2022/23
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 child 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.

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 before 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 housed at each elementary school also. Proper picture 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 3rd late pick up.
Cost of Programs (Registration Fees are non-refundable)

### EARLY MORNING PROGRAM

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>Early Drop Off per day per child</th>
<th>Late Pick Up per occurrence per child</th>
<th>Daily Rate</th>
<th><strong>8-Day Minimum</strong></th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Child</td>
<td>$50.00</td>
<td>N/A</td>
<td>$11.00</td>
<td>$88.00</td>
<td>$187.00</td>
</tr>
<tr>
<td>Additional Child</td>
<td>$50.00</td>
<td>N/A</td>
<td>$9.00</td>
<td>$72.00</td>
<td>$151.00</td>
</tr>
<tr>
<td>Free/reduced lunch-1st child</td>
<td>None</td>
<td>$5.00</td>
<td>$9.00</td>
<td>$72.00</td>
<td>$151.00</td>
</tr>
<tr>
<td>Free/Reduced lunch-addl. child</td>
<td>None</td>
<td>$5.00</td>
<td>$7.00</td>
<td>$56.00</td>
<td>$126.00</td>
</tr>
</tbody>
</table>

### AFTER SCHOOL PROGRAM

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>Early Drop Off per day per child</th>
<th>Late Pick Up per occurrence per child</th>
<th>Daily Rate</th>
<th><strong>8-Day Minimum</strong></th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Child</td>
<td>$50.00</td>
<td>$35-1st time</td>
<td>$16.00</td>
<td>$128.00</td>
<td>$272.00</td>
</tr>
<tr>
<td>Additional Child</td>
<td>$50.00</td>
<td>$35-1st time</td>
<td>$14.00</td>
<td>$112.00</td>
<td>$236.00</td>
</tr>
<tr>
<td>Free/reduced-1st child</td>
<td>None</td>
<td>$35-1st time</td>
<td>$14.00</td>
<td>$112.00</td>
<td>$236.00</td>
</tr>
<tr>
<td>Free/Reduced – additional child</td>
<td>None</td>
<td>$35-1st time</td>
<td>$12.00</td>
<td>$96.00</td>
<td>$216.00</td>
</tr>
</tbody>
</table>

**You will be responsible for at least 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 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. 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 or 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 the 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 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 to communicate with the program (Mrs. Stephanie Parker/child care registration & information). In the event that a phone conversation is necessary, please call (631) 224-2012.

To reach the programs directly in case of emergencies:

- Connetquot Elem. Early Morning/After School Programs – 631-224-2001 Ext. 1901
- JFK Early Morning/After School Programs – 631-224-2003 Ext. 3900
- 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 coordinate 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 requests 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 twenty 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 and 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 ES BOCES guidelines.
4. Provide behavior management techniques when appropriate according to the 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 or 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 or guardian. Behavioral intervention techniques will be prescribed, administered, and supervised only by the 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 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.
**Application/Registration Form**

**Eastern Suffolk Extended Day Enrichment Program/Educational Support Services**

(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: ____________

<table>
<thead>
<tr>
<th>Early Morning Program (check if needed)</th>
<th>After School Program (check if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Needed: M Tu W Th F (circle days)</td>
<td>Days Needed: M Tu W Th F (circle days)</td>
</tr>
</tbody>
</table>

- **Student Name (#2):** ________________________ Grade: _______ Date of Birth: ____________
  
  School Attending: ______________ Home Phone: ______________ Start Date: ____________

<table>
<thead>
<tr>
<th>Early Morning Program (check if needed)</th>
<th>After School Program (check if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Needed: M Tu W Th F (circle days)</td>
<td>Days Needed: M Tu W Th F (circle days)</td>
</tr>
</tbody>
</table>

**Name of Both Parent(s)/Guardian(s):** ________________________ (first & last)

**Home Address:** ____________________________________________

**Emergency Contact Information**

Parent/Guardian **Place of Employment:**

- **Mother/Guardian:** ________________________ Phone: ____________ Phone: ____________
  
  *(place of employment)*

- **Father/Guardian:** ________________________ 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:** ________________________ to Student: __________________ Phone: ____________
   
   Relation ________

2. **Name:** ________________________ to Student: __________________ Phone: ____________
   
   Relation ________

3. **Name:** ________________________ to Student: __________________ Phone: ____________
   
   Relation ________

**Signature:** ________________________ **Date signed:** ________________________
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: ________________
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):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Ivy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hay Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? __________

Receiving Special Education Services? __________

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 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: ______________________
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 Number: ____________________________ Work Phone Number: ______________

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, kindly inform Maria Brabender or Cheryl Rigogliosi if your child receives Free/Reduced lunch.

b) Any past due balance must be paid at registration before your child’s registration is considered complete.

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 only 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. This includes if you are dropping out of the program(s). Cheryl.Rigogliosi@eischools.org, sparker@eischools.org.

d) Late Pick Up Fees/After School Program only: Please be aware that we do charge $35 for the first late pick up, $40 for the next late pick up. **Upon the third late pick up, you will be charged $40 and enrollment will be cancelled.**

d) Please initial: I have read the above “additional notes” and agree to the terms.  

Initial here
<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td></td>
</tr>
<tr>
<td>Parent last name if differs from student:</td>
<td></td>
</tr>
<tr>
<td>8 day minimum for Early Morn. Prog.:</td>
<td></td>
</tr>
<tr>
<td>8 day minimum for After School Prog.:</td>
<td></td>
</tr>
<tr>
<td>Registration Fees:</td>
<td></td>
</tr>
<tr>
<td>TOTAL DUE TO START PROGRAM(S):</td>
<td></td>
</tr>
<tr>
<td>ID ACCOUNT NUMBER FOR MY SCHOOL BUCKS:</td>
<td></td>
</tr>
</tbody>
</table>
Consent for Use of Student Photograph, Audio, and Video in ESBOCES Print and Electronic Media

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 2022 - 2023 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 __________________________ Date ______ / ______ /20

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.

By signing below we indicate that we have read, reviewed, and understand all of the above statements.

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.
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: ____________________________________________

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>FREQUENCY/TIME TO BE TAKEN</th>
<th>ROUTE OF ADMINISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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.
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.choselovemovement.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
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**

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www.esboces.org

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