

BUFFALO PUBLIC SCHOOLS
Dr. Lydia T. Wright School #89
106 Appenheimer Street
Buffalo, NY 14214

Phone: (716) 816-4110, Fax:(716) 897-8093

Dr. Kriner Cash, Superintendent

Ms. Natasha Hendricks
Principal

Ms. Ashley Elliot
Assistant Principal

Mrs. Nicole Smith
Assistant Principal

Mrs. LeeQuisha Volious
Assistant Principal

TAKE HOME NOTE **September 15, 2020**

***** ATTENDANCE IS VERY IMPORTANT*****

TECH SUPPORT- 1515 South Park Ave (716) 816-7100 Monday-Friday 10:00am - 4:00pm Extended Hours **Wednesday Only** 10:00am – 6:30pm

Student Information Sheet

This year we have created an electronic version of the student information sheet. Please go to this website to complete the form: <https://forms.gle/bSfQbPAAA1Wjku969>

Code of Conduct Virtual Meeting: Meetings will be held by grade level and facilitated by the grade level's administrator (see times below). Parents are able to attend as well.

Meetings will be held on Microsoft TEAMS.

- **Grades PreK - 2** - Families can attend any of the following dates and times:
 - Tuesday, September 15th - 9:30 am or 1:00 pm
 - Wednesday, September 16th - 9:30 am or 1:00 pm

- **Grades 3 - 6** - Families can attend the following dates and times:
 - 5th grade - **Wednesday, September 16th** - 9:30 am
 - 6th grade - **Thursday, September 17th** - 9:30 am
 - 3rd grade – **Wednesday, September 22nd** -9:30 am
 - 4th grade – **Thursday, September 23rd** – 9:30 am

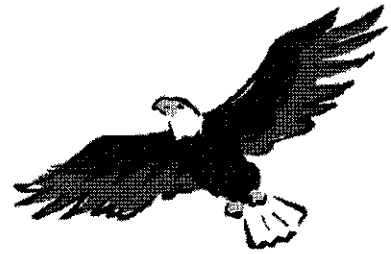
- **Grade 7** - Families can attend either dates and times:
 - Wednesday, September 16th - 10:00 am or 2:00 pm

- **Grade 8** - Families can attend either dates and times:
 - Thursday, September 17th - 10:00 am or 2:00 pm

Tuesday, September 29th- Site Based Management Team meeting (SBMT)/Home School Association meeting (HSA) @ 4:05PM

School Website- <http://buffaloschools.org/ps89>

Dr. Lydia T. Wright School of Excellence
Student materials pick up



Who: All Grades (PK-8)

Time: 10 am - 2:30pm

When: September 14th- 18th (all week)

Where: 106 Appenheimer Ave

Buffalo, NY 14214

Due to the New York State mandate and to insure everyone's safety, masks are required.

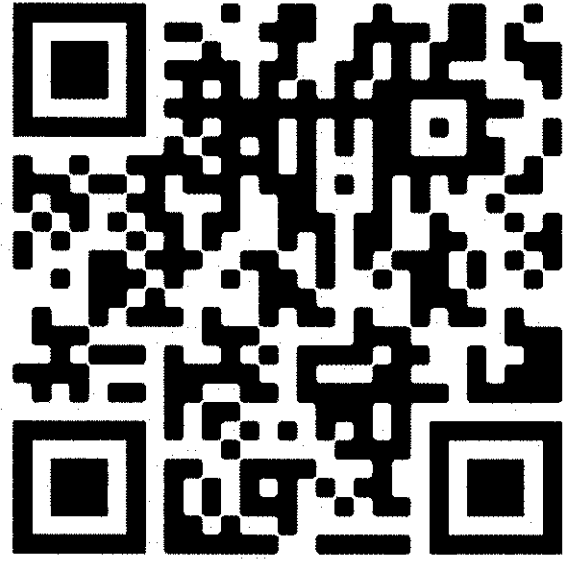
Only on street parking will be available for those picking up materials.

