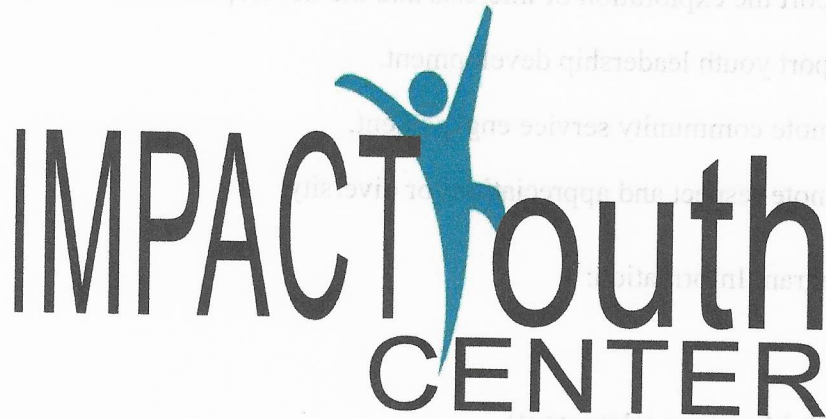


IMPACT YOUTH CENTER AFTER SCHOOL PROGRAM

PARENT HANDBOOK 2022-2023



**230 S. Washington Street
Tiffin, Ohio 44883
Impact- (567) 207-7322
SMYL Office-(419) 447-2927**

Our mission: To inspire students to pursue their passion and set higher personal and academic goals; to begin to release a powerful force within each student creating future leaders, influencing each to impact their community and the world.

Goals:

- Provide a healthy, safe environment.
- Foster consistent and positive relationships with adults, and peers; and build a sense of community.
- Support the needs of working families.
- Support healthy behavior and physical well-being.
- Strengthen student's academic skills.
- Support the exploration of interests and the development of skills and creativity.
- Support youth leadership development.
- Promote community service engagement.
- Promote respect and appreciation for diversity.

General Program Information:

Location:

A Little Faith Ministries (Basement)
230 S. Washington Street, Tiffin, Ohio 44883.
Impact Phone 567-207-7322

Contact Information

Cristy Ott - Impact Coordinator
IMPACT Phone: 567-207-7322
SMYL OfficePhone: 419-447-2927
email: cott@ncoesc.net

Dates/Hours of Operation for the Year 2022-2023

IMPACT YOUTH CENTER Weekday Programs follow the Tiffin City Schools schedule as to closures and early dismissals. <http://www.tiffin.k12.oh.us/>

School Year for IMPACT YOUTH Center – September 6, 2022 – April 27, 2023
For grades 6th grade through 12th grade

Daily Hours Schedule

3:00-3:30.....	Student Check-In & Snack
3:30-3:45.....	Ice Breaker Activity
3:45-4:30.....	Program Activity
4:30-5:30.....	Homework/Tutoring/Mentoring

Daily Program Activity Themes Includes:

Monday.....	Character & Values
Tuesday.....	Physical & Mental Health
Wednesday.....	The "Arts"
Thursday.....	Career Exploration & Community

IMPACT Youth Center programs are based on the 40 Developmental Assets and will focus on a category each month.

Monthly Category Themes Includes:

October: Positive Identity	January: Social Competencies
November: Positive Values	February: Support
December: Constructive Use of Time Expectations	March: Empowerment/Boundaries & April: Internal Assets

Keeping Family Information Current

Important: If there is a change of address, IMPACT Youth Center should be notified immediately. Telephone numbers for each parent must be current at all times. It is very important that we are able to reach parents at all times.

Pick-up Procedures

All parents or designated adult Pickup Persons should sign out the student.

For the safety of the student, he/she will only be released to the parents or designated pickup person. Should another adult be picking up the student, please send written notification and be advised that they may be asked for photo identification. Once a student is released to his/her parent or designated pickup person, the student's care and safety are the responsibility of the parent or designated adult.

In the event that the student must be picked up early from the After School Program, (before 5:30pm), the parent must notify the Program Coordinator, either in writing or by phone to make arrangements.

If your child leaves the premises before 5:30pm without prior arrangements, you will be notified and the authorities will be contacted for concerns of the child's safety.

If there are special court orders regarding parental custody – please provide documentation.

Visitation Policy

The IMPACT Youth Center After School Program maintains an "open door" visitation policy. Parents, teachers, family members, and guests are encouraged to visit the program, anytime, during the hours of operation. Visitors are free to sit in on any activity and view the academic progress and growth being developed. Whenever possible, visitors are also encouraged to participate in the learning activities of the classroom. Please feel free to speak with any IMPACT Youth Staff member about your child's progress or any concerns that you may have about the program.

Snacks

The After School Program will provide a nutritional snack daily. Please keep student records updated with any food allergy information, etc. As a precaution, Please do not bring in individual outside snacks.

