



Peaslee Neighborhood Center Agents of Change



2017 School Year Program Registration

Registration Deadline: Monday, September 4th

Office Use:	Received by:			Allergies : Yes/No
	Date:		Application Complete?	

Student Information		Parent/Guardian Information	
Name:		Name:	
Date of Birth:		Relationship to student:	
Age:	Grade:	Street Address:	
School Attending:		City, State & Zip:	
Gender:	·Male ·Female	Phone (Home):	
Total number of people in your household: _____		Phone (Work):	
Household Income (please check one): <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000—\$30,000 <input type="checkbox"/> \$30,000—\$40,000 <input type="checkbox"/> \$40,000—\$50,000 <input type="checkbox"/> \$50,000+		Phone (Cell):	
		Email:	
		Where can you be reached while your student is in this program?	

Note: Parent/guardian above cannot be listed as an emergency contact. Any person listed should be at least 18 years of age and be able to assist in contacting you in the case of an emergency.

Emergency Contact Name:		Emergency Contact Name:	
Relationship to child:		Relationship to child:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Cell):		Phone (Cell):	

Authorized Pick-ups (must be at least 18 years of age)

Who will be responsible for dropping off and picking up your child each day from camp?

Please list the names and phone numbers of any additional people who are authorized to pick up your child. They must show ID to program staff upon arrival.

Name: _____ Phone: _____

Name: _____ Phone: _____

Peaslee Program Policies and Procedures

This packet is designed to familiarize you with Peaslee’s policies and procedures, as well as open the doors to consistent communication concerning your youth’s program experience. Please take time to review the information outlined in the packet and feel free to direct any questions and/or comments to Peaslee staff at (513) 621.5514.

Dates, Hours of Operation & Staff Contacts:

Agents of Change (ages 11 – 15): September 6th—April 25th , Wednesdays 3:30-5:30 pm
snack provided

Program Director: Jenn Arens – (513) 621.5514 x15

IMPORTANT NOTE: Please inform the program director or call Peaslee if your student is unable to attend for a particular day.

Location:

Peaslee Neighborhood Center
215 East 14th Street
Cincinnati, Ohio 45202
(513) 621.5514

Safety, Student Code of Conduct and Discipline:

No youth is ever left alone or unsupervised. A telephone for emergency use is available at all times in the office. Youth are expected to arrive on time and behave in a respectful and responsible manner. If serious misbehavior occurs, we give the student the opportunity to discuss the matter with an adult. We do not make it a practice to report small misdemeanors. They are a part of growing up and learning to live with each other. If more serious matters, such as aggressive behavior toward other students and/or adults occur, Peaslee will alert a parent/guardian to ensure consistency in helping the student. Peaslee, however, reserves the right to remove any youth from a class or the entire program without refund, due to conduct, discipline or other reasons at any time during the program.

Photo Release	
Youth’s name _____	
I grant to Peaslee, its representatives and employees, the right to take photographs and audio/video clips of me and/or my youth. I authorize Peaslee, its assigns and transferees to copyright, use and publish the same in print and/or electronically.	
I agree that Peaslee may use such photographs of me or my child, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.	
I have read and understand the above.	
X _____	_____
Parent/ Guardian	Date

Peaslee Program Enrollment Agreement

Name of Youth: _____ Date of Birth: _____

Parent/ Guardian Name: _____

Please initial on the line next to each policy/procedure:

SECTION 1: REGISTRATION AND FEES

_____ **REGISTRATION AND FORMS:** I understand that Peaslee's Agents of Change registration deadline for the 2017-18 school year is **Monday, September 4th**. I understand that **all forms** must be completed, signed and returned by **September 4th** to ensure my child's space in the program(s). I understand that I may not guarantee my child's enrollment until the registration form is complete and spaces will be filled on a first come first serve basis (priority given to Over-the-Rhine residents).

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN OUT:** I understand that my child is not permitted to sign him/herself out unless the attached permission form is completed and returned to Peaslee. Without this form I understand that I am required to arrange for an authorized adult to sign my child in and out at the front desk.

_____ **PROGRAM END TIME:** I understand that my child may not be picked up before program end time unless prior arrangements have been made with the director.

