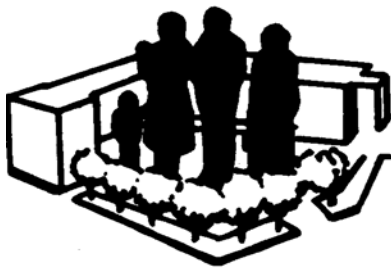


2011-2012 Youth LIFE After-School Program

TURN OVER => =>



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

2011-2012 Youth LIFE After-School Program

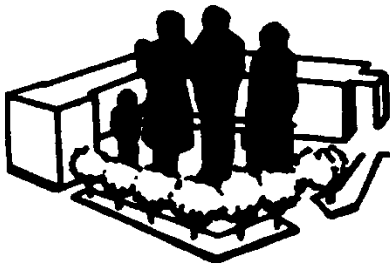
The Youth LIFE After-School Program is currently accepting applications for children going into first - fifth grades in the fall of 2011. Spots fill up very quickly! Apply as soon as possible.

Youth LIFE Facts:

- For participants in 1 – 5 grades
- Affords participants with an educational and fun after-school experience
- Provides academic activities on a daily basis to improve math and reading skills
- Physical activities occur daily
- Conducts arts and crafts, science, cultural, and current event activities
- Presents experiential seminars provided by local agencies
- FREE snack provided daily

Youth LIFE After-School Program Dates/Times, and Locations: *All school site programs are pending WHSD Board Approval

- **Youth LIFE – HSCC** – located at Human Services Center Corporation, 519 Penn Avenue, Turtle Creek, PA 15145
 - September 19, 2011 - May 18, 2012, Monday-Friday, 2:45PM-7PM
 - On Fridays, eligible children attend field trips at least once per month
 - For all residents of Woodland Hills School District that meet application requirements
 - Transportation provided for only Woodland Hill's (WHSD) residents to the program by WHSD. *No transportation is provided home from this site.*
- **Youth LIFE – Dickson** – located at Dickson Elementary, 7301 Schoyer Avenue, Swissvale, PA 15218
 - September 19, 2011 - May 18, 2012, Monday-Thursday, 3:45PM-6:45PM
 - Participants must be Dickson Elementary students
 - Transportation provided home by WHSD. If child is listed as a walker by WHSD then parent pick-up is required.
- **Youth LIFE – Edgewood** – located at Edgewood Elementary, 241 Maple Avenue, Edgewood, PA 15218
 - September 19, 2011 - May 18, 2012, Monday-Thursday, 2:45PM-5:45PM
 - Participants must be Edgewood Elementary students
 - Transportation provided home by WHSD. If child is listed as a walker by WHSD then parent pick-up is required.
- **Youth LIFE – Shaffer** – located at Shaffer Elementary, 37 Garden Terrace, Churchill, PA 15221
 - September 19, 2011 - May 18, 2012, Monday-Thursday, 3:45PM-6:45PM
 - Participants must be Shaffer Elementary students
 - Transportation provided home by WHSD. If child is listed as a walker by WHSD then parent pick-up is required.
- **Youth LIFE – Wilkins** – located at Wilkins Elementary, 362 Churchill Road, Wilkins Township, PA 15235
 - September 19, 2011 - May 18, 2012, Monday-Thursday, 3:45PM-6:45PM
 - Participants must be Wilkins Elementary students
 - Transportation provided home by WHSD. If child is listed as a walker by WHSD then parent pick-up is required.



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.hscv-mvpc.org

Application Process:

The Program is FREE and participants must meet the following requirements:

- Going into grades 1-5 in the fall 2011
- Live within the Woodland Hills School District
- Receive Free/Reduced Lunch or Need Academic Assistance

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

You will receive a letter within three weeks of our office receiving your completed application to inform you of your child's acceptance status. HSCC will also send you a letter if your child is not selected or if your child is on the waiting list.

