

Human Services Center Corp.

Westinghouse Valley Human Services Center
519 Penn Avenue, Turtle Creek, PA 15145-2057
(412) 829-7112 Fax (412) 829-4363
Website: www.hscc-mvpc.org

October 1, 2009

Dear Parent or Guardian:

The Youth Learning In a Fun Environment (Youth LIFE) After-School Program is currently accepting applications for children between the ages of five and thirteen, in kindergarten-eighth grades, for the 2009-2010 school year.

Youth LIFE provides 100 students with a safe and educational place to spend their weekday afternoons and evenings. Through the implementation of age and skill appropriate tutorial classes, a computer-based curriculum to help improve PSSA scores, educational seminars, self-improvement classes, field trips, recreational activities, and community service projects, Youth LIFE students are afforded opportunities that they otherwise would have been unable to experience. Furthermore, the Youth LIFE Program is focused on the improvement of youth's skills in five objective areas: **academics, cultural and social enrichment, recreation, and community service**. There are only **100** spots available and they will go fast, so return your application as soon as possible, to ensure your child's enrollment in the Youth LIFE Program.

Due to the overwhelming demand for the Program, we do not fill slots by first come, first served. Instead, a number of important factors will be considered for every application. Priority will be given to applicants who:

- Submit their fully and correctly completed application in a timely manner;
- Have a household income below 125% of the poverty level;
- Are Allegheny County residents;
- Live in Braddock, Braddock Hills, Chalfant, Churchill, E. McKeesport, East Pittsburgh, Edgewood, Forest Hills, Monroeville, North Versailles, Penn Hills, Pitcairn, Rankin, Swissvale, Turtle Creek, Wall, Wilkins, Wilkesburg, and Wilmerding;
- Attend a public or charter school;
- Give the HSCC copies of child's 2008-2009 final report card and annual assessments scores.

Based on these factors, it is *possible* that past participants may not be accepted into this year's Program. *Do not let this deter you from applying.*

Youth LIFE will provide students with a safe and educational place to spend their weekday afternoons. **The Youth LIFE Program will be open from 2:30PM – 7:30PM Monday through Friday and will begin on Monday, September 14, 2009, and end on Friday, May 28, 2010.**

In order to secure your child's space in the 2009-2010 Youth LIFE After-School Program there is a \$60 NON-REFUNDABLE APPLICATION FEE per child. YOU MUST PAY THE \$60 FEE WHEN YOU REGISTSER YOUR CHILD. YOUR CHILD'S APPLICATION WILL BE CONSIDERED ONCE THE \$60 PAYMENT (PAYABLE TO THE HSCC) AND COMPLETED APPLICATION ARE RECEIVED. Please read each form carefully and completely before signing and returning the packet – forms that are completed incorrectly will not be considered! Please make sure to include your child's social security number and the family's monthly income. All information is kept completely confidential. For those parents with joint custody, BOTH parents must sign this application, giving consent for their child to participate. Failure to provide consent from both parents will prohibit your child from participating in the Youth LIFE After-School Program!

You can return the completed packet in person at the Human Services Center Corporation's office, 413 Penn Avenue, 2nd Floor in Turtle Creek, Monday through Friday between 9:00AM and 4:00PM or by mail to Leah Price, Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145.

Once our office receives your completed application and \$60 non-refundable application fee, we will send you a letter within weeks to inform you of your child's acceptance status. I will also send you a letter if your child is not selected or if your child is on the waiting list. Payment of the non-refundable application fee and submission of the completed application DOES NOT guarantee your child's spot in the Youth LIFE Program. Your child may even end up on the waiting list.

Prior to your child being enrolled in the Youth LIFE Program, **both parents and the child must attend ONE MANDATORY** orientation session, which will take place in Human Services Center II at 413 Penn Avenue in Turtle Creek. The date and time of the orientation will be made by appointment only once the application is received by the HSCC main office.

You will not be allowed to attend orientation unless we receive your completed Youth LIFE application and registration fee at least two days prior to the scheduled session.

For those parents with joint custody, BOTH parents must attend an orientation session. You and your child/children will meet some of the staff of the Youth LIFE Program, receive a program schedule, and go over additional paperwork that must be completed for your child to participate. **You and your child must attend one scheduled orientation session, or your child will be unable to participate in the 2009-2010 Youth LIFE Program. There will be no make-up orientation sessions. If you do not attend ONE scheduled orientation, your child will not be permitted to attend the Program and your spot will not be saved.** Attendance will be taken at the orientation sessions. If you are late your attendance will not be counted.

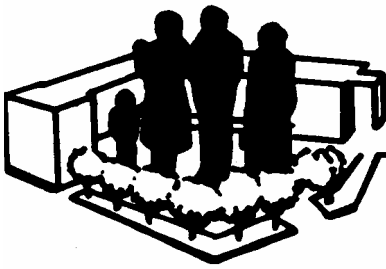
If you have any questions or concerns, do not hesitate to contact me at 412-829-7112 or via email at Lprice@hsc-mvpc.org. The staff and I look forward to working with your child this school year!