Activities

Activities are planned every day. We will not allow the use of electronic games (game boys, iPods etc) during the after-school program and will not be responsible if games are lost or broken. Gaming systems are available for use when appropriate. Students are asked to place personal cell phones in the pocket chart for storage and easy access at 3:30 daily. This helps to ensure each student's safety as we are unable to monitor the internet when used on their personal phones, as well as fostering focus and overall student participation. It is our goal to increase face time with the students and cut back on screen time.

Homework

There is an area provided for homework to be done Monday through Thursday. We will provide tutoring and homework assistance. Computers are also available for students to use.

Inclement Weather

In the event of inclement weather, the IMPACT Youth Center After School Program follows the Tiffin City School district lead for school delays and cancellations.

If Tiffin City Schools are **delayed**, the After School Program will be **in session**.

If Tiffin City Schools are **cancelled**, the After School Program will be **cancelled**.

In the event that the After School Program is in session, and the weather becomes dangerous, the parents or designated adult is responsible for picking up your child.

Registration

Registration packets are asked to be returned by the students 2nd visit to the after school program or as soon as possible thereafter. Contact and Emergency information is required to have on file for each student participating in the program.

Disciplinary Policy

The IMPACT Youth Center After School Program is a means of providing additional educational support and opportunities to students beyond the formal school day. Therefore, it must be recognized that inappropriate behavior, especially in the form of threats against others and/or staff, does not promote a favorable learning environment, and will not be tolerated.

As with any other zero-tolerance policy, there will be consequences for the following types of misconduct:

1. Failure to follow rules, policies and procedure of the After School Program.
2. General misconduct, including loud or boisterous behavior that tends to disturb others, and includes running in the classroom/halls, defacement of property, and pushing or shoving others.
3. Refusal to follow the instructions of program staff, program administrators, or any school employee. This shall also include refusal or failure to properly identify oneself on request.
4. Use of obscene, vulgar, profane, disrespectful, demeaning or threatening words and/or actions or any gesture directed to or in the presence of others.
5. Mutual physical confrontations (fighting).
6. Possession and/or use of any tobacco or drug related items or 'look a like' items – this may include cigarettes, chewing tobacco and other tobacco-related products, lighters, alcoholic substances, drug-consumption devices, drug paraphernalia and any substance suspected of being a 'drug'.
7. A behavior that may result in physical or mental abuse to one's self.
8. Committing an act of indecent nature
9. Students will be asked to limit their phone use while at the youth center to ensure student safety, focus, and participation. A pocket chart is available to hold phones for easy access and availability if needed without it being a distraction.

Disciplinary Actions

1. Verbal reprimand
2. Special assignments or removal from activity
3. Parent Contact
4. Suspension from After School:
 - a. First Offense – 1 day suspension
 - b. Second Offense – 3 days suspension
 - c. Third Offense – Parent/Staff conference to determine continued enrollment in the program
5. Permanent withdrawal of After School privileges – includes non-academic activities taking place during and beyond the normal After School hours (i.e. games, activities, computer lab, field trips, etc.)
6. Immediate notification of authorities if appropriate

Health and Safety

Covid Safety Guidelines:

Masks are not mandatory unless being transported by bus
Social Distancing will be enforced when appropriate
Regular Sanitizing and Disinfecting will take place often
Please do not send your child to school if you feel their symptoms could compromise the health of others.
Impact Sickness management procedures (found below) will be followed

Administering Medication:

IMPACT Youth Center staff **will not** dispense medications.

Incidents Requiring Professional Medical Attention

If a student is involved in an accident requiring professional medical attention (other than first aid provided by staff of IMPACT Youth Center), the coordinator and staff will complete documentation of the incident.

If the illness or accident is such that transportation can be safely provided by staff to the Emergency Room, staff will provide this transportation with consent signed by Parents or legal guardians. If the illness or accident requires emergency transportation, this transportation shall be provided by emergency personnel by calling 911

Parents or legal guardians will be notified immediately by phone if an incident of illness or accident occurs.

Management of Sickness

A student shall not be accepted nor allowed to remain at the center if the student has an oral temperature equivalent of a one hundred one (101) degrees Fahrenheit or higher temperature and another contagious symptom, such as but not limited to, a rash, persistent cough, diarrhea or a sore throat.

When symptoms of illness during the day, the student shall be moved to a quiet area and provided the necessary attention until such time as the student leaves or is able to return to the group activities.

The Department's current communicable disease chart recommendations for exclusion of sick students from the center and their re-admission shall be followed. Parents of all students enrolled shall be notified in writing of the occurrence of any of the illnesses on the communicable disease chart, as provided by the Department, within twenty-four (24) hours after the center becomes aware of the illness or the next working day. The parent shall be immediately notified and specific instructions obtained until the student is picked up or able to return to their group activities.

Parent/Guardian,

Please sign and return this page as acknowledgement and agreement of the goals, rules, procedures and expectations of IMPACT Youth Center After School Program.
Please keep the handbook at home for reference.

Looking forward to having a great year together at IMPACT!!

