

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.hsc-mvpc.org

July 30, 2010

Dear Parent or Guardian:

The Youth Learning In a Fun Environment (Youth LIFE) After-School Programs are currently accepting applications for children for the 2010-2011 school year.

Youth LIFE provides 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 (HSCC site only), 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 Programs are focused on the improvement of youth's skills in five objective areas: **academics, cultural and social enrichment, recreation, and community service**. The Youth LIFE Program is provided for **FREE** to all participants!

- 1) **Youth LIFE – HSCC** – located at Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145 – September 13, 2010 - May 20, 2011, Monday-Friday, 2:45AM-7PM – For participants in **1 – 5 grades** – Transportation provided for only Woodland Hill's (WHSD) residents to the program by WHSD. No transportation is provided home.
- 2) **Youth LIFE – Dickson** – located at Dickson Elementary, 7301 Schoyer Avenue, Swissvale, PA 15218 – September 13, 2010 - May 20, 2011, Monday-Thursday, 3:30PM-6:30PM – For participants in **1 – 5 grades** – Transportation provided home by WHSD.
- 3) **Youth LIFE – Edgewood** – located at Edgewood Elementary, 241 Maple Avenue, Edgewood, PA 15218 – September 13, 2010 - May 20, 2011, Monday-Thursday, 3:30PM-6:30PM – For participants in **1 – 5 grades** – Transportation provided home by WHSD.
- 4) **Youth LIFE – Shaffer** – located at Shaffer Elementary, 37 Garden Terrace, Churchill, PA 15221 – September 13, 2010 - May 20, 2011, Monday-Thursday, 3:30PM-6:30PM – For participants in **1 – 5 grades** – Transportation provided home by WHSD.
- 5) **Youth LIFE – Wilkins** – located at Wilkins Elementary, 362 Churchill Road, Wilkins Township, PA 15235 – September 13, 2010 - May 20, 2011, Monday-Thursday, 3:30PM-6:30PM – For participants in **1 – 5 grades** – Transportation provided home by WHSD.

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

- Have household income below 125% of the poverty level **OR** receives free or reduced lunches (MUST provide proof of lunch status with application) **OR** possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card (MUST include copy of card with application) **OR** has a referral from the child's school stating that potential participant is in need of academic assistance;
- Reside in the Woodland Hills School District;
- Give the HSCC copies of child's 2009-2010 final report card and annual assessments scores – **MUST provide copies with application or at orientation at the latest!**

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

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.

You will receive a letter within a few weeks of our office receiving your completed application 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.

Prior to your child being enrolled in a Youth LIFE Program, **BOTH parents and the child must attend ONE of the following MANDATORY** orientation sessions. The location of the orientations will be noted in your acceptance letter. The following are the dates and times for the orientations:

- **Thursday, September 2nd from 5PM-6PM @ HSCC in Turtle Creek**
- **Wednesday, September 8th from 6PM-7PM @ HSCC in Turtle Creek**
- **Saturday, September 11th from 11AM-12PM @ HSCC in Turtle Creek**

**** You will not be allowed to attend an orientation unless you receive an official acceptance letter.*

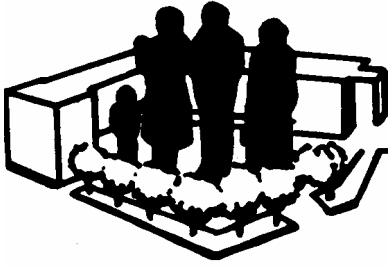
If you have any questions or concerns, please do not hesitate to contact me at 412-829-7112 or by email at Lprice@hsc-mvpc.org. The staff and I look forward to working with you and your child this school year!

Sincerely,

Leah Price

Leah Price, MPA
Youth Programs Director

Enclosure



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2010-2011 Youth LIFE After-School Programs Application

The following information will help us to make the after-school programs 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 Youth LIFE Programs. All information will be kept confidential.