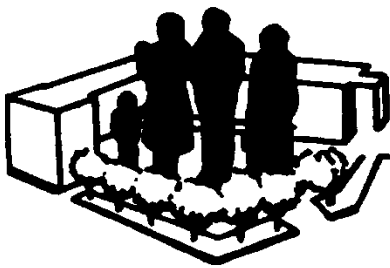
Mandatory Parent/Child Orientation:

- **HSCC Site:**
 - Returning HSCC site parents/children **DO NOT** need to attend an orientation session this year.
 - **NEW HSCC** parents/child **MUST** attend an orientation session listed below. **You and your child** must attend one scheduled orientation session or your child will not be permitted to attend the Program and your spot will **NOT** be saved.
- **School Sites (Dickson, Edgewood, Shaffer, Wilkins):**
 - **ALL parents and children MUST attend an orientation session listed below.** You and your child must attend one scheduled orientation session or your child will not be permitted to attend the Program and your spot will **NOT** be saved.

Orientation Sessions:

- Monday, November 7 from 6PM-7PM (registration between 5:45PM-6PM)
@ HSCC, 519 Penn Avenue, Turtle Creek
- Saturday, November 19 from 11AM-12PM (registration between 10:45AM-11AM)
@ HSCC, 519 Penn Avenue, Turtle Creek

TURN OVER => =>



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

2011-2012 Youth LIFE After-School Program Application

Please print all information clearly. Failure to complete this document correctly could result in your child not being accepted into the Youth LIFE After-School Program. All information will be kept confidential. ALL releases MUST be signed by the appropriate persons.

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

Social Security #: _____ Birthday: _____ Age: _____ Grade fall 2011: _____ Sex: Male Female

Did your child attend 2010-11 Youth LIFE After-School? Yes No Did your child attend 2011 KOOL Program? Yes No

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

Do parents/guardians share LEGAL custody? Yes No Are parents/guardians married? Yes No

Does child live with mother? Yes No Not Applicable Does child live with father? Yes No Not Applicable

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

Child's Allergies _____ Not Applicable

Child's Medications _____ Not Applicable

Child's Dietary Restrictions _____ Not Applicable

Medical Conditions and History (Please check all that apply):

Asthma ADD or ADHD Autism Black-outs Hemophilia Sickle Cell Diabetes Depression
 Epilepsy Kidney Trouble Migraine Headaches Obesity ODD Speech Problems

Other Mental and/or Physical Disabilities/Needs _____

***Failure to disclose the child's health conditions will be grounds for immediate removal from the Program.**

Name of School *and* District Attending in the Fall 2011: _____

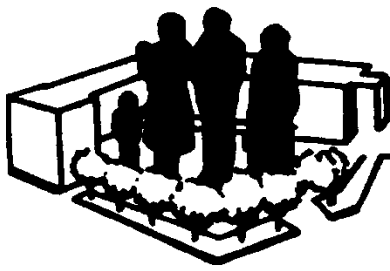
Name of School and District Attended in the 2010-2011 School Year: _____

****For internal/office use only:**

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

Past TC YLIFE: Yes No Reside WHSD: Yes No Lunch Eligible: Yes No
HSDF Eligible: Yes No Academic Assistance: Yes No PDE Yes No Accepted: Yes No

Letter Program Database Outcomes Database Service Hours Transportation



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

2011-2012 Youth LIFE After-School Program 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 Biracial 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 receive free lunch? Yes No Does the child receive reduced priced lunch? Yes No

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

Housing: Own Rent Other Family Type: Single parent/female Single parent/male Two-parent Other

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

Receives Food Stamps? Yes No 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

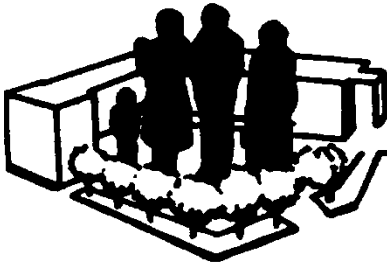
Place(s) of Employment/Source of Income of Mother/Guardian: _____ Not Applicable

Place(s) of Employment/Source 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)

TURN OVER => =>

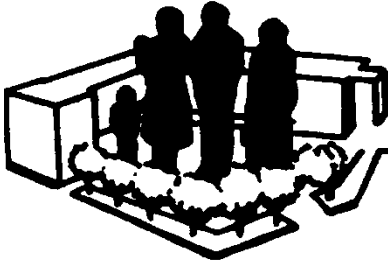


Human Services Center Corp.

