

**Make New
Friends!**

YLD

Youth Leadership Development

**What Are
You Doing
After
School?**



The Amazing Things We Do...

- **Fun Activities**
- **Field Trips**
- **Community Service**
- **College Visits**
- **Teambuilding Games**
- **Leadership Activities**
- **And more!**

When, Where, Who?

**When: Mondays and
Wednesday**
Time: 3:00-5:00
**Where: Meet in the
Cafeteria**
Who: 6th-8th Grade

**Starting
September 7th**



BRIGHTON CENTER
A COMMUNITY OF SUPPORT

Questions?

Contact Karen Hughes at
Tichenor Middle School or
Becca Taylor at
(859)491-8303 ext #2409
btaylor@brightoncenter.com



**Brighton Center's Youth Leadership Development
Youth Data Form**

Name: _____ Date: _____
 Race: _____ DOB _____ Age: _____ Grade _____
 School _____
 Address: _____
 City, State: _____ Zip code _____

Guardian Data

Legal Guardian: _____ Relationship to youth: _____
 Address: _____
 Home Phone: () _____ - _____ Cell Phone () _____ - _____
 Guardian's Place of Employment: _____
 Work Phone () _____ - _____
 Is parent/guardian or any member of household active military or a veteran?
 Yes _____ No _____ If yes, which branch and years served? _____

EMERGENCY CONTACT NAMES AND NUMBERS:

Composition of household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Youth</u>

IN ADDITION TO THE GUARDIAN, NOTIFY THE FOLLOWING PERSONS IN CASE OF EMERGENCY:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell/Work Phone</u>

Allergies: Yes _____ No _____ Please Specify _____

Medications: Yes _____ No _____ Please Specify _____

Comments and additional information: _____

Doctor's Name _____ Phone _____

Hospital/Clinic Name _____ Phone _____

Health Insurance Name _____

Policy Number _____

YLD is an after-school program and your child will be at the school until 5:00 pm.

Will your child walk home? Yes _____ No _____

Will you be picking up your child? Yes _____ what time? _____ No _____

Will your child be riding with another person Yes _____, who is that _____?
What time _____

Does your child need transportation home in order to participate in the program?
Yes _____

Guardian Signature

Date

Consent to Participate in Surveys & Data Collection: I give my consent for my child to complete surveys during their TOP® Club participation. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program®. The online system also stores information about the TOP® services each student received.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics: Ethnicity/race, gender, most frequent guardian, parents' education level
- School records: Grade in school, absences, truancy, suspension, course failure, graduation and schooling plans
- Health information: Pregnancy, parenting

I understand Wyman and *Brighton Center/YLD* uses the participants' responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose not to participate at any point in the process without risk of losing TOP® services. I am also aware my child will not be required to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware that survey responses may be shared with third parties to market Teen Outreach Program® to increase awareness and funding, but that your child's identifying information **will not be disclosed** except in the case where online access is unavailable and therefore paper survey data is entered by a third party or employee under a strict non-disclosure of confidential information agreement. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

Initial here to opt out of surveys & data collection: _____

I am fully aware of the risks and hazards connected with the participation in the activities of YLD, including physical injury or even death, and hereby elect to voluntarily allow my child participate in said Activities, I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained or loss or damage to property owned or possessed by me or my child as a result of participation in the activities of YLD.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability agreement, understand and sign it voluntarily as my own free act and deed. I acknowledge and agree that this Waiver of Liability and hold harmless agreement is given for valuable, legal consideration and is a condition of and required for my child's participation in the YLD program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name

Parent/Guardian Address:

Brighton Center's Youth Leadership Development
Permission for Participation and Services

By placing my initials in each of the paragraphs hereunder, I consent to and give my permission for my son/daughter, _____ to attend Youth Leadership Development (YLD) and participate in the group and activities, to wit:

_____ I understand YLD group meetings will be facilitated at the school but community service, recreational outings, job shadowing experiences and other activities may take place at a different site. Although the program is held at the school site, I understand it is a Brighton Center Inc. (BC) program.

_____ I understand that my youth will be in the Youth Leadership Development program two days per week after school for 2 hours.

_____ I understand that YLD has a policy that prohibits members from coming and going as they please. Once a child has entered the group, they will not be permitted to leave until a parent/guardian arrives to retrieve them.

_____ I give permission for my youth to travel with the YLD Staff, when necessary, from the school to my home. A separate permission form will be sent home for travel for outings, community service or other activities.

_____ I authorize emergency medical attention for my youth if serious injury or illness occurs and understand that YLD Staff will make an effort to inform me as soon as possible in this situation. Please note that the YLD Staff members are not trained medical professionals and will contact Emergency Medical Personnel in an emergency. I authorize the attending physician to administer necessary treatment for the safety of my child in the event I cannot be reached.

_____ I confirm that my youth is in good health and has my permission to fully participate in all activities.

_____ I understand that photos, writings and statements may be used in local papers; the program's INVENT newsletter to inform the community and funding sources about the program. I understand by signing this form that I consent to the irrevocable right to use my youth's name, written copy, photograph, cinematic image, voice and/or property for reproduction, publication and use by Brighton Center and their funders for publicity purposes or data collections. I understand there will be no compensation.

_____ I consent for YLD Staff members to use measurement tools (example DESSA, 40 Developmental Assets) to measure the impact of the YLD program on my child and the program effectiveness.

_____ I understand that under the Family Educational Rights and Privacy Act, 20 U.S.C. and 1232g, schools generally must receive written permission from the parent/guardian of a student in order to disclose information from your student's education record unless a records release form is signed by the parent/guardian. This form will be sent for your signature. Once signed, Brighton Center YLD staff (as a third party) will be allowed to access information from my child's education.

Student Record Release

I, as a parent or legal guardian of _____ authorize and approve the release of information concerning the academic performance, discipline, and school attendance of my child, who is enrolled in grade _____ and whose birth date is _____, to representatives of Brighton Center's Youth Leadership Development, for purposes of facilitating his/her participation in that program and demonstrating compliance with YLD participation criteria.

Records are currently in the custody of the following school:

____ Tichenor Middle School

305 Bartlett Ave Erlanger, Ky 41018

Phone 859-727-2255 Fax 859-342-2425

This information should include grades and/or academic standing/credits (units) and attendance records

My signature below constitutes notice to me that this information will be disclosed only to YLD or Brighton Center personnel that have a legitimate interest in my child related to YLD. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office or the Brighton Center/YLD.

This release authorizes the periodic and on-going release of the specified records or types of records to the entity/individual specified until student ends his or her participation in YLD, or reaches age of 18, unless earlier revoked in writing.

Signed _____

Date _____

*Parent/Guardian Individual Acting as Parent under FERPA**

** Living in the student's home in the absence of the parent on a day-to-day basis*

Address _____

Date _____

Signature of Student, 18 or Older or Attending Post-secondary Institution

Birth date of student if over 18 _____