



www.myyouthcenter.org

REGISTRATION PACKET

2012-2013



THE CENTER

located at The Congregational Church of Needham

1154 Great Plain Ave

Needham, MA 02492

(781) 444-2510 ext. 198

info@myyouthcenter.org

www.myyouthcenter.org

Rev. Jamie Green, director

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Registration Form

Youth Information		
Youth Name:		Date of Birth (mm/dd/yy):
2012-2013 Grade:	School:	Cluster (if known):
Youth Email Address (if applicable):		Youth Cell Phone (if applicable):
Mailing Address (include Zip Code):		Home Phone:
Parents/Guardians Information		
Name and relationship to youth:		Mailing Address/Home Phone if different than above:
Cell Phone:	Work Phone:	
Email Address:		
Name and relationship to youth:		Mailing Address/Home Phone if different than above:
Cell Phone:	Work Phone:	
Email Address:		
Emergency Contact Information (other than listed above)		
Name	Phone	Relationship
Name	Phone	Relationship
Medical Information		
Doctor Name	Doctor Address	Doctor Phone
Health Insurance Company		Policy Number
Allergies/Dietary Restrictions/Food Preferences		Medications**
Medical Conditions/Special Needs/Limitations		
<i>** note: for all medications, please complete the Administration of Medication Form</i>		

Fees

The fee for Registration for the 2012-2013 school year is \$25.00. The fee for daily use of *The Center* is \$30/day or \$250 for 10 punches using our Punch Pass System. See attached punch pass form to order a Punch Pass.

Amount paid for Registration Fee= \$_____

Paid with Check # _____

Checks may be made out to "*The Congregational Church of Needham*", memo line= *The Center*

Terms of Membership and Release of Liability

As a parent and/or guardian of the child listed above, I assume all risk of injury to person or property resulting from, caused by, or connected with, any and all activities of *The Center* at The Congregational Church of Needham, UCC from September 2012 through June 2013. Activities may include being outdoors and taking walking field trips to nearby locations such as Briarwood Rehabilitation Center. I hereby, for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against The Congregational Church of Needham, UCC ; their or their members, agents, representatives, successors, or assigns and for all injuries suffered by me and/or my child during the duration of the above mentioned activities.

In the event of an emergency, including illness, injury, or incapacity suffered by the Youth during the course of the programming, I hereby authorize the director or staff member to act as agent for me in consenting to any reasonably necessary X-Ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect that reasonable attempts will be made to contact me in the event of any such emergency.

____Please check here if you do NOT want photos/videos of your youth to be used for various publicity media, including brochures, websites, and advertising.

____Please check here if you do NOT want your child to view PG-13 movies that have been previewed and approved by the director of The Center.

I have read the above terms of membership and release of liability and fully understand. I certify that all information is correct, to the best of my knowledge, and the person herein described has permission to engage in all prescribed Center activities as noted.

Parent/Guardian Signature: _____ Date: _____

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Parent Handbook Release

Youth Name: _____

I have read the entire contents of the Parent Handbook and understand all of the rules, procedures and policies within. I will be liable for any misdeeds, improper conduct and any other policies or rules I or my child have not abided by. I also understand that *The Center* reserves the right to make changes or alterations to the handbook as deemed necessary and expect to be informed of these changes as they are made.

Parent/Guardian Signature: _____ Date: _____

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Behavioral Contract

Youth Name: _____

Philosophy of Discipline

It is the goal of *The Center* to guide youth in becoming responsible, cooperative participants through positive, non-threatening teaching techniques. We want to increase youth's respect for themselves by guiding them to become responsible for their own actions, and to help them grow in their respect for the rights and feelings of other people. It is our policy to avoid forms of discipline that might impair the youth's self-respect. The staff's role is one of a strong leader and role model helping youth grow towards self-discipline and self-direction. When behavior problems arise, youth will be given options. We will find out what works best for each youth.

The program will use the following forms of positive guidance:

- Listen to youth's concerns and answer their questions
- Respect each youth's point of view
- Be sensitive to all cultures
- Encourage creativity, growth and foster self-esteem in each youth
- Assist each youth in recreational and educational development
- Provide positive reinforcement and mild consequences to the youth for negative conduct
- Encourage problem solving and critical thinking

