www.ChooseLoveMovement.org)\*



Middle States Accredited

Instructional Support Center @ Sequoya • Curriculum and Assessment Services  
750 Waverly Avenue • Holtsville, NY 11742  
Phone: 631-244-4249 • Fax: 631-240-8952 • E-mail: [ndowdy@esboces.org](mailto:ndowdy@esboces.org)

## DEAR FAMILIES,

The Eastern Suffolk BOCES Year-Round Extended Day Enrichment Program uses GoNoodle to stay active and engaged in the morning and afternoon programs with dance-alongs, yoga videos, mindfulness activities, and other awesome ways to move while reinforcing educational topics. Great news! Your family can make screen time active and play GoNoodle at home for FREE!

### 2 Great Ways to GoNoodle at home:

#### GONOODLE VIDEO APP

- Dance with fun videos that focus on fine and gross motor skills, cross-lateral movements, and coordination.
- Move with GoNoodle mixes of favorite videos, packaged up for use at different times - bedtime, family time, and more.
- Practice mindfulness with videos that teach kids how to de-stress, manage their emotions, and resolve conflict.

#### GONOODLE GAMES APP

The new gonoodle games app gets kids moving, ducking, dodging and holding a pose with fast-paced mini-games. Download the free app on iPhone or iPad today! (Android coming soon)

- You can pop bubbles with Flo Yo!
- Race through space with Zapp Von Doubler!
- Do yoga poses with Om Petalhead!
- Make rockin' music with Squatchy Berger!

## PLAY FOR FREE AT GONOODLE.COM



#### GoNoodle video On Mobile apps



#### GoNoodle video on streaming devices



### GoNoodle Games







## **Eastern Suffolk BOCES Board and Administration**

### **President**

Lisa Israel

### **Vice President**

William K. Miller

### **Member and Clerk**

Fred Langstaff

### **Members**

Arlene Barresi  
Linda S. Goldsmith  
William Hsiang  
Susan Lipman  
Joseph LoSchiavo  
Anne Mackesey

James F. McKenna  
Brian O. Mealy  
Catherine M. Romano  
Robert P. Sweeney  
Norman A. Wagner  
John Wyche

### **District Superintendent**

David Wicks

### **Chief Operating Officer**

Vacant

### **Associate Superintendent**

Claudy Damus-Makelele - Educational Services

### **Associate Superintendent**

James J. Stucchio - Management Services

### **Interim Assistant Superintendent**

Nichelle Rivers, Ed.D. - Human Resources

### **Directors**

Leah Arnold - Career, Technical and Adult Education  
Kate Davern - Educational Support Services  
Mark Finnerty - Facilities  
April Francis-Taylor - Diversity, Equity, and Inclusivity  
Susan Maddi - Administrative Services  
Gina Reilly - Special Education  
Darlene Roces - Regional Information Center  
Wendy Tromblee - Business Services

[www.esboces.org](http://www.esboces.org)

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, gender identity or expression, transgender status, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the implementation of the above laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at [ComplianceOfficers@esboces.org](mailto:ComplianceOfficers@esboces.org): the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate Superintendent for Educational Services, 631-687-3056, 201 Sunrise Highway, Patchogue, NY 11772. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26<sup>th</sup> Floor, New York, NY 10005, 646-428-3800, [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov).