

R.A.P. ROOM
EDITION



2025-2026

H.E.S. AFTERSCHOOL REGISTRATION BOOKLET

R.A.P. ROOM INCLUSION PROGRAM FOR CHILDREN WITH DISABILITIES

- Fully licensed, trained and certified staff
- Vacation Programs available for school holidays
- Private pay and vouchers accepted

Our Program provides:

- Bus pick-up from local schools
- Homework support
- Academic enrichment and NYC test prep
- Fun-filled activities
- Daily nutritious dinner

REGISTER ONLINE



All packet documents and the online registration
must be completed prior to starting the program

Need help with registration?
Contact us at 718-241-3000 ext. 122 or registration@thehes.org

H.E.S. J C C
YOUR Community Center

UJA Federation
NEW YORK

HEBREW EDUCATIONAL SOCIETY | 9502 SEAVIEW AVENUE, BROOKLYN, N.Y. 11236 | 718.241.3000

Participant Name: _____

HES R.A.P. Room ASP **Required Documentation Checklist**

- HES 2024 - 2025 R.A.P. Room ASP Registration Packet
(Please ensure the completion of the About Me Page - Picture does not have to be included)
- Most recent IEP - Individualized Education Plan
- Medical within the last year (must be in effect through June 2025)
- Most recent Psychological Evaluation (if previously provided to Disability Services Administration, does not need to be provided again)

For OPWDD Participants Only:

- Level of Care (LOC) within the last year
- Notice of Decision Letter (NOD - if already provided to disability services will not need to be provided again)
- Copy of Service Amendment Request (SARF) if additional service hours or units are requested by Care Manager
- Most recent Life Plan with HES noted as approved respite provider agency (364 units per year)

Additionally, for OPWDD Self Directed Participants ONLY:

- If self directed, 1. budget including HES as respite provider with appropriate funding allocation

THE H.E.S. AFTER SCHOOL REGISTRATION FORM

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Gender: _____ DOB: _____ Grade in the Fall: _____
School Attending in the Fall: _____
Does your child have an IEP?: Yes / No

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____
Phone: _____ Email: _____
Address: _____ Apt/FI: _____
City: _____ State: _____ Zip Code: _____

AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____
Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____
Full Name: _____	Relationship: _____
Role: Emergency Contact Pick-up	Cell Phone Number _____

Child Care Program *(Please Circle Program)*

- Public School ASP
 Charter School ASP
 SONYC *(Grades 6th-8th)*
 R.A.P. Room

Fee Category *(Please fill bubble)*

- Private Pay
 1199
 Voucher
 OPWDD
 Other _____

Child Care Add-ons *(Please Circle Program)*

- Vacation Program
 Extended Day

Billing Cycle *(Please Circle)*

- Weekly
 Bi-Weekly
 Monthly
 Other

Fee Amount _____

Payments/Discounts _____

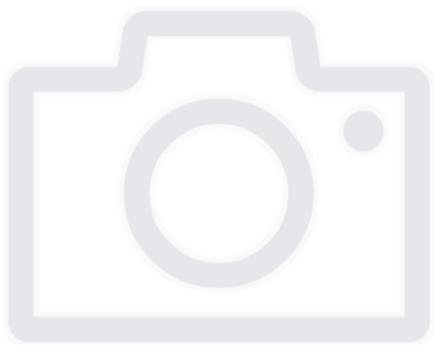
CONSENT FOR EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION:

- I hereby give authority to the Hebrew Educational Society Year-Round After School and Staff to obtain necessary emergency medical treatment for my child/ren with the understanding that the family will be notified as soon as possible.
- I give permission for my children to use the HES bus as transportation for the After-School programs.

Signature: _____ **Date:** _____



Photo



Name:

Age:

Birthday:

My Favorite ...

Food:

Toys:

Movie:

Song:

Book:

Color:

Sensory Activities:

About Me:



I struggle with...

things that help me...

