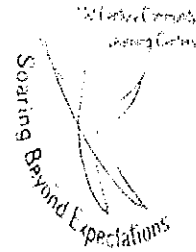


CHICAGO YOUTH CENTERS



CARING FOR YOUNG CHICAGO

Chicago Youth Centers
Fellowship House
844 West 32nd Street
Chicago, IL 60608
(312) 326-2282



Chicago Public Schools
Young Women's Leadership Charter School
2641 South Calumet Avenue
Chicago, IL 60616
(312) 949-9400

21st Century Community Learning Centers

Dear Parent/Guardian

I would like to take this opportunity to introduce you to the 21st Century Community Learning Centers program at Young Women's Leadership Charter School. We are planning new and exciting activities this year for your daughter.

21st Century Community Learning Centers focus on providing expanded enrichment opportunities to youth attending low performing schools. 21st Century Community Learning Centers provides life skills, and character building activities and enhancement experiences.

The 21st Century Community Learning Centers operates weekly and below describes the schedule. Your child may choose to participate in all activities or just one specific club. In an effort to provide consistent and structured activities for your child/children, please take a moment to complete the attached forms and return them as soon as possible.

Monday: 3:30-5:00
Tuesday: 3:30-5:00
Wednesday: 1:30-4:30
Thursday: 3:30-5:00
Friday: No Program
Saturday: 9:00-1:00

If you have any questions or concerns, please don't hesitate to contact Ms. Tina Ayala between the hours of 12:00 to 5:00 at 312.326.2282.

Thank you,


Tina Ayala
Center Director
21st Century Staff

MEMBERSHIP APPLICATION

CHICAGO YOUTH CENTER



CARING FOR TODAY CHICAGO

Social Security # _____ CPS # _____

Name (Last) _____ (First) _____

Address _____ Zip _____ Phone _____

School _____ Grade _____

If not in school last grade attended _____
 Live with Mother Father Both Parents
 Other _____

Male
 Female

Age: _____
 DOB: _____

IN EMERGENCY: Person to Call	Relationship	Address

RACE/ETHNICITY
 African American
 Hispanic
 Asian/Pacific Island
 Native American
 Caucasian
 Multi-racial
 Other

We appreciate your willingness to give us the following information. Each year the funding sources require that we substantiate the economic level of our membership. We can only do this with your cooperation.

1. Are you a TANF recipient? No Yes
2. Annual Household Income _____
3. Please state the number of members in the household _____
4. Does the applicant have any health problems?
 If so, please indicate _____
5. Are you a resident of CHA/Section 8 Housing Yes No

Mother's Full Name _____
 Home Phone _____ Pager or Cellular Phone _____
 Home Address _____ Zip _____
 Occupation _____ Work Phone _____
 Name of Employer _____
 Business Address _____ Zip _____
 Work Hours _____

Age: _____
 DOB: _____

RACE/ETHNICITY
 African American
 Hispanic
 Asian/Pacific Island
 Native American
 Caucasian
 Multi-racial
 Other

(FOR PARENTS FIRST ENROLLMENT ONLY)

Father's Full Name _____
 Home Phone _____ Pager or Cellular Phone _____
 Home Address _____ Zip _____
 Occupation _____ Work Phone _____
 Name of Employer _____
 Business Address _____ Zip _____
 Work Hours _____

Age: _____
 DOB: _____

RACE/ETHNICITY
 African American
 Hispanic
 Asian/Pacific Island
 Native American
 Caucasian
 Multi-racial
 Other

(FOR PARENTS FIRST ENROLLMENT ONLY)

Signature of Applicant or Parent/Guardian _____

EMERGENCY INFORMATION FORM



CHICAGO YOUTH CENTERS AND TRAINING CENTER

Emergency Contact: Persons Within 20-mile radius of Center other than parent or guardian

Primary Emergency Contact and Relationship (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Address/City/State/Zip Code: _____

Secondary Emergency Contact & Relationship (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Address/City/State/Zip Code: _____

Legal Guardian Signature _____ Date: _____

Emergency Release: Consent to Emergency First Aid, Transportation and Medical Care and Treatment

I hereby give permission that my child/adolescent, _____, may be given emergency treatment by a staff member at Chicago Youth Centers, I also give permission for my child/adolescent to be transported by car, ambulance, or Aid car to an emergency center for treatment. In the event that I can not be contacted immediately, medical or surgical treatment can be administered to my child/adolescent in the case of an accident or emergency, as prescribed by a treating physician, and I agree to hold Chicago Youth Centers and its employees harmless.

Legal Guardian Signature _____ Date: _____

Emergency Medical Information

1. Adolescent's Physician: _____ Phone: () _____

2. Preferred Hospital: _____ Phone: () _____

3. Insurance Company: _____ Policy#: _____

4. Regular Medications/Dosage/Frequency: _____
Attach Medical Authorization if administration required during program hours.

5. Reason for Medication Administration: _____

6. Blood Type: _____

7. Testing Results: Tuberculosis (TB) Test _____ Immunizations Current _____ Lead Count _____ Vision & Hearing Screening Date _____ Attach a copy of your child/adolescent's most Recent Physical report, including TB test and other screening(s) results, to verify the above information.

