



2024-2025 Middle School After School

Williams YMCA of Avery County

AFTER SCHOOL WITH THE Y!

Dear Families,

Welcome to the Williams YMCA of Avery County where we are thrilled to have the opportunity to provide care for your children during out- of-school hours. We understand the importance of finding a safe and enriching environment for your children, and we are honored that you have chosen us to be a part of their growth and development.

We are very excited to offer this middle school program for your middle schoolers and see some of our former elementary After School participants! This program is going to be different than our elementary programs in a few ways:

1. We are not grant funded. We have received a few donors who have helped us offset a good portion of this program, but there is going to be a monthly fee to help with the remaining costs.
2. There is no attendance requirement.
3. We will have homework time and different "clubs" offered throughout each day.
4. We are offering the program on Mondays, Wednesdays, Thursdays, and Fridays - Not Tuesdays

We are excited to embark on this journey with your family and look forward to providing a nurturing and enriching environment for your child. Thank you for entrusting us with their care.

Sincerely,

Williams YMCA of Avery County Youth Development Team

REGISTRATION

Registration Information

You can complete the registration process online at www.ymcaavery.com. When registering, please have the following information ready: your student's authorized pick-up and emergency contact details including names, phone numbers, and addresses. While there is not registration fee, the monthly cost of the program will be \$50 for all participants.

Fun For Everyone

As a YMCA, we are **FOR ALL**. To allow all students to be able to access our program, please fill out a Y-Access application and submit it to Lisa Isley at lisai@ymcaavery.org to be considered for financial assistance.

Program Participation & Student Needs

The YMCA operates all childcare programs within the provisions of all applicable laws, including those that provide protection to individuals with disabilities as well as to providers who care for such individuals. Our Y programs welcome all children to the extent we are reasonably able to do so. A child who requires measures that constitute a fundamental alteration to the program or other undue hardship, or a child who poses a direct threat to the health and safety of others, will not be able to participate in the program. The Y DOES NOT PROVIDE ONE-ON-ONE CARE. All children who are enrolled in the program must be able to function independently in a large group setting termed as staff to child ratio. In order to best meet the needs of your child, we ask that you contact Maren Summer, Director of Youth Development, to inform us of ANY and ALL special accommodations that your child may require (i.e. dietary, medical, physical, mental, etc.).

Ages We Serve

For the middle school program, we can serve 6th-8th grade students.

PAYMENT AND CONTACTS

Payments, Cancellations, & Registration Reminders

After School fees must be paid on the first of each month. All fees must be scheduled to be paid when registering for the program. (Although all payments are scheduled, they are not charged at the time of enrollment) Fees can be paid through ACH draft or debit/credit card. No cash payments will be accepted on site. Accounts that are not paid and up-to-date will be terminated after two weeks with no contact and no payment. The responsible adult will be required to contact the Director of Youth Development in order to pay the balance and re-register the child. The child will not be able to attend the program until the account is brought current. There are no refunds or pro-rating for tuitions, absences, suspensions, partial weeks, or emergency closings. Three (3) removals for nonpayment will result in permanent removal from YMCA program for the remainder of the school term. Reenrollment may be limited and may result in the child being placed on a waiting list.

Payments for After School will be charged on the 1st of each month. If you register and do not attend, you will still be charged. To cancel a month's registration, you are required to email Maren Sumner at marens@ymcaavery.org no later than the Wednesday before the week of service. Any requests received after the Wednesday of the week before service will be charged and are not eligible for refund.

We require a 2 week notice to withdraw from the program. If you need to withdraw from the program you are required to email marens@ymcaavery.org and notify us that your child(ren) will no longer attend. The date of the email will start the two week notice. If those two weeks fall in the next month, you will be responsible for paying that month's fee.

Program Contacts

If you need assistance with creating your account, adding students to your account, or logging in to you account, please contact the Director of Youth Development, Maren Sumner at marens@ymcaavery.org. She can also answer any questions you may have regarding payment, vouchers, and registration.