Sincerely,

Leah Price

Leah Price, MPA
Youth Programs Director

Enclosure



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM PERSONAL INFORMATION FORM

The following information will help us to make this summer program as beneficial as possible to your child. Please print all information clearly. Failure to complete this document correctly could result in your child not being accepted into the 2009-2010 Youth LIFE After-School Program. *All information will be kept confidential.*

Child's Name: _____ Nickname: _____

Street Address: _____ Apartment # if Applicable: _____

Town: _____ State: _____ Zip Code: _____ Birthday: _____

Home Phone #: _____ Social Security #: _____

Sex: Male Female Age: _____ Grade in school year 2009-2010: _____

Name of School and District Attended during 2008-2009 School Year: _____

Name of School and District Attending in 2009-2010 School Year: _____

Projected Name of School and District Attending in 2010-2011 School Year _____

Name(s) of Parent/Guardian(s) living with the child: _____

Name(s) of Parent/Guardian(s) not living with the child: _____

Social Security # of Mother/Guardian: _____ Not Applicable

Social Security # of Father/Guardian: _____ Not Applicable

Place(s) of Employment of Mother/Guardian: _____ Not Applicable

Place(s) of Employment of Father/Guardian: _____ Not Applicable

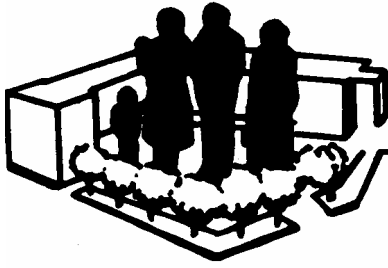
- Is the child's family receiving services from Children, Youth and Families? Yes No
- Is the child's family receiving any public welfare benefits (such as Temporary Assistance for Needy Families (TANF) payments, Medicaid health insurance, food stamps)? Yes No
- Do parents/guardians share LEGAL custody or are parents/guardians married? Yes No
- Is Mother/Guardian registered to vote? Yes No
- Is Father/Guardian registered to vote? Yes No

Limited bus transportation will be available from Shaffer, Wilkins Primary, and Woodland Hills Academy (Woodland Hills School District) **ONLY** and **slots will be filled on a first come-first serve basis!** (We are still working with the district about the possibility of arranging a bus from the Woodland Hills Academy.)

Will your child require bus transportation?

No Yes

***Please note that other schools may provide transportation, such as Good Shepherd School and Propel East, but parents must arrange the plans on their own and inform the Youth Programs Director at orientation.



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM CLIENT DATA SHEET PART II

Is/are the child's legal guardian(s) someone other than the biological parent(s)? Yes No

Is the participant a foster child? Yes No

Has the participant ever been a foster child? Yes No

Does the child have an IEP (Individualized Education Plan)? Yes No (If "Yes", please provide a copy to the Youth Programs Director when available)

Has the child ever failed a grade level in school? Yes No

Has the child ever attended summer school? Yes No

Is school attendance an issue for the child? Yes No

Has the participant been suspended from school at any time? Yes No

Has the child ever been expelled from school? Yes No

Has the participant ever been a part of the juvenile justice system? Yes No

Has a parent of the child ever been incarcerated? Yes No

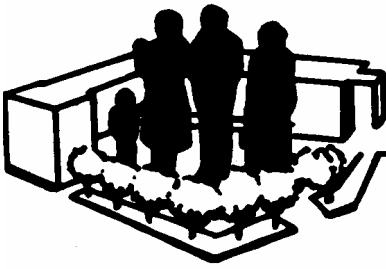
Has any close relative of the child ever been incarcerated? Yes No

Is there a history of drug and/or alcohol abuse in your family? Yes No

Does your family live in subsidized, Section 8, or any other form of public/subsidized housing?
Yes No

Does anyone in your household receive cash assistance? Yes No

- If "yes", date started? _____
- Case Number? _____
- Monthly cash amount? _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM EMERGENCY CONTACT INFORMATION

Child's Name:

Mother's Name/Legal Guardian:

Mother's Home Phone:

Mother's Cell Phone:

Mother's Work Phone:

Mother's Email Address:

Mother's Address (if different from applicant):

Father's Name/Legal Guardian:

Father's Home Phone:

Father's Cell Phone:

Father's Work Phone:

Father's Email Address:

Father's Address (if different from applicant):

1st Emergency Contact (OTHER THAN PARENT/GUARDIAN):

Relationship to Applicant:

1st Contact Cell Phone:

1st Contact Home Phone:

2nd Emergency Contact (OTHER THAN PARENT/GUARDIAN):

