



# HANNA COMMUNITY CENTER After-School Program



2016-2017

**Hanna After-School Program**  
**Hanna After-School Hours: 2:45pm-6pm**  
**We follow Lafayette School Corporation Calendar**

**Introduction**

Welcome! Thank you for allowing us to care for your child this school year! This handbook has been designed to give you an overview of the Hanna Afterschool Program policies and procedures. Please feel free to meet with the Program Coordinator or contact the Hanna Center office to discuss any content listed in this handbook.

**Mission Statement:**

Hanna Community Center's Mission is to advance the wellbeing and quality of life of the Hanna Community by providing quality programs, services and community interactions for the neighborhood and the youthful and elderly citizens we serve. In pursuing our Mission, we seek to celebrate the cultures of Greater Lafayette while preserving Lafayette's African American culture heritage and history.

**Program Overview:**

The Hanna after school program will run a structured program that encompasses homework/tutoring, snack, outside play time, special activities, and group time. Children will have homework time with tutoring and mentoring from Purdue and Ivy Tech students. The activities will be age appropriate and will provide children with fun, structured activities that are educational, diverse, and help foster a strong sense of community and self.

**Child Care Hours:** 2:45-6pm

If not picked up by 6:15 pm there is a \$15 late fee for the first 15 minutes late and \$1 for every minute after the first 15 minutes.

**Late fee must be paid before your child can return to After-School care.**

**After-School Fees**

- After-School program costs \$40.00 per week per child.
- Payments are due the Friday before the week your child is to come to the After-School program.
- **Payments may be made by check, money order, cash, or credit card**

**Forms**

- Every child is required to have a **completed** Youth Application on file. This includes the Immunization form, Discipline/Guidance Policy, Medical Card, Consent for Child Care Program Activities, and Policy and Procedures.
- **ANY** changes in address, phone number or pick-up arrangements must be reported to the Program Director immediately. If not reported, then this could affect your child during emergency situations.

**Lost and Found**

- Hanna will not be responsible for lost items. We will provide a lost and found area for your convenience.
- We request that your child only bring a school bag to After-School to keep his/her belongings safe and organized.
- Please identify your child's bag with his/her full name.

**Snacks**

We provide a daily snack. If your child has a food allergy, please indicate on the Child Information Form and notify the Hanna staff about the allergy. If your child has special needs in nutrition, you will be responsible for providing the specific snacks for your child. Hanna staff will distribute the snack to your child.

## **FINANCES**

It is the responsibility of the parent to gather all information pertaining to the services provided to the family. By knowing all information and procedures, provided here, communication regarding payment and services should remain transparent and upfront.

- Payments are due the Friday before the week you choose to come to after-school program.
- Funding sources, such as CCDF, must be paid weekly. The remaining hours of unpaid services must be met by the party/parties responsible for the child receiving services.
- All outstanding fees that are 2 weeks past due will be considered delinquent. Delinquent notice will be issued upon reaching past due requirements. If the full balance owed is not paid in full within the specified time frame in the delinquency notice, your child will not be able to return to the After School Program until the balance is completely paid in full.

## **MEDICAL PROCEDURES**

Safety of all children is our utmost priority. It is the goal of the Hanna Community Council and its staff to ensure the well being of your child at all times. Medical issues are considered most important, so please read the following:

- Provide accurate medical information regarding to illnesses and allergies.
- Children who are ill will not be admitted for programs or services until he/she is healthy.
- Children who become ill will be isolated and parents will be contacted immediately.
- Parents that are not reachable, in case of dire emergency, will need to pick their child up from the health service provider the staff has deemed appropriate.

## **DISCIPLINE PROCEDURES**

### **RULES & REGULATIONS**

- Be respectful at all times.
- Be honest.
- Follow directions.
- No fighting.
- No foul language
- No teasing or bullying.
- No spitting
- Golden Rule: Do unto others as you would have them do unto you.

### **VIOLATION OF RULES**

All children and adults will abide by these rules. If the rules are violated the following actions will take place.

1<sup>st</sup> violation - Child is warned for violation and continues with normal activities

2<sup>nd</sup> violation - Child is removed from activities and placed on limited privileges.

Parents will be informed of child's behavior and modifications to privileges.

3<sup>rd</sup> violation – Child is removed from program. (Suspension)

Parents are notified of reoccurring violations and consequences.

Re-entry is based upon completion of understanding of violation.

