

**Legacy Mayfield Empowerment Center
Afterschool Program @:**

**Hidden Valley Elementary
5100 Snow White Lane
Charlotte, NC 28213**



Legacy Mayfield Empowerment Center Afterschool Program Overview

Mission and Vision of LMEC:

The mission of Legacy Mayfield Empowerment Center (hereinafter LMEC) relating to the ELLIS grant is to be an extension of the school day program, offering students a safe learning environment, with opportunities to explore, experience and participate in activities leading to increased academic performance and development of healthy social and emotional wellness.

We envision students who become inspired to learn and reach their highest potential, leading them to become productive citizens, able to contribute to the wellbeing of their family and the community within which they live. We envision students empowered to increase their proficiency in reading and math, experience high quality S.T.E.A.M enrichment activities, engage in health and wellness activities, all while developing respectful and healthy peer relationships.

Grant Goals: The purpose of the Extended Learning and Integrated Student support Competitive Grant Program (ELLIS) is to fund high quality, independently validated extended learning and integrated student support services programs for at-risk students whose learning have been negatively affected by COVID-19 impacts. The goals are to:

Use an evidence-based model with a proven track record of success.

Deployment of multiple tiered supports in schools to address student's barriers to achievement, such as strategies to improve chronic absenteeism, antisocial behaviors, academic growth, and enhancement of parent and family engagement.

Minimization of student class size when providing instruction or instructional support

Expansion of student access to high quality learning activities and academic support that strengthens student engagement and leverage community-based resources, which may include mentoring services and private-sector employer involvement.

PROGRAM DETAILS

The L.M.E.C. Afterschool Program will begin on January 4, 2022 and run until June 8, 2022. It will operate five days per week from 3PM to 6PM.

Days of the week: Monday - Friday

Hours of operation: 3:00-6:00 PM

School bus transportation will be provided to children that currently take the bus home

Program overview: (Daily)

Healthy Snack and LMEC Affirmation

Positive Behavior Affirmations

Guided Homework by age group

Planned Activity

Enrichment Session: Arts/Crafts, Board Games etc.

Physical Activity

Prepare to go home

Safe Arrival and Departure Procedures

*Upon arrival, all children must be accompanied inside the facility by an adult.

*Staff will be notified of child's arrival.

*Upon the child's departure, an adult must sign out and accompany their child from our facility to their vehicle.

*Authorization is required in writing when someone other than the designated adult arrives to pick up child.

*Child will never be left unattended.

**2021-2022 LMEC Afterschool Program @ HVE
Enrollment Application**

(To be completed, signed and placed on file in the facility on the first day and updated as changes occur and at least annually)

CHILD INFORMATION:

First _____

Last _____ **Middle** _____

Child's Grade: ____ **Child's Teacher** _____ **Child's Birthday** _____

Child's Physical Address: _____

Family Information:

Child lives with: _____

Father/Guardian's Name _____

Home Phone Number _____

Address (if different from child) _____

Work Phone _____ **Cell Phone** _____

Mother/Guardian's Name _____

Home Phone Number _____

Address (if different from child) _____

Work Phone _____ **Cell Phone** _____

CONTACTS:

Please list the names of individuals to whom the center may release the child, as authorized by the person who signs the application. The operator, administrator and staff shall release a child only to an individual(s) listed on the application. (Individuals must be 18 years or older.)

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes _____ No _____

List any allergies and the symptoms and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response these health care needs or concerns require:

List any particular fears or unique behavior characteristics the child has:

List any chronic illness the individual has and any medication taken for the illness:

Share any other information that has a direct bearing on assuming safe medical treatment for your child: _____

EMERGENCY MEDICAL CARE INFORMATION

Emergency medical care information must be on file for each individual child. This information must include the name, address and telephone number of the parent or other person to be contacted in case of emergency.

Name _____ Address _____ Number _____

Name _____ Address _____ Number _____

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian

Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator:

Date _____

Date of Enrollment _____

Date Application Completed _____

Child's Medical Report

Name of Child _____

Birthdate _____

Name of Parent or Guardian

Address of Parent or Guardian

Medical History (May be completed by parent)

Is child allergic to anything? No ___ Yes ___ If yes, what?

Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason?

Is the child on any continuous medication? No ___ Yes ___ If yes, what?

Any previous hospitalizations or operations? No ___ Yes ___ If yes, what?

Any history of significant previous disease or recurrent illness? No ___ Yes ___; diabetes

No ___ Yes ___; convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___

Yes ___; If others, what/when?

Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe

_____?

Any mental disabilities? ___ If yes, please describe

Signature of Parent or Guardian _____

Date _____

**LMEC Afterschool Program
Discipline and Behavior Management Policy**

Disruptive behavior in the LMEC Afterschool Program makes it difficult to provide appropriate supervision of your child. Therefore, any student who repeatedly disobeys the rules will be referred to the LMEC Afterschool Program Director.

The discipline procedure will be as follows:

Documented Verbal Warning

Written Warning (1) Parent notified

Written Warning (2) Requires Meeting with Parent before the child can return to the program.

Written Warning (3) Child will be subject to removal from the program.

In the event of an incident involving an assault, a weapon, alcohol or an illegal substance, the Afterschool Director may choose to revert to the LMEC Afterschool Program consequences guidelines if necessary, to assure a safe and orderly environment for all children.

We Do Not:	We Do:
Spank, bite, pinch, punch, pull, slap or otherwise physically punish children. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children. Deny food or rest as punishment. Place the children in locked rooms, closets or boxes as punishment. Allow discipline of children by children. Criticize, make fun of or otherwise belittle children, their parents, families or ethnic groups. Shame or punish children when bathroom accidents occur.	Praise, reward and encourage children. Reason with children and set limits. Listen to the children. Model appropriate behavior. Modify the classroom environment to attempt to prevent problems before they occur. Treat children as people and respect their needs, desires and feelings. Explain things on their level. Provide alternatives for inappropriate behavior. Provide the children with natural and logical consequences of their behavior. Stay consistent in our behavior management.

I, the undersigned parent/guardian of _____, do hereby affirm that I have read and received a copy of the LMEC Afterschool Program Discipline and Behavior Management Policy; and that the Afterschool Director (or other designated staff member) has discussed any questions I had about the Discipline and Behavior Management Policy with me.

___/___/___

Date of Enrollment

Documentation of receipt of Policies and Summary of Childcare Laws

In order to ensure that parents understand Legacy Empowerment Center Afterschool Program policy and State Law as it applies to the afterschool program, the director has reviewed and provided a copy of the above literature to the parent. This will allow the parent time to ask any questions or obtain clarification of any policy that they do not understand. The parent is required to sign the statement verifying the receipt of information.

I have been provided with a copy of Legacy Mayfield Empowerment Center Afterschool Program policies.

I also have received a copy of the Summary of Childcare Law and understand my rights as a parent.

In signing this document, I acknowledge that I have received the information and that I understand the policies in their entirety. I also state that I have been given the opportunity to ask questions and receive clarification of any part of this information that I do not understand.

Child's Name: _____

Parent's Signature: _____

Date: _____

LMEC Afterschool Program Field Trip Permission Form

The afterschool program has special field trips planned and would like permission to take your child.

To give permission, please sign your name below

Date: _____

Child's Name: _____

I give permission for my child to attend the LMEC Afterschool Program field trip to _____ . I can be reached at _____ during the hours of the field trip.

Signature of Parent/Guardian: _____

Date: _____

Photo Consent Form

Occasionally, we will be taking pictures of your child to enhance our program. Generally, the photos will be used for bulletin boards, cubbies, projects to be sent home, special events and sometimes just for fun. Other parents may wish to take pictures of the group on some occasions, such as their child's birthday celebrations. We are constantly improving our website and Facebook page and as they say, "a picture is worth a thousand words" We would like your permission to have your child photographed.

Please fill out the information below and return with your enrollment forms.

Thank you,

Janette Kinard, Director

Pastor Chip Hall, Executive Director

Jocelyn Brooks, Site Director @ HVE

Child's Name _____ **Parent Signature and Date:** _____

____ I give permission for LMEC Afterschool Program to take photographs of my child.

I DO NOT give permission for my child's photograph to be taken. I will supply LMEC Afterschool Program with a photo of my child when it is requested for projects.