Cristy Ott
IMPACT Coordinator
SMYL
cott@ncoesc.net
567-207-7322- Impact
419-447-2927- SMYL Office

Print Student's Name

Student's Signature Date

Parent/Guardian Signature Date

Printed Name and Phone Number

Parent Name and Home Address

Parent Signature

Date

Student Signature

Date

Parent Signature

414-441-5051 - MAIN OFFICE
201-501-1333 - FAX
201-501-1333 - TOLL FREE
414-441-5051
IBYC Company
One On

Looking forward to your visit to our offices at IBYC!

Please keep the handbook at home for reference.

Process and expectations of IBYC Donor Center After School Program.

Please sign and return this page as acknowledgment and address of the donor office.

Parent Signature



IMPACT YOUTH CENTER (AFTER-SCHOOL PROGRAM)

YOUTH APPLICATION

Part I

Name: _____ Birthday: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ (Parent's) Email: _____

Referred By: _____ School: _____ Grade: _____

Does the child have any special classes, needs, or circumstances in school?

Does the child have any specific problems at home, school, or community?

Why is the Impact Youth Center After-School Program being suggested for this child?

How did you learn about this Program?

Parent/Guardian 1

Name: _____ Birthday: _____ Age: _____ Sex: _____

Relationship to Child: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Parent/Guardian 2

Name: _____ Birthday: _____ Age: _____ Sex: _____

Relationship to Child: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Part II

List the child's interest and hobbies:

Any special dislikes:

List organized activities or clubs in which the child participates:

How will your child(ren) be transported to and from the Impact Youth Center?

Parent/Guardian Drop-off & Pickup

Walk/Bike/Car

Bus/SCAT

Circle the days your child(ren) will be attending Impact:

Monday

Tuesday

Wednesday

Thursday

I HEREBY GIVE THE CHILD NAMED ON THIS APPLICATION PERMISSION TO PARTICIPATE IN THE IMPACT YOUTH CENTER AFTER-SCHOOL PROGRAM IF ACCEPTED BY THE AGENCY FOR INCLUSION.

Signature: _____ Date: _____



IMPACT Youth Center After-School Program

Registration/Emergency Information Form

Please advise us of any changes that may occur in the future. All records must be kept up to date.

Students name _____ School _____ Age _____ Grade _____
Address _____ Home Phone # _____ Cell Phone # _____

Mother's name _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Father's name _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Emergency contact number(s) _____ Relationship/Phone # _____ Relationship/Phone # _____

Individual(s) given permission to pick your child up if needed (ID will be required before releasing your child):

Relationship/Phone # _____ Relationship/Phone # _____

Relationship/Phone # _____ Relationship/Phone # _____

How will your child(ren) be transported to and from the Impact Youth Center?

Parent/Guardian Drop-off & Pickup _____ Walk/Bike/Car _____ SCAT/Bus

Please specify if your child be late or unable to attend regularly for any reason on:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____



IMPACT Youth Center After-School Program
Registration/Emergency Information Form

CONSENT FOR TREATMENT - PART 1

In the event that reasonable attempts to contact the listed individuals have been unsuccessful, I hereby give my consent for

1. The administration of any treatment _____
Preferred Physician Phone Number

OR

Preferred Dentist Phone Number

In the event that the designated practitioner is not available, student may be treated by another physician or dentist.

2. The transfer of the student to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list important facts concerning the student's medical history including allergies or medications currently being taken, any physical or mental impairment to which a physician should be alerted.

Date _____ Parent/Guardian Signature _____



REFUSAL TO CONSENT - PART II

I do not give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the IMPACT Youth Center After School Program authorities to take no action or to: _____

Date _____ Parent/Guardian Signature _____



Allergy Form

Please list any allergies your child(ren) may have and symptoms they may experience if they are exposed.

Allergy	Symptoms

Signature: _____
 Date: _____

Signature: _____
 Date: _____



I hereby give my permission _____ (student's name) to participate in all Impact Youth Center activities. As the natural and legal guardian of the above named child, I hereby certify to the best of my knowledge the said person is free from contagious disease, and is fit to participate in all agency activities. I hereby hold the Impact Youth Center, SMYL, Little Faith Ministries, the mentors, the volunteers and staff members of participating organizations FREE OF ALL LIABILITY resulting from participation in the activities organized by the agency. I understand that this permission may be revoked at any time in writing signed by me and received at the office of the SMYL, and that unless revoked this permission and release will be relied upon by the SMYL staff, volunteers and participation organizations.

Date

Signature of Parent/Guardian

I hereby declare that my child _____ (child's name) has received all proper immunizations necessary for school.

Date

Signature of Parent/Guardian

Authorization to publish photographs, articles and/or videos

Impact Youth Center, SMYL and Little Faith Ministries uses photographs, articles and sometimes videos (collectively, "Media") for public relations, educational and marketing purposes. Such media may be used in print ads, billboards, agency materials, website and social media. Occasionally, such Media may include pictures of your child. Please read the statements below and sign the appropriate response. Thank you for your cooperation!

I have read the above statement and hereby give my consent for my child's picture to be used in such Media.

Signed: _____

Date: _____

I have read the above statement and would prefer my child's picture NOT be used in such Media.

Signed: _____

Date: _____