

South Street Youth Center

After-School Permission Slip September 2014-August 2015

Days and Hours of Operation:

School Year Hours: 4:30-6:30pm Monday-Thursday

Closed: Fridays, School Holidays and Snow Days

(Teen's can attend homework help from 5:30-6:30pm and teen time is 6:30-7:30 Mondays-Wednesdays)

Youth Center Contact Info:

Office/ Youth Center: 617-477-8263

Adult Staff Cell Phone: 857-334-9163

Email: Maura: southstreetyouth@gmail.com or Elvin:

ssyc_coordinator@gmail.com

Website: southst.org

School Year Drop In-Program 2014-2015

Participant's Name _____

Birth Date _____ Age (as of 9/12/14) _____

Address _____

Apartment # _____

Home Phone _____

School _____ Phone Number _____

Teacher _____ Grade _____

In case of emergency, please contact

Parent/ Legal Guardian _____

Phone _____

Address _____

Other Emergency Contacts:

Name _____

Phone _____ Relationship _____

Address _____

Name _____

Phone _____ Relationship _____

Address _____

Family Doctor _____ Phone _____

Hospital/ Clinic _____

Other important medical information (allergies, disabilities, medications, etc.)

Rules, Expectations and Eligibility

- Youth are to be respectful of themselves, staff, others, and others' property.
- Youth are expected to participate in programs.
- Youth **MUST** sign in every day.
- No swearing or inappropriate language.
- No candy, gum or soda at the youth center, except for parties.
- No running in non-designated areas.
- The Youth Center has a zero tolerance policy for weapons and drugs.
- Fighting will not be tolerated.
- The youth center is for 1st-6th grade youth.
- A parent or responsible adult should be at home while your child is at the Youth Center and parents **must** be available to talk to/meet with the Program Director or Coordinator about their child's progress in the program. If parents are unable to meet/talk to staff, then youth will not be allowed to participate in the program!
- Homework should be completed each school day.
- Please tell us if your phone number changes during the year!
- Youth are expected to participate in clean-up every day.
- If my child is mad he/she will talk to staff to help him/her to chill out.
- If my child ever feels unsafe, he/she will tell Maura right away.
- I understand that my child is never required to participate in youth activities and can choose to leave if they do not choose to participate.
- Youth will be asked to leave for the day, suspended from the program or banned from the center at the discretion of adult youth center staff: Maura Ramsey

I (Youth's Signature) _____ **understand the expectations of the youth center. I know that if I'm unable to follow these expectations, I will be asked to leave the program and that Maura, my Parent/guardian and I will discuss this together should it happen.**

Date: _____

I (Parent's Signature) _____ **understand the expectations of this program. I know that if my child is unable to follow these expectations he/she will be asked to leave the program and that Maura and I will discuss this together should it happen.**

Date: _____

Permission Slip

I give permission for my child, _____, to participate in programs on the premises of the South Street Youth Center from September 2014- August 2015. I give permission for my child to go off the premises of the South Street Development for field trips within Boston. In the event of an injury requiring medical attention, I hereby grant permission to Maura Ramsey, or other designated staff or volunteers to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to Maura Ramsey, Elvin Cardona, or designated staff or volunteers to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on a trip or in the center and I cannot be located.

Parent/Guardian

Date

home phone

work phone

cell phone

Photo- Release

I give permission for the use of any photos, audio or videos of my child is in that are taken during programming of the South Street Youth Center. I understand that my child, _____, may be in pictures or videos used in promotional materials, such as flyers, brochures, the SSYC Facebook page and the SSYC websites/ web-pages as well as for our collaborating organizations from September 2014- August 2015. I understand that my child's picture will be used appropriately and may even appear in the local newspaper!

Parent/Guardian

Date