(The parking lot will be blocked off)

**FOLLOW OUR LYDIA T.
WRIGHT FACEBOOK
PAGE!**



**USE YOUR PHONE'S CAMERA
TO SCAN THE CODE**





<u>Office Use Only</u>
Date:
Initials:
Notes:

21st Century Registration Form: FULL DAY 8 AM – 4PM Application 2020

Gloria J. Parks, 3242 Main Street, Buffalo NY 14214

STUDENT INFORMATION		
Student Name:	Age:	Date of Birth:
School Name and 900#:	Grade:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other:		
Home Address:	Enrolling siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip Code:	Name of any sibling/s enrolling:	
Parent Email Address:		

FAMILY CONTACT INFORMATION		
Mother's Name:	Home Phone:	Allowed to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	City/Zip Code:	
Place of Employment:	Work Phone:	
Father's Name:	Home Phone:	Allowed to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	City/Zip Code:	
Place of Employment:	Work Phone:	
Emergency Contact's Name:	Home Phone:	Allowed to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Child:	Work Phone:	
Emergency Contact's Name:	Home Phone:	Allowed to pick up: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Child:	Work Phone:	



CHILD'S PHYSICAL DESCRIPTION

Eye Color:	Hair Color:	Height:
Distinguishing Features (i.e. birthmarks, scars etc.):		

MEDICAL INFORMATION

Child's source of Medical Care/ Primary Care Physician's Name:	Telephone #
Child's source of Dental Care/ Dentist's Name:	Telephone #
Name of Medical Care Facility/ Hospital:	Telephone #
Is your child currently taking any medication?	<input type="checkbox"/> YES (please list below) <input type="checkbox"/> NO

Children who have special health care needs or those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally.

If your child does have special health care needs please detail in the space below.

DATE	ILLNESS: Describe Illness & Method of Care	ACCIDENT: Describe Injury

Allergy Information

Does your child have any allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is your child allergic to? (please list)	

Allergy Treatment Information

Inhaler	<input type="checkbox"/> YES <input type="checkbox"/> NO	Self-Administered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epi Pen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Self-Administered?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL NEEDS INFORMATION

Does your child have any special needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe:		
Does your child have any behavioral concerns? I.E.P 501?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe:		

To the right is a copy of the programs Behavior Referral, form.

Privilege loss includes, but is not limited to, special events, enrichment blocks, etc. **Participants who frequently demonstrate inappropriate behaviors will lose the privilege of attending program.**

When behavior problems arise, discipline will be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of participants.

We are committed to being proactive. We are here to help our participants learn to be productive members of our community. However, Directors reserve the right to IMMEDIATELY suspend or expel a student if the infraction is serious or deemed necessary.