Child's First Name: _____ Middle Initial: _____ Child's Last name: _____

Street Address: _____ Apartment # if Applicable: _____ Town: _____

State: _____ Zip Code: _____ Home Phone #: _____ Child *lives* in the Woodland Hills School District? Yes No

Site you are applying for (please only pick one): HSCC Dickson Edgewood Shaffer Wilkins

Social Security #: _____ Birthday: _____ Age: _____ Grade in the fall 2010: _____

Name of School *and* District Attending in the Fall 2010: _____

Name of School *and* District Attended during 2009-2010 School Year: _____

Projected Name of School *and* District Attending in 2011-2012 School Year: _____

Sex: Male Female

If signing up for the HSCC site and reside in the WHSD, will your child require bus transportation to the Program? No Yes

Is your child living with his/her mother? Yes No Is your child living with his/her father? Yes No

Do parents/guardians share LEGAL custody *or* are parents/guardians married? Yes No

If not living with either parent, with whom is the child living with? _____

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

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

Please RSVP for **ONE** mandatory orientation that you and your child will be attending:

- Thursday, September 2nd from 5PM-6PM @ HSCC in Turtle Creek
- Wednesday, September 8th from 6PM-7PM @ HSCC in Turtle Creek
- Saturday, September 11th from 11AM-12PM @ HSCC in Turtle Creek

*At orientation you **MUST** bring your child's last period report card from the 2009-2010 school year as well as his/her most recent assessment test scores. *All participants entering kindergarten are obviously excluded from this request.*

**For internal/office use only:

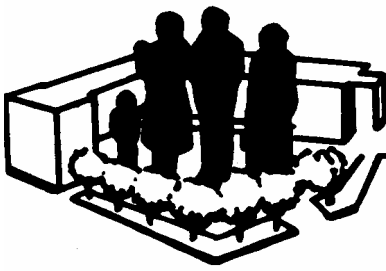
Date application received: _____ WHSD # if applicable: _____ HSDF # if applicable: _____

Past YLIFE: Yes No Reside WHSD: Yes No Copy of Medical Card: Yes No N/A

HSDF Eligible: Yes No Lunch Eligible: Yes No Academic Assistance: Yes No

Copy of Report Card: Yes No Copy of Tests: Yes No PDE: Yes No Accepted: Yes No

TURN OVER => =>



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2010-2011 Youth LIFE After-School Programs CLIENT DATA SHEET PART I

The following are for statistical purposes only to report to our funders the demographics of the youth and families we are serving. All information will be kept confidential.

Ethnicity/Race: Black White American Indian or Alaska Native Chinese Filipino Japanese
 Korean Asian Indian Vietnamese Samoan Native Hawaiian Native American
 Other Asian _____ Some Other Race _____
 Hispanic, Latino, or Spanish Origin Mexican, Mexican American, Chicano Puerto Rican
 Cuban Other Hispanic, Latino, or Spanish Origin _____

Does the child possess a Medical Assistance ACCESS, Gateway, MedPlus, or UPMC for You insurance card? Yes No

Does the child receive free or reduced priced lunch? Yes No

Housing: Own Rent Other

Source of Family Income: No Income TANF Social Security Pension General Assistance Unemployment
 SSI Employment Only Child Support Other _____

Family Type: Single parent/female Single parent/male Two-parent Other

Other Family Characteristics: Receives Food Stamps
 If you receive food stamps, what is the case #? _____

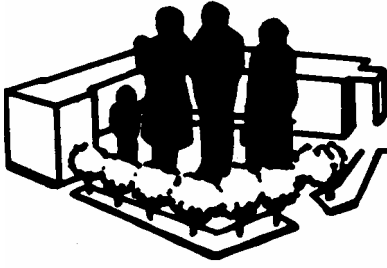
Family Size: One Two Three Four Five Six Seven Eight or more

Approximate Monthly Income of Mother/Guardian: _____ Not Applicable

Approximate Monthly Income of Father/Guardian: _____ Not Applicable

Names, birthdays, and sex of the family members living in the household (if you need additional space, please continue on the bottom of this sheet):

Name (First and Last Name)	Relationship to Youth (Mother, Father, Sister, etc.)	Birthday (Month/Day/Year)	Sex (Male, Female)



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2010-2011 Youth LIFE After-School Programs *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)

Does your child need academic assistance? Yes No

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 been incarcerated at any point? Yes No