Program Rules and Expectations

1. Respect all Staff and Volunteers.
2. Respect other youth, their space, and their belongings.
3. Respect the furniture and equipment and property of *The Center* and The Congregational Church of Needham.
4. No fighting, horseplay, inappropriate or violent physical contact (including hitting, pinching, biting, kicking or spitting).
5. No threatening, bullying or intimidating other youth.
6. No foul or abusive language. No hate-speech.
7. No tobacco, alcohol or controlled substances.
8. No weapons (including pocket knives, lighters)
9. No "public displays of affection."
10. Youth may not use the Computer Lab until a Computer and Internet Safety Agreement has been signed by youth and parent/guardian.
11. Food may only be eaten in the Gathering Room – no food of any type in the other areas.
12. There is a No Nut Policy in place, so any food brought into *The Center* must be Nut Free.
13. Youth may not enter the kitchen or use the phone without permission. Please stay out of areas posted as "Staff Only".
14. Youth must remain within the bounds of *The Center* and in view of staff members.
15. Youth may only leave *The Center* at the time designated by their parent/guardian, and only by the method and with the people designated on the Release/Pick-Up Authorization Form.
16. Youth must clean up all food, garbage, and activity messes with staff supervision before going on to another activity. *The Center* must be cleaned before the youth leave for home.

17. Noise level will be kept at a moderate level in the gathering and game rooms, low level in the computer lab, and silence in the quiet room.
18. All clothing, book bags, lunch boxes, and other belongings should be marked with the youth's name. *The Center* staff will not be responsible for personal items lost, stolen or broken.
19. Youth must follow the directions and instructions of *The Center* staff at all times.

Consequences for Inappropriate Behavior

The following disciplinary actions may be taken for participants who violate this agreement, depending on the severity of the behavior:

- Meeting between youth and staff on how to improve behavior and make better choices
- Contact with parents via phone or in-person meeting
- Increased supervision of youth while at *The Center*
- Personal responsibility for the cost of repairs of any damaged equipment or property
- Temporary or permanent dismissal from the program

All actions taken will be documented.

Please Note: The Director of *The Center* has the authority to suspend or terminate membership at any time for behavior that threatens the enjoyment and/or safety of a peer or staff member, or for serious disruption of normal program proceedings. If a youth is dismissed from the program for disciplinary reasons, no refunds for fees or punch passes will be issued.

Agreement

In consideration of participation in *The Center*, the undersigned member of *The Center* agrees to abide by all rules and guidelines established for the safe operation of *The Center* and the enjoyment of the membership as a whole. The undersigned member and parent/guardian understand that the Director of *The Center* has the authority to suspend or terminate membership for behavior that threatens the safety and/or enjoyment of youth or staff at *The Center*. This action will only be taken in rare cases, and staff will make every effort to work with the member and their family to correct inappropriate behavior well before suspension or termination of membership becomes necessary. If a youth is dismissed from the program for disciplinary reasons, no refunds for fees or punch passes will be issued.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Computer Use and Internet Safety Agreement

Youth Name: _____

Computer Use and Internet Access

The Center's Computer Lab offers youth the use of Computers with Internet access for research or recreation, with homework taking priority. The Computer Lab is intended to promote educational excellence by facilitating resource sharing, communication, and access to the most current information. While access to the Internet will provide the opportunity to explore thousands of information resources, families should be warned that some material accessible via the Internet may be illegal, defamatory, inaccurate, or potentially offensive. In accordance with federal law, appropriate measures, including Internet filters, will be taken in an effort to block language and visual depictions that are obscene, offensive, lewd or pornographic and lacking serious literary, artistic, political or scientific values with respect to minors. Youth may be allowed electronic mail access to their own personal accounts. To gain Internet access, all users and parents/guardians must sign the Computer Use and Internet Safety Agreement indicating their understanding of and agreement to abide by *The Center's* policy.

Guidelines For Youth Use of Computers

1. Youth should adhere to the same standard of conduct expected and required in *The Center* when using the provided computer and technology resources.
2. Computer and technology resources are the property of *The Center*. Users should not expect that files stored on *The Center's* servers and workstations will always be private. *The Center* may monitor access to equipment, networking structures and systems, and all data stored or transmitted on computers in order to ensure the security and performance of its equipment, systems, and networks and to enforce applicable laws and policies.
3. Youth must sign in to the computer lab before entering, and are permitted 1.5 hours of recreational computer use each day, unless otherwise notified by a parent/guardian. Youth are also asked to limit their time online if others are waiting, and share the resources available accordingly, with homework needs taking priority.

Unacceptable Use

The following uses are **strictly prohibited**:

1. Rough-housing in the computer area.
2. Putting food and drinks near the computers. A table has been provided for youth to put cups or cans on during computer use.
3. Downloading software or files without permission, include music and videos.
4. Accessing, producing, posting, displaying or sending offensive messages, music or images, including images of exposed private body parts. Offensive material includes obscene, profane, lewd, vulgar, rude, or sexually suggestive language or images.
5. Sending false or defamatory information about a person or organization.
6. Harassing, threatening, insulting, attacking , or "cyber bullying".
7. Damaging or changing system settings on computers, software or networks.