4<sup>th</sup> violation – If readmitted into program, the last violation results in termination of services.  
(Expulsion)

Dependent upon the severity of the violation, Administration may choose to forego the above mentioned criterion. This is at the discretion of the Administration. All changes are documented on the disciplinary modification sheet.

## **PARENT EXPECTATIONS**

Parents are the most important people in their child's life. The child spends the majority of the day with his parents, and his behavior and manners are a direct result of this interaction. Therefore, not only do we hold the child accountable but also the parents. Please adhere to the following requirements.

- Submit all required forms and records.
- Update all information when necessary.
- Sign your child in and out **DAILY!**
- If there will be someone picking your child up other than persons on pick up sheet please call the center to inform with name. Person will have to supply an **ID**. If need be, they will be added to pickup list.
- Notify staff of any changes in scheduling in a timely manner.
- Mark all property with a first and last name.
- Dress your child appropriately for all activities.
- Communicate.
- Make payments!

Note: This is a short list of expectations that we expect you to adhere to. Any additional issues will be brought to your attention, and are expected to be handled in a timely manner. If issues are not taken care of, an appointment will be set with the Executive Director and Program Director to discuss alternative solutions such as suspension of child and/or termination of services.

### **Parent Involvement**

Parents are encouraged to participate by various means:

- Volunteer to help with the program by donating materials such as games, art supplies, or anything which you feel may be helpful to your child's program. We are non-profit organization and donations are always appreciated!
- Let us know your thoughts. We can only improve the program through open communication and suggestions.
- Attend our special events!

## ***ALCOHOL, DRUGS, AND FIREARMS POLICY***

### **Reason this policy is important:**

Young children's natural curiosity may result in experimentation with harmful substances or use of dangerous materials or objects.

### **Procedures and Practices, including responsible person(s):**

- The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the premises.
- Possession of illegal substances or unauthorized and potentially toxic substances is prohibited.
- All staff will maintain sobriety while providing child care. Staff that is inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately and will be subject to disciplinary action.
- No guns or other lethal weapons will be allowed in the child care setting. Parents required to carry firearms as a function of their job will lock firearms in their vehicle before entering the child care setting.
- In a home facility, all guns will be unloaded. Ammunition and guns will be stored separate from one another, each under lock and key, in an area inaccessible to children. Parents will be informed if guns or ammunition are kept on site.

Thank you for choosing Hanna Center!!

<b>Emergency Information for Parents</b>	
<b>Emergency Plan for:</b> Hanna Community Center	
<b>Address:</b> 1201 North 18th Street	
<b>Phone:</b> 765-742-0191	<b>Alternate phone:</b>
<b>Name of emergency contact for provider:</b>	
<b>Phone Number for emergency contact:</b>	<b>Cell Phone:</b>
<b>If necessary, children will be transported to this health care facility:</b> Franciscan St. Elizabeth Health NICU	
<b>Address of health care facility:</b> 1701 S Creasy Ln Lafayette, IN 47905	<b>Phone Number:</b> (765) 502-4000
<b>When we need to evacuate from the building</b>	
<b>Where we will meet outside the building (describe corner of yard, landmark on property):</b> Hanna Park, Basketball Court	
<b>When we need to take shelter inside the building</b>	
<b>Where we will be inside the building (describe by floor, corner, room, ect.):</b> Main office craft room and Girls bathroom	
<b>Plan for infectious disease</b>	
<b>Policy if child is sick:</b> If child is too sick, they will be excluded and parents called.	

Cut out and keep with you for Emergency Purposes

<b>Child Care Provider</b>		<b>Evacuating From The Building</b>	
<b>Name:</b>	Hanna Community Center	<b>Location:</b>	Basketball Court Hanna Park
<b>Phone:</b>	(765)742-0191		
<b>Alt Phone:</b>	(765)404-7301		
<b>Taking Shelter Inside the Building</b>		<b>Health Care Facility</b>	
<b>Location:</b>	Main office craft room or Girls Bathroom	<b>Name:</b>	Franciscan St. Elizabeth Health NICU
		<b>Address:</b>	1701 S Creasy Ln Lafayette, IN 47905

**END OF PARENT HANDBOOK**

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## DISCIPLINE/GUIDANCE POLICY

Provider Name \_\_\_\_\_

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Additional techniques to be used with my child:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**MEDICAL EMERGENCY CARD (front)**  
Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Age \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

**MEDICAL EMERGENCY CARD (back)**  
Persons authorized to pick up  
child from day care home:

Childs Picture
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special medical health need(s): \_\_\_\_\_  
\_\_\_\_\_  
Parent's Signature: \_\_\_\_\_

# Consent for Child Care Program Activities

Name of Child Care: Hanna Community Center

Address of Facility: 1201 North 18<sup>th</sup> Street.