Other Contacts:

Jessa Cannon, Association Director of Youth Development, jessaj@ymcaavery.org

Cranberry Middle After School: cranberrymas@ymcaavery.org

GENERAL PROGRAM INFORMATION

Operation

This after school program will serve 6th-8th graders at Cranberry Middle School starting November 6th, 2024 and ending on May 28th, 2025.

Days of the Week: Monday, Wednesday, Thursday, Friday

Hours: Time school lets out-6:00pm

We will not operate on days that schools are closed to students or operating on half days.

Clubs

Our staff will offer a variety of clubs throughout the week that students can choose to participate in each day. Participation in the clubs is mandatory so students have the chance to socialize while learning new skills.

Homework

Each day, the participants will be given an hour of homework time that they can use to work on class assignments. During this time, all students need to be working on class assignments or working independently on something that promotes their educational growth (i.e. reading, studying, drawing, writing, etc.)

Meals

Through a partnership with Avery County Child Nutrition, each participant will be provided a full meal each day they attend the program. Menus will be provided by the nutrition department.

DAILY SCHEDULE

After School

In our middle school after school program, parents can expect a safe, engaging, and nurturing environment for their children. In After School, children can unwind and have fun with a variety of activities, including snack time, homework help, outdoor play, arts and crafts, STEM activities, group and individual activities, and clubs. Our programs aim to complement the school day by offering enriching experiences that promote learning, social development, and overall well-being.

	MONDAY	WEDNESDAY	THURSDAY	FRIDAY
2:45PM-3:00PM	Check In	Check In	Check In	Check In
3:00PM-3:30PM	Meal	Meal	Meal	Meal
3:30PM-4:30PM	Homework	Homework	Homework	Homework
4:30PM-5:15PM	Club	Club	Club	Club
5:15PM-6:00PM	Student Choice	Student Choice	Student Choice	Student Choice

Middle School After School will not be offered on Tuesdays due to the Y's partnership with Y2Y/Western Youth Network. They are offering a program on Tuesdays, at not cost, for all middle school students. Students are transported in a YMCA bus from their school to a program space in the YMCA. If you'd be interested in signing up your child for this fantastic opportunity, please reach out to Tiffany Moon at moont@westernyouthnetwork.org.

PARTICIPANT EXPECTATIONS

Behavior

In our after school program, we want all participants to feel safe and welcomed. The following behaviors will not be tolerated (this is not an all inclusive list):

- Cursing
- Violence
- Threats of violence
- Bullying
 - Repeated verbal harassment
 - Physical altercations
 - Cyberbullying
- Sexual misconduct
- Ignoring staff when given directions

If any of these occur, a behavior write up will be written*.

1. After 1 behavior write up, a conversation between the staff and child will take place to determine a plan of action in the event something like this occurs.
2. After the 2nd behavior report, a meeting between the staff and caregivers will be held to determine the best course of action going forward.
3. After the 3rd write up, the child will be suspended for 1-5 days up to the Director's discretion.
4. If more than 3 write ups occur, the child will be expelled from the program.

*Depending on the severity of the offense, the action could result in an immediate dismissal from program.

Electronics/Personal Belongings

In our after school program, we want children to be present and make connections with one another and the staff. To support this mission, students will be asked to keep any electronics and personal items, including cell phones, in their backpacks/bags. In the event you need to reach your child, please call the site phone.

ACKNOWLEDGEMENT

Conclusion

Thank you for taking the time to review the information presented in this handbook regarding our Middle School After-School program. This parent handbook provides information to help you and your child have a smooth experience in after school. Please review the following steps, and send all signed papers (hardcopy or electronic) to Maren Sumner at marens@ymcaavery.org.

Next Steps

To complete your child/children's enrollment into the YMCA's After-School program please follow these steps:

1. Completely fill out and sign the following documents located on the following pages;
 - a. Appendix A-Handbook Acknowledgement Form
 - b. Appendix B- YMCA Photo/Audio Visual/Narrative Release
 - c. Appendix C- Data Usage/Sharing Form
 - d. Appendix D- Allergies & Medication Form
 - e. Appendix E - Admission Agreement

APPENDIX A – HANDBOOK ACKNOWLEDGEMENT

Child's First & Last Name: _____

I have read, understand and agree with all policies and procedures as stated in this document and have discussed the expectations of behavior with my child. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA.