Relationship to Applicant:

2nd Contact Cell Phone:

2nd Contact Home Phone:

ADULTS (age 18 and older) To Whom Child May Be Released from the Program (parents listed above are already assumed):

Will your child be walking home from the Program without an adult present? Yes No

Name of Child's Physician/Medical Care Provider:

Phone Number:

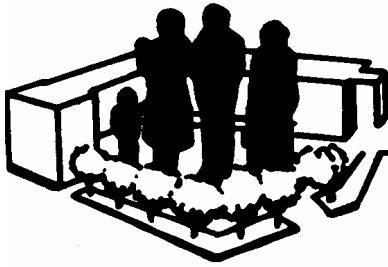
Health Insurance Coverage for Child:

Policy Number:

Special Disabilities:

Allergies:

Medications:



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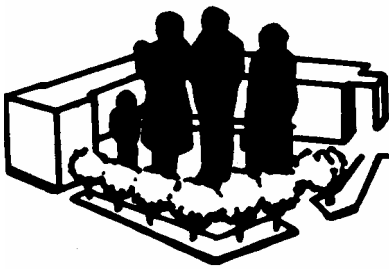
2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM *PARENTAL CONSENT FORM*

I grant permission for my son/daughter _____ to participate in all scheduled activities of the 2009-2010 Youth LIFE After-School Program at the Human Services Center Corporation. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this after-school program.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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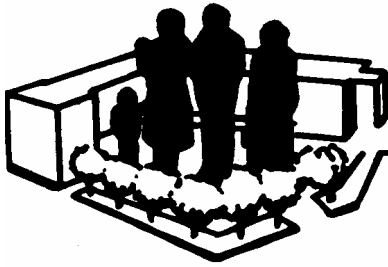
2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM *RELEASE TO BE TAKEN OFF-SITE*

I grant permission for my son/daughter _____ to be taken off-site by Human Services Center Corporation staff for field trips and other special events. I release the Human Services Center Corporation, Youth LIFE After-School Program, and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in off-site field trips and activities of this after-school program.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM

PHOTO/IMAGE CONSENT FORM

Occasionally, Youth LIFE After-School Program staff members wish to photograph, videotape, or otherwise record the activities of program participants for the purpose of recording, promotions, and reporting outcomes of the 2009-2010 Youth LIFE After-School Program. We sometimes provide local newspapers with information about 2009-2010 Youth LIFE After-School Program participants, such as the student's name, grade, school district, and what the student has done during the program. Please indicate if you give us permission to use your child's image and name for such purposes by signing below.

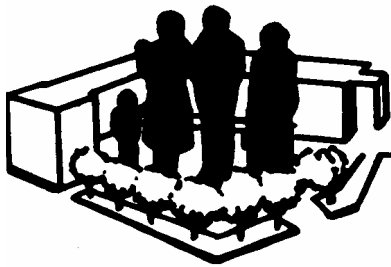
I hereby give permission for my child, _____, to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the 2009-2010 Youth LIFE After-School Program. I give permission for the Human Services Center Corporation 2009-2010 Youth LIFE After-School Program to use the photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, websites, CD's, DVD's, other media for publicity, reporting purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials.

I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my child.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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YOUTH LIFE AFTER-SCHOOL PROGRAM

AUTHORIZATION FOR SHARED INFORMATION

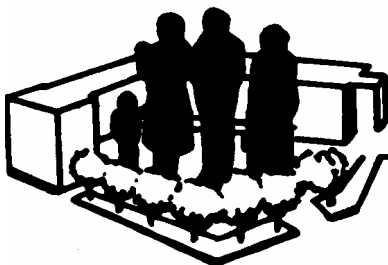
I, _____, do hereby authorize agencies involved to release to the *Human Services Center Corporation*, information relating to myself or on my son/daughter, _____, in efforts to access programming and/or support services on my behalf or my son/daughter's behalf relating to academic performance, age, residence, citizenship, family size, amount of family income, public assistance eligibility, employment status and history, disability status, institutional status, veteran status, and school records.

Moreover, I do hereby give permission to the Human Services Center Corporation to share information on my child with funders, emergency care providers, school teachers and guidance counselors, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM

PERMISSION FOR MEDICAL TREATMENT AND RELEASE

I wish to have my child, _____, participate in the 2009-2010 Youth LIFE After-School Program beginning September 14, 2009, ending May 28, 2010. I understand that there are risks and hazards, in addition to benefits, associated with my child's participation. I, on behalf of myself, my child, our heirs, executors, administrators, and other personal representatives, do hereby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against the 2009-2010 Youth LIFE After-School Program and the Human Services Center Corporation arising from or connected with my child's participation in the 2009-2010 Youth LIFE After-School Program, including the securing of medical treatment for my child.