Name of Child: \_\_\_\_\_

Parental/Legal Guardian Consent is given for the items below:

(PLEASE INITIAL)

## Motor Vehicle Transportation

\_\_\_ Trips by the program in Hanna Van (vehicle) to the following locations:

\_\_\_ Weekly transportation by the program in: (vehicle Hanna Van from: (location) School to: (location) Hanna Center

\_\_\_ Children will be restrained during vehicular transport by use of: \_\_\_\_\_

\_\_\_ Special needs of the child during transport:

\_\_\_\_\_

\_\_\_ Other Activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)

\_\_\_\_\_

\_\_\_\_\_

Print Legal Guardian's Name:

Legal Guardian's Signature:

\_\_\_\_\_

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

## Hanna After-School Policy and Procedures

I have read and I understand the policies and procedures for the Hanna After-School Program.

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

# Child Profile

**Please note: All emergency contacts listed are also considered “approved for pick up.”**

<b>Child Information</b>										
Last Name			First Name			M.I.	Shirt Size		Gender	
									M	F
Birth Date		Age	Present School			Present Teacher & Grade				
Address				City, ST			ZIP		Apt. #	
Phone Number		Alternative Number		Guardian Last Name			Guardian First Name			
Emergency Contact Name				Emergency Contact Number			Relation to Child			
Emergency Contact Name				Emergency Contact Number			Relation to Child			
Emergency Contact Name				Emergency Contact Number			Relation to Child			
Insurance Provider				Primary Physician			Physician Number			
<b>Medical History</b>										
Has your child had any of the following illnesses:										
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough					<input type="checkbox"/> Head Lice <input type="radio"/> How long ago? _____ <input type="checkbox"/> Ring Worm <input type="radio"/> How long ago? _____					
Please explain any existing medical conditions:										
Please list current medications taken:										

<b>Parent Information</b>				
Mother's Last Name		Mother's First Name		Alias
Current Employer		Employer Number		Cell Number
Funding Sources				Mode of Transportation
		Other:		
Father's Last Name		Father's First Name		Alias
Current Employer		Employer Number		Cell Number
Funding Sources				Mode of Transportation
		Other:		
Please initial each box in agreement with each clause.				
<b>Emergency Release Consent</b>				
<input type="checkbox"/> I give permission for my child to receive minor medication or treatment when the need arises. This is to be given by the adult supervising my child. In case of a more serious type of injury or emergency and I cannot be reached, I authorize the Hanna Community Council staff to respond accordingly with the proper medical treatment, which may include but is not limited to transportation to a medical facility and/or consultation from medical personnel. Charges and fees of medical services are not the responsibility of the Hanna Community Council and its staff.				
<b>Liability Waiver</b>				
<input type="checkbox"/> I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's property damage, property theft, or actions of any kind which may hereafter occur to my child during their participation in this program. THE FOLLOWING ENTITIES OR PERSONS: The Hanna Community Council and/or their board of directors, employees, and volunteers.				
<b>Media Consent Form</b>				
<input type="checkbox"/> I understand that during this program or related activities, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the Hanna Center, staff, board members, and sponsors.				
<b>By signing below, I confirm that all information provided is complete and accurate. Falsifying information is in direct violation of the agreement between the Hanna Community Council and me. The result of such violation is expulsion from ALL youth programs and services provided. If any information is to change, I will contact Hanna Community Council in a timely manner to update the modified information.</b>				
<b>Signature</b>				<b>Date</b>
<b>Name (Print)</b>				<b>Relation to Child</b>

**THIS IS A REQUIRED FORM**

Day Care Provider Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

***Record Date of Immunization***

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease \_\_\_\_ No \_\_\_\_ Yes If yes, age \_\_\_\_\_

**Please check the appropriate response.**

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

**ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER**

Comments: *(Please list immunizations excluded for medical reasons)* \_\_\_\_\_

Parent comments: *(Please indicate religious objection, if any)* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Health Care Provider's Signature and Date is Required.)*

Printed Name and Title \_\_\_\_\_  
*(Printed Name and Title is Required)*

**This form must be updated annually.**