Incident			Action Taken
Classroom	Site Coordinator (SC)	Administration	<input type="checkbox"/> Site Coordinator Notified _____ time
Tier 1	Tier 2	Tier 3	
Inappropriate MILD behaviors <i>Intervention handled by teacher in the classroom.</i> <ul style="list-style-type: none"> <input type="checkbox"/> disrespect <input type="checkbox"/> disruptive behavior <input type="checkbox"/> throwing objects <input type="checkbox"/> profanity/vulgarity <input type="checkbox"/> noncompliance <input type="checkbox"/> violation of personal boundaries <input type="checkbox"/> inappropriate bathroom behavior <input type="checkbox"/> interrupting <input type="checkbox"/> unprepared (no materials) <input type="checkbox"/> name calling <input type="checkbox"/> running in hallway <input type="checkbox"/> off task <input type="checkbox"/> sleeping in class <input type="checkbox"/> talking in class <input type="checkbox"/> tardy to class <input type="checkbox"/> other 	Inappropriate MODERATE behaviors <i>Intervention handled by the SC.</i> <ul style="list-style-type: none"> <input type="checkbox"/> disrespect <input type="checkbox"/> hitting/ pushing <input type="checkbox"/> disruptive behavior <input type="checkbox"/> throwing objects <input type="checkbox"/> profanity/vulgarity <input type="checkbox"/> noncompliance <input type="checkbox"/> physical contact <input type="checkbox"/> inappropriate bathroom behavior <input type="checkbox"/> inappropriate gestures <input type="checkbox"/> inappropriate sexual touching <input type="checkbox"/> exclusion <input type="checkbox"/> defiance or <input type="checkbox"/> failure to respond to tier 1 intervention <input type="checkbox"/> other 	Inappropriate SEVERE behaviors <i>Action taken intervention due to tier progression or the seriousness of the offense.</i> <ul style="list-style-type: none"> <input type="checkbox"/> disrespect <input type="checkbox"/> hitting/pushing/fighting <input type="checkbox"/> disruptive behavior <input type="checkbox"/> damaging property <input type="checkbox"/> profanity/vulgarity <input type="checkbox"/> noncompliance <input type="checkbox"/> aggression <input type="checkbox"/> harassment <input type="checkbox"/> bullying <input type="checkbox"/> stealing <input type="checkbox"/> illegal substances <input type="checkbox"/> spitting <input type="checkbox"/> cheating <input type="checkbox"/> weapons <input type="checkbox"/> other 	Tier 1 Action <ul style="list-style-type: none"> <input type="checkbox"/> Student reflection time <input type="checkbox"/> Reteach behavior <input type="checkbox"/> Conference with student <input type="checkbox"/> SC assistance <input type="checkbox"/> Parent contact <input type="checkbox"/> Other Tier 2 Action <ul style="list-style-type: none"> <input type="checkbox"/> Student reflection time <input type="checkbox"/> Conference with student <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Meeting w/ SC/teacher/student <input type="checkbox"/> Behavior intervention plan <input type="checkbox"/> Parent contact <input type="checkbox"/> Day school suspension <input type="checkbox"/> Afterschool Suspension _____ day(s) <input type="checkbox"/> Other Tier 3 Action <ul style="list-style-type: none"> <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent contact <input type="checkbox"/> Parent conference <input type="checkbox"/> Day school suspension <input type="checkbox"/> Afterschool Suspension _____ day(s) <input type="checkbox"/> Afterschool Expulsion <input type="checkbox"/> Other
<i>Teachers response and management of incident</i>			
<i>Explanation of incident (antecedent, behavior, consequence)</i>			

I have read and understand the program behavior policy described above.

Parent Signature

Student Signature

AGREEMENTS

I consent to the **center** of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Child and Family Services regulations under which it operates. I knowingly and freely assume all risks, both known and unknown, and hereby release, indemnify and hold harmless, for myself, the above named minor and our heirs, assigns and next of kin, University District Association, Buffalo Public Schools, and each of their trustees, officers, employees and volunteers with respect to any and all injury, disability, sickness, death, or loss or damage to person or property associated with the presence or participation of the minor in our charge, whether arising from the negligence of the release or otherwise, to the fullest extent permitted by law. By initialing each agreement below I am providing my consent.