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

2011-2012 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
- Does the 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 time? Yes No
- Has any close relative of the child been incarcerated at any time? 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 TANF, 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



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

2011-2012 Youth LIFE After-School Program 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:

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

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:

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

Please note, in the event the youth programs staff needs to contact a parent regarding the child, we will first call parents. If we cannot reach the parents we will contact emergency contacts and they will be responsible for resolving any issues or emergencies that need immediate attention. You **MUST list an emergency contact or your child WILL NOT be accepted. Please keep all contact information UP-TO-DATE!*

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

Relationship to Applicant:

1st Contact Cell Phone:

1st Contact Home Phone:

2nd Emergency Contact Names (**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 (**all people listed above are already assumed**):

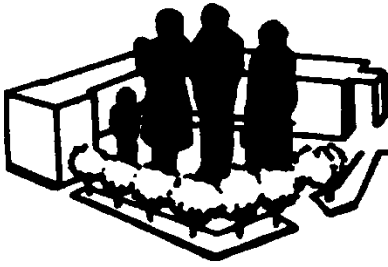
Health Insurance Coverage for Child:

Policy Number:

TURN OVER => =>

Sponsored by Allegheny County Department of Human Services Center, PA Department of Education's 21st Century Community Learning Centers , and

United Way of Allegheny County  



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

2011-2012 Youth LIFE After-School Program: The DO's and DO NOT's

DO:

1. Enter the building quietly.
2. Follow directions and raise your hand to answer a question.
3. Ask an adult if you need to be excused.
4. Remain in your seat during classroom activities.
5. Listen to the staff and volunteers.
6. Be respectful and kind to other students, staff and volunteers.
7. Use appropriate language at all times (No swearing, or abusive language).
8. **Clean up after yourself** (classrooms, cafeteria, field trips, and outside).
9. **Keep your hands to yourself.**
10. Keep voices low when riding on the bus.
11. Stay with your group on site and on field trips.
12. Do your best on all activities, academic work and Study Island.
13. HAVE FUN!!

DO NOT:

1. Fight. You could be suspended or expelled from the Program if caught fighting! The very **minimum penalty for hitting** of any kind will be an automatic **30 points off and a two day suspension.**
2. Stand on the classroom tables.
3. Take yours or anyone else's shoes off.
4. Climb up or on the slides. (HSCC site)
5. Hog, twist or jump off the swings.(HSCC site)
6. Bring valuables to the Program (Ipods, **cell phones**, card games, etc.) The Human Services Center Corporation (HSCC) is not responsible if valuables are lost or stolen.
7. View community Internet sites (MySpace, Facebook), send emails or chat while in the computer lab.
8. **Roam the building or hallways by yourself**, or run/make loud noise in the hallways.
9. Steal, destroy or touch things that are not yours.
10. **Take food or drinks into the computer lab, gym, outside, or on the bus.**
11. Stick your head, hands, or any other parts of your body out of the window of the bus.
12. Gossip about friends and others in the Youth LIFE Program.
13. Play in the sinks in the bathroom. Always flush the toilet.
14. Ask/beg for money while on field trips.
15. Hang, swing, lean, shark, or sit on any parts of the basketball hoops.(HSCC site)
16. Use the vending machines.
17. Ride the elevator (HSCC site)

General Rules and Regulations

1. Children must be potty trained before start of the Program. **No staff member is permitted to change and/or assist children with soiled pants, under any circumstances.** In the event of an

accident, a parent must either pick up their child promptly or must bring clean clothes and assist the child with changing.