8. Allergies: Medication, Food, Other: _____

9. Any chronic illnesses that keep child from school _____ # of days lost due to illness _____ in school year.

10. Has your child been diagnosed with one of the learning disabilities listed below:

Dyslexia _____ yes _____ no
Attention Deficit Disorder _____ yes _____ no

11. Other comments that would help your child be happy and successful in this program: _____

NOTE: ANY CHILD/ADOLESCENT MEDICALLY REQUIRED TO TAKE MEDICATION DURING PROGRAM HOURS WILL BE REQUIRED TO HAVE MEDICATION AVAILABLE AT ALL TIMES. NON-COMPLIANCE WILL RESULT IN YOUR CHILD/ADOLESCENT RETURNING HOME TO OBTAIN MEDICATION.

Parent/Guardian Signature _____ Date: _____

Office Use Only

Review _____ Review Date: _____



PARENT CONSENT FORM
(PLEASE PRINT)

Child/Adolescent's Name _____ CPS Student I.D.# _____

School _____ Principal _____ Teacher _____

Address/City/State/Zip _____ Phone _____

Academic School Year _____ Grade _____

I hereby give permission to CYC to provide the following listed activities/services.

I give permission to Chicago Public Schools, _____ School to release academic and any other pertinent records including report cards, grades, test results, and attendance information to Chicago Youth Centers, _____ Youth Center during the academic school year for the purpose of providing adequate programs and activities for my child/adolescent. It is expected that I forward a copy of my child/adolescent's report card to CYC.

Parent/Legal Guardian Signature _____

Date _____

Staff Signature _____

Date _____



PARENT CONSENT FORM

Child/Adolescent's Name _____
 School _____ Principal _____ Teacher _____
 Address/City/State/Zip _____ Phone _____
 Academic School Year _____ Grade _____

I hereby give permission to CYC to provide the following listed activities/services. I understand that by circling the "yes" answer, permission is granted for the specific services, and that by circling the "no" answer, permission is not granted.

1. I give permission for my child/adolescent to participate in the CYC Swimming Program (2007), and agree that my child/adolescent must obey all CYC safety rules. CYC does not assume liability or responsibility for any injury sustained during this swimming program. YES NO
2. I give permission for my child/adolescent to attend Center activities and/or field trips outside of Center building, either walking or by bus, as planned by the classroom staff. I understand that a separate field trip permission slip with specific details of event will be sent home for each field trip. YES NO
3. I give permission for my child/adolescent to be photographed / videotaped for training, newspaper articles, electronic distribution, the Web, or for promotional purposes without any compensation whatsoever. I will hold CYC harmless from any liability arising out of said participation in publication, advertisement and/or promotion. YES NO
4. I give my child/adolescent permission to participate in athletics, and do hold CYC harmless for any injuries arising out of participation in such activities. YES NO
5. I give permission for my child/adolescent to participate in any voluntary focus or research groups for the purpose of assessing programmatic needs contributing factors to success, and overall functioning of program. I understand that a separate consent will be forwarded for each focus group, survey and/or evaluation, and I can withdraw consent at any time. YES NO
6. I acknowledge that I have received information regarding programs; practices and hours of operation provided CYC and that have answered all my questions to my satisfaction. YES NO

Reviewer Signature _____

Parent/Legal Guardian Signature _____



CARING FOR TODAY CHANGING

PROGRAM PARTICIPATION RELEASE PERMISSION FORM

Option 1: FOR CHILD/ADOLESCENT ESCORTED FROM SCHOOL TO CYC AND RETURNING HOME FROM CYC

Person(s) authorized to pick-up (Child/Adolescent) _____ from (Location) _____ and drop off at and pick-up from CYC returning home

(List anyone besides parents, guardians or emergency contacts):

Name	Relationship	Address	Home Phone	Alternate Phone	Kid Code

I understand and agree that my child/adolescent will not be released from CYC until picked up and/or dropped off by any person listed above or myself. I understand that my child/adolescent must be picked up from CYC by 5 p.m./8 p.m. according to my child/adolescent's program schedule. In the event of an emergency, I understand that my child/adolescent will not be released unless I speak directly to an authorized CYC employee and given specific instructions.

Parent/Legal Guardian Signature _____ Date: _____

Option 2: FOR CHILD/ADOLESCENT WALKING UNESCORTED FROM SCHOOL TO CYC AND PICKED UP FROM CYC RETURNING HOME FROM CYC

Person(s) authorized to pick up _____ (Anyone besides parents, guardians or emergency contacts) from CYC:

Name	Relationship	Address	Home Phone	Alternate Phone	Kid Code

Parent/Legal Guardian Signature _____ Date: _____

Option 3: FOR CHILD/ADOLESCENT UNESCORTED FROM SCHOOL TO CYC AND FROM CYC RETURNING HOME

(Parent/Legal Guardian) _____ permit (Child/Adolescent) _____ To leave school/home unescorted to attend CYC programs and to leave CYC after program dismissal. I, (Parent/Guardian) _____ authorize (Child/Adolescent) _____ to leave school and walk to CYC unescorted/ride private transportation _____ /ride public transportations. (Child/Adolescent) _____ has my permission to spend break time unsupervised and to leave CYC on his/her own accord returning home where he/she will be on his/her own supervision. I, (Parent/Legal Guardian) _____ absolve Chicago Youth Centers of any responsibility in connection therewith.

Parent/Legal Guardian Signature _____ Date: _____

FOR ALL OPTIONS, NOTE THAT CYC DOES NOT PROVIDE DAILY TRANSPORTATION FROM SCHOOL AND/OR HOME TO THE CENTER NOR RETURNING HOME.

Office Use Only: Reviewer _____ Review Date _____