#	Please READ & INITIAL EACH Agreement Below:	INITIAL
1	I give my permission to release my child's school records to the staff of UDCDA from the 2019-2020 and 2020- 2021 school years	
2	I understand I am responsible for attending Parent Orientation (either in person or virtually) and/or reading and agreeing to conditions in the Parent Handbook.	
3	I give permission for Gloria J Parks, Buffalo Public Schools and Say Yes to Education Buffalo to obtain from and/or release the following information to service providers, VIA Evaluation and Buffalo Public Schools: All school and service provider records including but not limited to grades, assessments, attendance, discipline and health.	
4	I give consent for my child to take part in neighborhood trips (i.e. library, park, playground, galleries, museums, etc.) away from the facility under proper supervision.	
5	I understand in the event of emergency UDCDA 21 st Century Staff cannot transport students. Parents will be notified and 911 called.	
5a	In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed above) necessary for the proper health and well-being of my child.	
5b	I understand physical activities can pose a risk for injury to students who participate in them. I take full financial responsibility for any injuries that might occur to my child while my child is attending this program.	
5c	I agree to allow Gloria J Parks, 21 st Century staff to administer basic first aid to my child, if necessary.	
5d	I authorize the release of my child's records and insurance information so my insurance company may be billed appropriately for medical services provided.	
5e	I hereby release any and all claims for injuries suffered or sustained by the child in going to or coming from the program, during the program and consents to hospital or medical care if needed.	
6	I grant permission for my child to use over the counter topical creams i.e. sun block, anti-bacterial ointment and insect repellent. I understand that I must supply my child with sun block and insect repellent.	
7	I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.	
8	I understand personal electronic devices (i.e. cell phones or hand held games) are not allowed in program and will be taken from my child if found, and not returned until a parent or guardian comes to claim it.	
9	I understand my child is responsible for participating in the academic portion of the program and for bringing assigned homework, tablets and/or reading materials daily.	
10	I understand the program is a partnership with the district and school and all school/district rules apply to the program.	
11	I acknowledge that I must attend one Parent Workshop (in person or virtually) and one Parent event for my child to remain in the program. (pertains to school year program only)	
12	I agree to review and update this information, including telephone numbers, whenever a change occurs and at least once every 6 months.	
13	I understand my child will only be released to the individuals I have listed. Individuals picking up my child must present identification. If circumstances change, it is my responsibility to notify the 21 st Century Youth Director and update the above listing in writing.	
14	I understand I may cancel my consent to release information at any time, except to the extent that the program or person which made the disclosure has already acted in reliance on it. Cancellation of consent to release information requires a written request.	

ADDITIONAL CONSENTS (Check Y/N)

15	I grant permission for Gloria J Parks, 21 st Century staff to use their personal vehicle to transport my child on a limited basis to and from special events.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16	I give permission for my child's photograph & video to be taken and used for Gloria J Parks, 21 st Century publication purposes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17	I give permission for my child to use the Internet in supervised program settings.	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Authorization/Acknowledgment Signature of the above

SIGNATURE of parent or person(s) legally responsible

Date

PROGRAM DISMISSAL	
Please choose one of the following dismissal options:	
<input type="checkbox"/>	My child will WALK home from the program. (with his/her sibling(s) _____)
<input type="checkbox"/>	My child will be PICKED UP from the program by an authorized person listed below. It is my responsibility to ensure an authorized person is always there to pick my child up.

PERSONS AUTHORIZED FOR PICK-UP OTHER than Parents & Emergency Contacts			
As per NYS Regulation 417.15(C)(4): The provider must maintain on file at the facility, available for inspection by the Office or its designees at any time, the names and addresses of persons authorized to pick up the child(ren) from the program			
Name and Address	Relationship to Child	Daytime Phone #	Home Phone #

For safety reasons, the 21st Century Staff will only release a child to those individuals that have been designated by the child(s) legal guardian as an authorized person to pick up the child. If an order of protection exists, the 21st Century program must be provided with the original copy of the order. **The 21st Century Program should also be informed of any individual to whom the child should NOT be released. Any Custody issues or concerns need to be addressed to the Director, and appropriate documentation is REQUIRED.**

Signature of Parent/Guardian

Date

Review Signature – Youth Director

Date

*Once this application is submitted to the program, it will be reviewed for completion.

Incomplete applications will be sent back home.

**After a complete application is received, the program director will determine the student's eligibility. IF accepted into program, a letter will be sent home!

*****IF YOU DO NOT RECEIVE A LETTER OF ACCEPTANCE, YOUR CHILD WAS MOVED TO A WAIT LIST AND WILL BE NOTIFIED VIA PHONE WHEN A PLACE BECOMES AVAILABLE.**