8. Violating copyright laws or plagiarism.
9. Using another youth's or staff member's ID or password.
10. Illegal or unauthorized use of data in folders or work files.
11. Misusing limited resources including distributing mass e-mail messages, participating in chain letters, creating and participating in unauthorized newsgroups, storing files on file servers without proper authorization, failing to log out appropriately, and introducing computer viruses.
12. Using access for gambling, commercial or for-profit purposes, such as buying or selling on Craigslist, eBay, or similar entities.
13. Hacking or attempting to gain unauthorized access to *The Center's* network.
14. Engaging in, arranging to engage in, or advocating any illegal act or violence (including accessing materials about pornography and hate literature).
15. Vandalism, abuse or misuse of property.
16. Any other use in violation of federal or state law.

Consequences of Violation of Policy

In the event that a youth violates this policy, the following consequences may result. Any of these consequences may be enforced alone or in conjunction with one another by *The Center* against the violating youth.

1. Revocation or limitation of computer access privileges.
2. Disciplinary action including supervision of computer use by staff at *The Center*.
3. Personal liability for damage to *The Center's* computer resources caused by intentional misuse.
4. Any other sanctions or remedies provided by law.

Waiver of Responsibility

YOUTH

I understand and will abide by *The Center's* Computer Use and Internet Safety Agreement and understand that any violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken.

Youth Signature: _____ Date: _____

PARENT/GUARDIAN

As the parent or guardian of this youth, I have read *The Center's* Computer Use and Internet Safety Agreement. I understand that this access, including access to the Internet, is designed for educational and recreational purposes. I also recognize that it is impossible to restrict access to all inappropriate materials and I will not hold *The Center* or The Congregational Church of Needham responsible for materials accessed on the network. I accept full responsibility for my youth's compliance with this Agreement and hereby give my permission for my youth to use the network.

Parent/Guardian Signature: _____ Date: _____

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Release/Pick-Up Authorization

Youth Name: _____

I understand that my youth will not be permitted to leave The Center in any other method or with anyone other than the person(s) that I have listed below.

___ Youth may walk home

___ Youth may be picked up by any of the following people:

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

___ Youth may NOT be picked up by any of the following people:

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

Name: _____ Relationship to Youth: _____

I authorize my youth to be released from *The Center* according to the information above. Additionally, I have communicated with my youth the ways in which I permit my youth to leave *The Center*. I understand that there is a \$1 per minute late fee for any youth remaining at *The Center* after closing time of 6pm. If youth is permitted to walk home, I understand and have communicated with my youth that my youth must leave premises of *The Center* and The Congregational Church of Needham by 6pm. I understand that *The Center* assumes no responsibility for transportation to or from *The Center*, and that *The Center* is not responsible for youth before they arrive at or after they leave *The Center*.

Parent/Guardian Signature: _____ Date: _____

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Anticipated Attendance Schedule: 2012-2013

Youth Name: _____

*note *The Center* is open from 2 p.m. to 6 p.m., Monday through Friday, on all regular school days.

11:30 a.m. to 6 p.m. on Early Release Days with the exception of November 21st

7:30 a.m.-10:00 a.m. on Delayed Opening Days

7:30 a.m. to 6 p.m. on two mid-week holidays: September 26th and November 6th

Please fill out your best estimate for scheduling your youth for the 2012-2013 school year.

___ Mondays Time: _____ p.m. to _____ p.m.

___ Tuesdays Time: _____ p.m. to _____ p.m.

___ Wednesdays Time: _____ p.m. to _____ p.m.

___ Thursdays Time: _____ p.m. to _____ p.m.

___ Fridays Time: _____ p.m. to _____ p.m.

___ Early Release Days Time: _____ p.m. to _____ p.m.

___ Delayed Opening Days Time: _____ a.m. to _____ a.m.

___ Mid-Week Holidays Time: _____ a.m. to _____ p.m.

Special notes regarding scheduling:

Please note: This information will not be considered the youth's actual attendance schedule and will not be used to take attendance during the school year. While youth may arrive at or depart from the program at any time during the open hours of the program, we do ask that parents email or call in their youth's actual schedule of planned attendance at *The Center* for each week by the **previous Friday at 5pm**, or email or call *The Center* by noon on the day your youth plans to attend, in order to best prepare for staffing, snacks, supplies and materials. You may also use the Actual Weekly Schedule Form, found at the front desk and also on our website, www.myyouthcenter.org.

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Administration of Medication Form

Youth Name: _____

TO BE COMPLETED BY THE YOUTH'S PROVIDER (Physician/Nurse Practitioner/Dentist)

Name of Medication: _____ Dosage: _____

Frequency: _____ How Administered: _____ Date to Begin/End: _____

Possible side effects that should be reported to the physician: _____

Possible side effects to another youth whom the medication is NOT prescribed who receives a dose: _____

Special conditions for storage of drug: _____

For emergency medication: Please attach an emergency action plan with procedures to be followed if emergency medication does not alleviate youth's emergency.