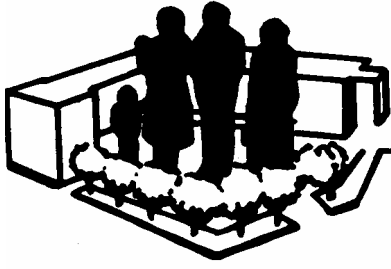
I give permission for the 2009-2010 Youth LIFE After-School Program and Human Services Center Corporation to secure medical treatment for my child in the event that such treatment is required during my child's participation in the 2009-2010 Youth LIFE After-School Program. I will be financially responsible for the cost of such treatment. In addition, should my child need medication administered on a daily basis, I will provide the 2009-2010 Youth LIFE After-School Program and Human Services Center Corporation staff with clear instructions, including the name of the medication(s), dosages, time(s) to be administered, and the prescribing doctor's name, address, and phone number, should they need to be contacted.

The Commonwealth of Pennsylvania's laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning of the program, September 14, 2009, ending May 28, 2010.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM *MEDICAL INFORMATION SHEET*

Child's Name: _____

Date of Birth: _____ Dietary Restrictions: _____

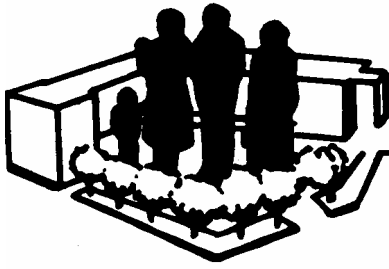
Regular Medications: _____

Allergies: _____

Medical Conditions and History (Please check all that apply)

- Asthma _____
- Arthritis _____
- Alcoholism/Drug Abuse _____
- Allergies _____
- Bleeding Trouble _____
- Diabetes _____
- Depression _____
- High Blood Pressure _____
- High Cholesterol >200 _____
- Kidney Trouble _____
- Leukemia _____
- Migraine Headaches _____
- Obesity _____

Other: _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

(Medication to be supplied by parent)

I hereby authorize and instruct 2009-2010 Youth LIFE After-School Program and Human Services Center Corporation staff at the Human Services Center Corporation to administer the following medication to my child in the appropriate dosages at the designated times outlined below.

**** For those parents with joint custody or married parents, BOTH parents must sign this release.** Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Not Applicable

Name of Child: _____

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

Name of Medication(s): _____

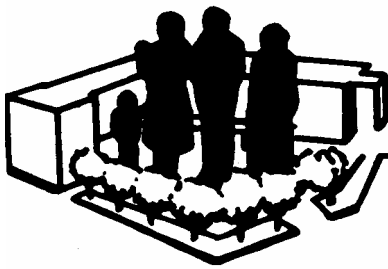
Dosage(s): _____

Time(s) to be administered: _____

Name of Prescribing Doctor: _____

Prescribing Doctor's Address: _____

Prescribing Doctor's Phone Number: _____



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YOUTH LIFE AFTER-SCHOOL PROGRAM

RELEASE FOR REPORT CARD, ASSESSMENT TEST SCORES, DIPLOMA, AND/OR FINAL TRANSCRIPT

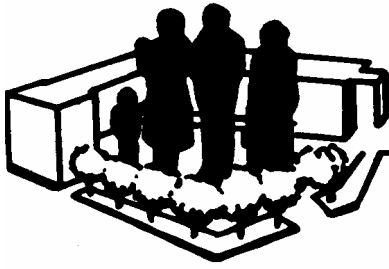
I, _____, do hereby authorize and instruct the Youth LIFE After-School Program to obtain my son/daughter's report card, assessment tests *including but not limited to* the PSSA, PASA, Terra Nova, 4Sight, and OLSAT test scores, diploma, and final transcript.

For those parents with joint custody, **BOTH parents must sign this release. Failure to do so will result in your youth being prohibited from participating in the Program. A Youth Programs staff person will call each parent to confirm that they did in fact sign and give consent.

Signature of Parent/Guardian 1: _____ Date _____

Signature of Parent/Guardian 2: _____ Date _____

Name of Youth: _____



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2009 – 2010 YOUTH LIFE AFTER-SCHOOL PROGRAM *AUTHORIZATION TO CROSS PENN AVENUE*

The Youth LIFE After-School Program is carried out daily in two separate buildings (413 Penn Avenue and 519 Penn Avenue). I acknowledge that in order for my child, _____, to participate in the Program he/she will be crossing Penn Avenue daily with the assistance of an adult AT ALL TIMES. By signing, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his/her participation in the activities of this after-school program.

In addition, I understand my child will be removed from the Program if he/she attempts to cross the street without an adult.

** For those parents with joint custody or married parents, BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the 2009-2010 Youth LIFE After-School Program.

Signature of Parent or Guardian 1: _____

Date: _____

Signature of Parent or Guardian 2: _____

Date: _____