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

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

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

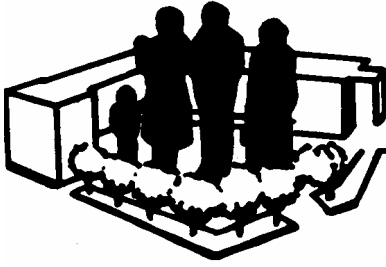
Is Mother/Guardian registered to vote? Yes No N/A

Is Father/Guardian registered to vote? Yes No N/A

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

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2010-2011 Youth LIFE After-School Programs *EMERGENCY CONTACT INFORMATION*

Mother/Legal Guardian First Name:

Mother /Legal Guardian Last Name:

Mother Home Phone:

Mother Cell Phone:

Mother Work Phone:

Mother Email Address:

Mother Social Security #:

Mother Birth Date:

Father/Legal Guardian First Name:

Father/Legal Guardian Last Name:

Father Home Phone:

Father Cell Phone:

Father Work Phone:

Father Email Address:

Father Social Security #:

Father Birth Date:

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:

Persons To Whom Child May Be Released from the Program (**parents and emergency contacts listed above are already assumed**):

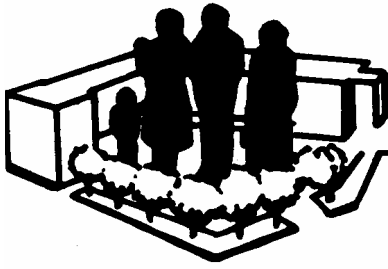
Health Insurance Coverage for Child:

Policy Number:

Special Disabilities:

Allergies:

Medications:



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Youth LIFE After-School Programs *PARENTAL CONSENT FORM*

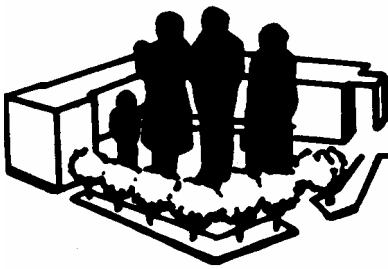
I grant permission for my son/daughter _____ to participate in all scheduled activities of the Youth LIFE Programs. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection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

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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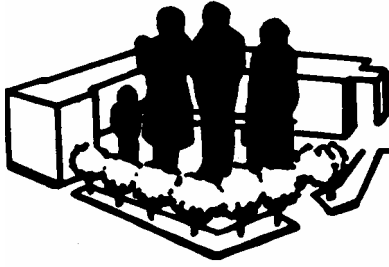
Youth LIFE After-School Programs *RELEASE TO BE TAKEN OFF-SITE*

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 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 the Programs.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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Youth LIFE After-School Programs *PHOTO/IMAGE CONSENT FORM*

Occasionally, Youth LIFE Programs 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 Youth LIFE Programs. We sometimes provide local newspapers with information about Youth LIFE Programs' 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 Programs. I give permission for the Human Services Center Corporation 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.

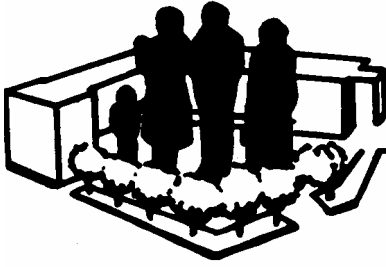
I further grant permission for the Human Services Center Corporation to provide local media and foundations with information about my child. Moreover, I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Programs.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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Youth LIFE After-School Programs *AUTHORIZATION FOR SHARED INFORMATION*

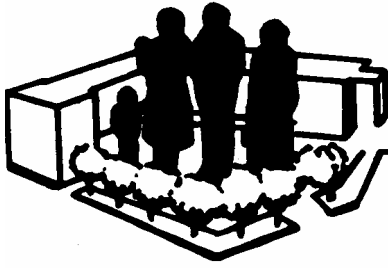
I hereby give permission to the Human Services Center Corporation to share information on my child, _____, with funders, emergency care providers, counselors, medical professionals, and other human service agencies on an as-needed basis. All information will be kept strictly confidential.