2. **Participants are responsible for their own items (money, bookbags, etc.) at the Program.** At no time will the HSCC staff bear responsibility by holding any child's possessions.
3. No dangerous, disruptive, or disrespectful behavior towards children or staff **will not be tolerated.** Such behavior will be grounds for suspension or permanent expulsion!
4. In most cases, school rules also apply to the Youth LIFE After-School Programs.
5. Before your child leaves, an authorized adult must sign the child out with a Youth LIFE staff member, unless the youth is permitted to walk home. **Under no circumstances will your child be released to a sibling, while a parent waits in the car!!** (HSCC site)
6. If your child needs to leave early, you must contact Meaghan by 2PM on the day your child is leaving early. An authorized adult must sign the child out with a Youth LIFE staff member. Under no circumstances will your child be released to a sibling, while a parent waits in the car.
7. Parents are encouraged to chaperone field trips and will, if requested to accompany children, attend free of charge. Each chaperone will be assigned a group of children and will be responsible for that group throughout the trip. **No youth, other than Youth LIFE participants, are allowed to attend trips.** (HSCC site)
8. Please **read all papers and materials sent home.** Hang up the calendar for you and your child to see as a reminder of special events, and activities.
9. Please **provide CORRECT and UP-TO-DATE contact information** (addresses and phone numbers). Emergency contacts listed in your application should not be the parent/guardian information.
10. Each day, please **dress your child appropriately for both indoor and outdoor activities.**
11. **Parents,** please support the Rules of the Program and act in a cooperative, respectful manner with Youth LIFE participants and staff. **Excessive and/or unrealistic complaints/requests by parents, as well as negative behavior towards HSCC staff, are grounds for your child to be removed from the Program.**

Late Fee Regulations

1. **Students must be DROPPED OFF no EARLIER than the program's scheduled start time and PICKED UP no LATER than the scheduled closing time for the child's site.** Failure to do so will result in a **charge of \$1.00 per minute per child for each minute late.** The designated fee must be paid before your child is permitted to return. If tardiness becomes a repeated occurrence it is at the HSCC staff's discretion to remove a child from Youth LIFE.

TURN OVER => =>

2. **If a child attends the Program on a day they are suspended, a \$2.00 per minute, per child fee will be assessed for each minute an ineligible student is in our care** (10 minutes = \$20.00). You must pay the designated fee before your child is permitted to return.

Point System Regulations

School Sites (Dickson, Edgewood, Wilkins, and Shaffer):

1. At the end of the week, you **MUST** have **85 or more points** to participate in the Thursday activity scheduled. **If you do not have enough points, you are NOT permitted to attend on Thursday.**
2. You must attend **at least two days** during the week, **not including Thursday**, to be eligible to attend the Program on Thursday.
3. If you are ineligible to participate in **numerous Thursdays due to behavior issues**, you will be placed on probation for the remainder of the Program and a letter notifying you of this change will be mailed home. If your **behavior does not improve you will be removed** from the Youth LIFE After-School Program. The Lead Education Associate at the site will call you at home/cell and also send a note home with your child if your child is ineligible to attend Thursday. PLEASE KEEP PHONE NUMBERS UP TO DATE! ***Please note, the HSCC also has the right to remove a child from the Program at any point if the child is suffering from poor behavior.

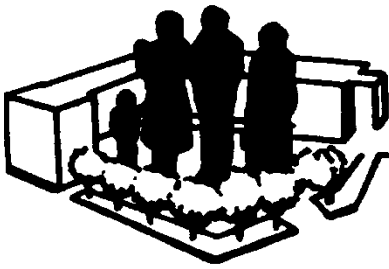
HSCC Site:

1. At the end of the week, you **MUST** have **75 or more points** to participate in the Friday activity scheduled. **If you do not have enough points, you are not permitted to attend that day, regardless of what day the field trip is scheduled, Friday or otherwise.** You must attend **at least two days** during the week, **not including Friday**, to be eligible to participate in the Program on Friday.
2. If you are ineligible to attend **numerous Fridays due to behavior issues**, you will be placed on probation for the remainder of the program and a letter notifying you of this will change be mailed home. If you are **ineligible a fourth Friday you will automatically be removed** from the Youth LIFE After-School Program. ***Please note, the HSCC also has the right to remove a child from the Program, no matter the number of Fridays missed, if the child is suffering from poor behavior.