For Epinephrine only: _____ I have determined that this youth is capable of possessing and using this auto injector/epipen appropriately and have provided the youth with training in the proper use of the auto-injector.

Provider's Signature: _____ Date: _____

Provider's Name (print): _____ Phone Number: _____

TO BE COMPLETED BY THE YOUTH'S PARENT/GUARDIAN

The medicine must be in pill, capsule, liquid, auto-injector or inhaler form, must be clearly marked from the pharmacist, and in its original container. The label must show the youth's name, medication name, dosage directions, doctor, and prescription number.
Pharmacy: _____ Phone Number: _____

Please check the following if applicable:

For Youth with Asthma: _____ As the parent/guardian of this youth, I authorize the youth to possess and use an asthma inhaler as prescribed, at *The Center* and any activity, event, or program sponsored by or in which *The Center* participates.

For Youth with EpiPen/Twinject/Auto Injector: _____ As the parent/guardian of this youth, I authorize the youth to possess and use an Epinephrine Auto-Injector, as prescribed, at *The Center* and any activity, event, or program sponsored by or in which *The Center* participates. I understand that *The Center's* Director will immediately request assistance from an emergency medical service provider if this medication is administered.

As the parent/guardian of this youth, I give permission for the Director of *The Center* to administer the prescribed medication. The undersigned agrees not to file or make any claim for negligence in connection with the administration or non-administration of this medicine(s) and further agrees to hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

Parent/Guardian Signature: _____ Date: _____

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Transportation Waiver - for 7th graders only-

Youth Name: _____

Transportation Policy

On all days, youth are responsible for getting to The Center from Pollard Middle School on their own, by means such as walking or riding a bike. A bike rack is available at The Center. In the case of an extreme weather day when a student feels they cannot safely get to The Center (due to extreme rain, ice or cold), the student must call The Center and request a ride no later than 2:30pm at 781-444-2510 ext 198 or the director, Jamie Green, at 978-761-5959 (numbers located on the back of registration card). The Director or other adult staff member will make the decision whether or not the weather is extreme enough to warrant a ride, and if so, will designate a time and place for pick up in the adult staff member's personal automobile. Rides will cost \$5 and will be billed to the student's account, and can be paid any time by cash or check (no late fees will apply).

Waiver

I hereby authorize my child to be transported by The Center adult staff members in their personal automobile from Pollard Middle School to The Center on requested extreme weather days.

I specifically agree to hold The Center Staff Members (or other person I have authorized to transport my child) harmless from any claim or suit at law based on a death or injury to my child caused by the negligence of the Center Staff Member or authorized driver during the course of transporting my child by motor vehicle as authorized above to the extent that such loss is not otherwise covered by the terms of the Staff Member's or authorized driver's automobile insurance policy.

Parent/Guardian Signature: _____ Date: _____

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Punch Pass Order Form

Youth Name: _____

Date of Purchase: _____

The fee for daily use of *The Center* is \$30/day or \$250 for 10 punches paid in advance using our Punch Pass System. Early Release Days are \$60/day or two punches, and Midweek Holidays are \$90/day or 3 punches. We offer a 10 Punch Pass for \$250 that may be purchased in advance at any time, and may be used for any open days during the 2012-2013 school year. One punch will be used each day your youth attends, with the exception of early release days when two punches will be used, and mid-week holidays when three punches will be used. Once you have purchased the Punch Pass, your youth can attend any day at *The Center*. We prefer that you email or call in your youth's schedule of planned attendance at *The Center* for the upcoming week by Friday at 5pm, or email or call *The Center* by noon on the day your youth plans to attend. The Punch Pass is non-transferable and non-refundable, and expires at the end of the 2012/2013 school year. You will be notified via email when your Punch Pass has two punches left, at which time you may purchase additional Punch Passes.

Total number of Punch Passes purchased today _____ x \$250 = \$ _____

Total; Paid with Check # _____ = \$ _____

Email address (to send Punch pass notifications to): _____

Checks may be made out to "*The Congregational Church of Needham*", memo line= *The Center*

**Please note there is also a \$1 per minute late fee for any youth at The Center past closing time of 6pm. If youth is permitted to walk home, youth must leave premises of The Center and The Congregational Church of Needham by 6pm.*

Refunds: The Center reserves the right to close due to insufficient enrollment or other reasons. If this happens, all families will be notified and all payments for Punch Passes already received and not yet used will be refunded. If The Center closes before the beginning of the school year, registration fees will also be refunded. If a youth is dismissed from the program for disciplinary reasons, no refunds for fees or punch passes will be issued. The Center staff will make the final determination of whether a refund will be made for any other reason.

-----For Office Use Only-----

Date Paid: _____

Entered in Punch Pass System: _____ Entered in Budget: _____

Signed: _____