_____ **ILLNESS AND ACCIDENTS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact to pick up upon notification. I understand that I am not to bring my child to the program if he/she has a temperature of 100 degrees or higher; skin rash or untreated infected skin patches; diarrhea or vomiting; stiff neck; yellowish skin or eyes. If a child has any of these symptoms above, he/she cannot stay at the program. If my child is exposed to or contracts a communicable disease, I agree to notify Peaslee Neighborhood Center. If my child is slightly under the weather, I agree to alert the Program Director so he/she can be monitored by staff.

_____ **MEDICATION:** I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the program coordinator with the medication.

SECTION 3: PARTICIPATION

_____ **APPROPRIATE DRESS:** I understand that all youth should wear loose fitting clothing that will allow them to move freely. I understand that youth may NOT wear tight jeans, revealing clothing, and "short shorts," shirts that expose the belly or excessive jewelry.

_____ **ITEMS FROM HOME:** I understand that youth may not bring electronics or toys from home. These items include, but are not limited to: candies, electronic devices, toys, weapons, knives, card games, iPods, hazardous or poisonous materials or unapproved medicine. Cell phones are permitted, but will need to be turned off during program time to prevent unnecessary distractions. I understand that if my child brings these items, the staff will confiscate the item(s) and return to the parent at the end of the day.

_____ **ACTIVITIES:** I give permission for my child to use all equipment and participate in all activities of the program. I understand that many activities are based outdoors and my child may be outside, even if there is light rain.

_____ **FIELD TRIPS:** I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a Peaslee staff vehicle.

_____ **BEHAVIOR MANAGEMENT:** I understand that my child will be expected to follow and be held accountable for all program rules. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

SECTION 4: HOLIDAYS, ABSENSES AND CLOSURES

_____ **HOLIDAYS/CLOSURES:** I understand that Agents of Change follows the CPS schedule for holiday and weather related closures. I also understand that Agents of Change ends April 25th, 2017.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____ **PEASLEE NEIGHBORHOOD CENTER POLICY:**

- I understand that Peaslee is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that Peaslee is not responsible for anything that occurs as a result of false or incomplete information given by parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any Peaslee program is my responsibility. Peaslee assumes no responsibility for injuries or illnesses which may occur as a result of a child’s physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I understand that while attending a program at Peaslee there are inherent risks of injury in the general participation in class sessions, events, field trips, and programming. I voluntarily assume and accept such risks of personal injury and illnesses arising from my child’s attendance and participation in such activities, class sessions, events, field trips and programming.
- I hereby release Peaslee, its trustees, employees and agents from all actions, claims or demands that I and my heirs or representatives now have or may hereafter have for personal injuries or property damage resulting from the child’s attendance and or participation in such activities and events. I/we agree that this release includes personal injury or property damages caused in whole or in part by negligence, active or passive, of Peaslee, its trustees, employees and agents. I understand that this release does not apply to liability for willful injury or fraud.
- I understand that permission and release shall remain effective through the end of the program in which my child is enrolled, unless and until I deliver a written revocation to the Program Director.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME (PRINTED): _____

Health Information

Name of child's Physician or Clinic/ Hospital _____

Address _____

Phone _____

Does your child have any food, medication or environmental allergies? (*check one*)

____ No

____ Yes

If yes, please list and explain:

Do your child's allergy/allergies require Peaslee program staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

____ No

____ Yes – Complete Medical Physical Care Plan form & Request for Administration of Medication form (see attached)

Does your child have a special health or medical condition? (*check one*)

____ No

____ Yes – please explain _____

Is your child using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

____ No

____ Yes – please explain _____

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

____ No

____ Yes – please explain _____

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating/sleeping habits, or special routines. This should not be medical or health related, as that information should be included on previous sections.

Peaslee Neighborhood Center Agents of Change

Permission to Sign in & Out

I, _____ (parent/guardian, please print) do hereby give permission for my child(ren) listed below to sign themselves IN / OUT (please circle one or both) of Peaslee's Agents of Change program, which meets 3:30—5:30 pm on Wednesdays.

Youth Name(s): _____

Age(s): _____

Expected arrival time on Wednesdays (if later than 3:30, based on school dismissal and travel time): _____

Parent/Guardian Initials: _____

I understand that my child(ren) must sign out at the scheduled end time of the program. He/she/they will not be allowed to sign out early unless I provide advance notice to Peaslee staff. I understand that when not in the program, Peaslee Neighborhood Center and its staff are not liable or responsible for my child.

I have read and understand the statements above and agree to abide by them.

PARENT /GUARDIAN SIGNATURE: _____

DATE: _____