Other Helpful things to know about me:

Potty Trained? Yes/No

Wears Pull-ups? Yes/No

About my eating habits:

Safe Foods:

Foods I strongly dislike:

Emergency Info:

Medical Conditions-

Allergies-

Medications-

Wears Medical ID? Yes/No

Wears Tracking Device? Yes/No





Name: Jax

Age: 6

Birthday: mm/dd/yyyy

My Favorite ...

Food: Jello, Goldfish

Toys: Blocks, Puzzles

Movie: Toy Story

Song: The wheels on the Bus

About Me:

I am Autistic

I am non-verbal

Hyperlexic

Sensitive to loud noises

I struggle with...

transitions, changes to routine, sensory overload, elopement, understanding my feelings

Things that help me...

deep breaths, calming sensory activities, trampoline, body sock, bubbles

Other Helpful Things to know about me:

I occasionally try to elope during transitions if I'm distracted or overwhelmed. Have a hard time when friends are in distress/upset

Potty Trained? Yes/No

Wears Pull-ups? Yes/No

About my eating habits:

I am a good eater. I love to snack all day. I drink lots of water! I may need help at lunch time

Safe Foods: crunchy snacks, pizza, hot dogs

Foods I strongly dislike: veggies, cheese, cold deli meat

Emergency Info:

Medical Conditions- asd, global delay, ocd, adhd

EXAMPLE OF COMPLETED
ALL ABOUT ME





PARENT TO SCHOOL OFFICE PERMISSION LETTER

Dear Sir or Madam,

This is to inform you that my child, _____ of class _____ will be attending the After School Program at the Hebrew Educational Society for the 2025-2026 school term.

Please dismiss this child with the regular bus children at the end of the school day to the H.E.S. bus counselor.

Thank you for your attention to this matter. If you have any questions, please call the H.E.S. at 718-241-3000 and ask for our After School Program Staff.

Parent's Signature: _____

Date: _____

PARENT TO TEACHER PERMISSION LETTER

Dear Sir or Madam,

This is to inform you that my child, _____ of class _____ will be attending the After School Program at the Hebrew Educational Society for the 2025 - 2026 school term.

Please dismiss this child with the regular bus children at the end of the school day to the H.E.S. bus counselor.

Thank you for your attention to this matter. If you have any questions, please call the H.E.S. at 718-241-3000 and ask for our After School Program Staff.

Parent's Signature: _____

Date: _____



Consent to Walk Home

FOR GRADES 6TH-8TH ONLY

To H.E.S. ,

I, _____ give my child,

_____ permission to walk home alone from the H.E.S. After School Program without being signed out by a parent / guardian.

This will be in effect from September 4, 2025 through June 26, 2026.

Parent's Print Name : _____

Parent's Signature: _____

Date: _____

Dear Parents and Guardians,

While attending programs at the Hebrew Educational Society, we want to provide a safe environment that promotes appropriate social growth and interactions. In order to do this, we have established the behavior policy below:

1. Self-Respect: We expect students to follow rules and directions.
 2. Mutual Respect: We expect students to express their feelings and thoughts to others with appropriate words.
 3. Respect for Materials and Property: Materials and equipment are to be used with care.
- * Please Note- Immediate removal from the program will occur if a student exhibits physical behaviors that risks the safety of his/her self, peers or staff members.

The Hebrew Educational Society uses a three-point system to encourage positive behavior in our programs; students who exhibit positive behavior will be recognized.

The following actions may be taken if rules are not followed:

1. A verbal warning to the student. His/her parent(s) or guardian(s) will be notified.
2. Suspension from the program for a designated number of days (at the discretion of the after school director.)
3. Permanent Removal from the program with parent(s) or guardian(s) notification.

If you have any questions, please call the After School Program Director (718) 241-3000.

Parent/Guardian (Print)

Date

Parent/Guardian (Print)

Date

2025-26 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "[ACIP-Recommended Child and Adolescent Immunization Schedule](#)." Doses received before the minimum age or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³	Not applicable		1 dose given after age 10 years	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart and between the ages of 11 years through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

