

Youth Education Program Registration

I give my child: _____ Grade: _____ Age: _____
 Address: _____
 Phone Number: _____

Permission to participate in the Family Services Youth Education Program. I understand that my child will be required to participate in daily exercise and prevention lessons on Alcohol, Tobacco, other drug abuse. And HIV, AIDS and or STD's if child is in grades 6th-12th. I understand that my child will not be allowed to use cellphones or other electronic devices during lesson time. No transportation will be available at this time

Daily Schedule:

Wash and sanitize hands	Craft	Clean Up Time
Daily Exercise	Gym or outside time	Parent Pick Up
Snack	light Snack	
ATODA Lesson	Fun Activities	

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Emergency Contact Phone #: _____

Please provide the information requested below, as it may be needed in case of an emergency

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

I understand that if my child is sick or suggests to program staff that they are sick, they will be required to be picked up immediately: _____ **Initials**

Alternate Pick-Up Contacts:

Name: _____

Relationship to youth: _____

Phone Number: _____

Name: _____

Relationship to youth: _____

Phone Number: _____

I understand that if my child leaves the building without permission the S-M Youth Education Program is not responsible and will call you immediately: _____ **initials**

MY CHILD HAS PERMISSION TO WALK HOME

Yes **No** _____ **initials**

My child **does not** have permission to walk home, if my child leaves the building without permission Please call me at:

initials: _____

Other information you would like the staff to know:

I give the Youth Education Program permission to photograph or record my child for promotional purposes: Newspaper, newsletter, social media

Yes No : _____ initials

YEP Program starts September 1,2021 to June 30,2022 from 3:30pm to 5:30pm

Only 6 youth allowed in each group to help with COVID 19 safety precaution

I would like my child to do homework while in the Youth Education Program Yes _____ No _____

If your child is accepted to attend the Youth Education Program you will receive a copy of the MFC/FSP policies, Covid Safety Rules and additional rules to keep us safe. Your child will be put on a waiting list if the groups are full.

Parent/Guardian Signature: _____

Date: _____

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Youth Education Covid Safety

Social Distancing

As recommended by the CDC, all youth will remain at a minimum of 6 feet apart during their participation with the Youth Education Program.

Masks

As recommended by the CDC, all youth will be required to properly wear masks, over their mouth and nose at all times during their participation with the Youth Education Program. With exception of snack and lunch time. Masks supplied in each youth clean up bins.

Handwashing and Sanitizing

As recommended by the CDC, all youth will be required to wash their hands for a minimum of 20 seconds before and after consuming food, during lunch or snack time, bathroom breaks, and if youth happen to touch other youths' supplies.

Signs will be displayed in each classroom about the safety of masks, social distance, handwashing and sanitizing.

Ventilation

Window will be slightly opened in all classrooms. Doors will be left open. Safely secure fans will be placed in the windows to blow potentially contaminated air out and pull new air in through the other open windows and doors.

Air cleaners will be placed in each classroom to enhance air cleaning.

Respiratory Etiquette

1. Cover your mouth and nose with a tissue or your upper sleeve when you cough or sneeze
2. Do not cover your mouth or nose with your hands when you sneeze
3. Always place your used tissue in the waste basket
4. Frequently wash your hands with soap and water or clean with alcohol-based hand cleanser.
5. Use hand sanitizer every time you touch your mouth of nose.

Screening Test

Screening tests will be done every day, will follow up with the Stockbridge Munsee Health Wellness Center to get the correct questions.