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____

Date: _____

APPENDIX B – YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

A YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of:

- video film or footage of me,
- soundtrack recordings of me,
- photo reproductions of me,
- any narrative account of my experience,

My consent includes a perpetual license to the Y and collaborating third parties for the use of the above materials for publication, display, sale, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations, and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to the YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third parties, from any and all claims, actions, lawsuits, or demands of any kind arising out of my consent, license grants, use, or the shared uses of any works or materials referenced herein.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

Childs Name: _____

APPENDIX C – DATA USAGE/SHARING

I, _____ (Parent Name) understand that all information provided on the registration form will be shared with YMCA After School staff. I acknowledge that the YMCA uses different data platforms such as Daxko Operations and Daxko Attendance to store children's information and parent contact information. This information is only intended for After School staff and will not be shared with anyone outside of the YMCA organization.

I, _____ (Parent Name) understand that the Williams YMCA of Avery County will collect some data such as test scores, attendance, and other student information, deidentified, and shared through the designated data systems as a way to do internal program assessments.

I, _____ (Parent Name) understand that participation in the Avery County After-School program is voluntary.

Parent Signature: _____

Date: _____

APPENDIX D – ALLERGIES & MEDICATION

Please indicate your child’s known allergies, medications, or special circumstances. Check all that apply to your child, or check “None” for those that don’t apply:

Medication (type and schedule) _____

None

Emotionally, behaviorally, intellectually or physical challenged (explain) _____

None

Allergies (type) _____

None

Special circumstances _____

None

Additional Information: _____

Medication Policy

The Avery County After School staff is not responsible for administering medication.

MEDICAL TREATMENT POLICIES

Accident Insurance – Participants are responsible for their own accident insurance when using Avery County After School.

Medication – Avery County After School does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to the program staff. Notice: With respect to giving EpiPen and/or Glucagon injections to children participating in its programs, Avery County After School will comply fully with the requirements of the Americans with Disabilities Act. For those children who may require EpiPen and/or Glucagon injections, or who have other special medical needs, the After School program will meet with the parent(s) or guardian(s) of such children and, through dialogue, strive to develop a mutually acceptable plan designed to address the medical circumstances of each individual child. Avery County After School will not administer, or be responsible for administering, medications that have to be inserted into body cavities.

Blood Borne Pathogen Exposure – I understand that, while my child is in the care of Avery County After School, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, Avery County After School will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, Avery County After School will provide the name and telephone number of the child’s attending physician to the staff member. I have read and agree with the statement and specifically authorize Avery County After School to release the name and telephone number of my child’s physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such exposure from my child.

Emergency – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, Avery County After School will contact emergency medical personnel and, pending their arrival, take those actions that are in Avery County After School judgment to be in the best interests of the child.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize Avery County After School Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Parent/Guardian signature: _____

Date: _____

APPENDIX E – PROGRAM ADMISSION AGREEMENT

Please read and initial

_____ Water Activities: I give permission for my child to participate in water activities during program hours.

_____ Physical activity: I permit my child to participate in physical activity as part of the Avery County After School program.

_____ Medical: In the event of an emergency, I give authorization for the Avery County After School program to render 1st aid and, when deemed necessary, contact emergency medical personnel.

_____ Absences: I understand that it is my responsibility to notify the Avery County After School program director by 9 AM daily if my child will not attend the program that day.

_____ Avery County After School program closures: I understand that the Avery County After School School maybe closed due to weather or other unforeseen circumstance.

_____ Internet: I give authorization for my child to gain access to the Internet or have Email/ Internet communications in compliance with 15 USC §Chapter 91, The Children's Online Privacy Protection Act and Title XVII, the Child's Internet Protection Measures.

_____ FERPA/HIPPA I understand the Avery County After School program staff may have access to my child's medical and academic information but will ensure privacy under federal law is maintained.

_____ Although the Avery County After School program will make every effort to safeguard personal belongings, I understand that the Avery County After School program is not responsible for any personal items lost, stolen, or damaged at the Avery County After School programs.

_____ Student/Parent acknowledges that they have received and read Avery County After School Student/Parent Handbook.