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 the Programs.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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Youth LIFE After-School Programs

PERMISSION FOR MEDICAL TREATMENT AND RELEASE

I wish to have my child, _____, participate in the Youth LIFE Programs. 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 Programs and the Human Services Center Corporation arising from or connected with my child's participation in the Programs, including the securing of medical treatment for my child.

I give permission for the Youth LIFE Programs 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 Programs. 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 Programs 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 to the end of the Program.

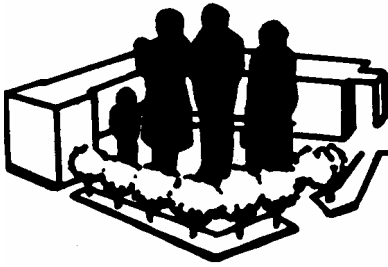
I have read and understand the terms of this release. I sign this document voluntarily, knowing that I am legally bound by it. I am over eighteen years of age, and competent to sign this document. I release the Human Services Center Corporation and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Programs.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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Youth LIFE After-School Programs *MEDICAL INFORMATION SHEET*

Child's Name: _____

Date of Birth: _____ Dietary Restrictions: _____

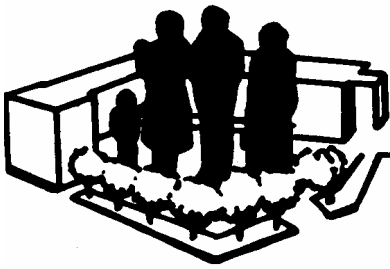
Regular Medications: _____

Allergies: _____

Medical Conditions and History (Please check all that apply)

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

Other: _____



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Youth LIFE After-School Programs *AUTHORIZATION FOR ADMINISTRATION OF MEDICATION* (Medication to be supplied by parent)

I hereby authorize and instruct Youth LIFE Programs 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. 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 the Programs.

For those parents with joint custody or are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Not Applicable

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

Name of Child: _____

Name of Medication(s): _____

Dosage(s): _____

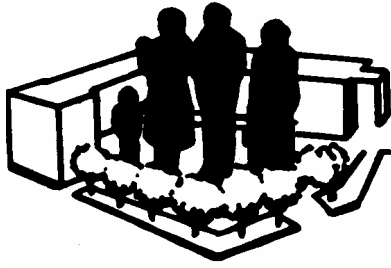
Time(s) to Be Administered: _____

Name of Prescribing Doctor: _____

Prescribing Doctor's Address: _____

Prescribing Doctor's Phone Number: _____

TURN OVER => =>



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Youth LIFE After-School Program – ONLY for Turtle Creek Site *AUTHORIZATION TO CROSS PENN AVENUE in Turtle Creek*

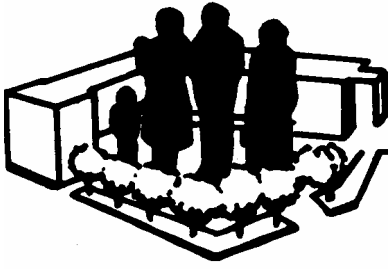
The Youth LIFE Program – Turtle Creek is carried out daily in two separate buildings (413 Penn Avenue and 519 Penn Avenue). I acknowledge that in order for my child, _____, to participate in the Program he/she will be crossing Penn Avenue daily with the assistance of an adult AT ALL TIMES. By signing, 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 the Programs.

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 are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____



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Youth LIFE After-School Programs *RELEASE FOR REPORT CARD, ASSESSMENT TEST SCORES, ATTENDANCE REPORTS, DIPLOMA, AND/OR FINAL TRANSCRIPT*

I, _____, do hereby authorize and instruct the Youth LIFE Programs to obtain my son/daughter's report card, attendance records, assessment tests *including but not limited to* the PSSA, Terra Nova, 4Sight, and OLSAT test scores for the purpose of tracking academic and social progress.

****For those parents with joint custody or are married, BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Programs.**

Signature of Parent/Guardian 1: _____ Date _____

Signature of Parent/Guardian 2: _____ Date _____

Name of Youth: _____

Name of School and District Attended during 2009-2010 School Year: _____

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

Date of Birth of Youth: _____