Probationary Status

If a participant violates the rules and does not change his or her behavior, that student may be placed on probationary status for the **remainder** of the Program. Probationary status means that the:

1. **Student may be removed from the Program if the behavior persists, AND/OR**
2. **The student will not be accepted into future HSCC Youth Programs.**



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

2011-2012 Youth LIFE After-School Program PARENTAL CONSENT FORM

I grant permission for my son/daughter _____ to participate in all scheduled activities of the Youth LIFE After-School Program. In addition, I grant authorization 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, the Woodland Hills School District, 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. My child/children and I have read the Youth LIFE After-School Program, General Rules and Regulations, Late Fee Regulations, Point System Regulations and Probationary Status. By signing, both my child/children and I acknowledge that we understand the rules and regulations of the Youth LIFE After-School Program as well as Probation Status.

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 Youth LIFE After-School Program. We sometimes provide local newspapers with information about Youth LIFE After-School Program participants, such as the student's name, grade, school district, and what the student has done during the Program.

I hereby give permission for my child to be photographed, videotaped, or otherwise have their image or voice recorded, in connection with the Youth LIFE After-School Program. I allow 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 this after-school program.

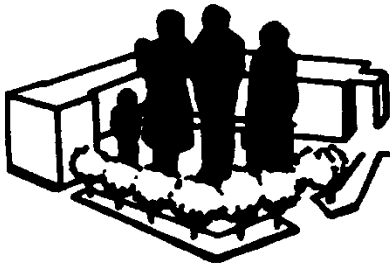
Lastly, if my child will be a participant of the Youth LIFE Program located in Turtle Creek, I acknowledge that in order for my child, _____, to participate in the Program he/she will be crossing Penn Avenue daily with the assistance of an adult AT ALL TIMES. In addition, we may walk daily to Woodland Hills Academy for recreation time. 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. *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 Youth LIFE After-School Program.

Signature of Parent or Guardian 1: _____ Date: _____

Signature of Parent or Guardian 2: _____ Date: _____

TURN OVER => =>



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

2011-2012 Youth LIFE After-School Program 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 authorize and instruct the Youth LIFE After-School Program to obtain my son/daughter's report card, attendance records, assessment tests *including but not limited to* the PSSA, Terra Nova, 4Sight, DIBELS, OLSAT test scores, and diploma and/or final transcript for the purpose of tracking academic and social progress. In addition, I do hereby approve and instruct my child's school and/or district to release to the Human Services Center Corporation any pertinent and/or necessary behavioral reports of my son/daughter for the purpose of mandatory tracking and reporting.

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 are married, **BOTH parents must sign this release. Failure to do so will result in your child being prohibited from participating in the Youth LIFE After-School Program.

Signature of Parent/Guardian 1: _____ Date _____

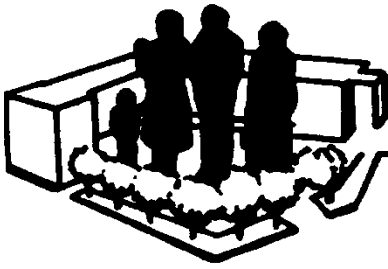
Signature of Parent/Guardian 2: _____ Date _____

Name of Youth: _____

Name of School and District Attended during 2010-2011 School Year: _____

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

Date of Birth of Youth: _____



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

2011-2012 Youth LIFE After-School Program PERMISSION FOR MEDICAL TREATMENT AND RELEASE

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

I give permission for the 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 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 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 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 this after-school program.

In addition, I hereby authorize and instruct 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, if applicable. 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. Not Applicable

Name of Medication(s): _____

Dosage(s): _____ Time(s) to Be Administered: _____

Name of Prescribing Doctor: _____ Prescribing Doctor's Address: _____

Prescribing Doctor's Phone Number: _____

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 Youth LIFE After-School Program.

Parent/Guardian Signature 1: _____ Date: _____

Parent/Guardian Signature 2: _____ Date: _____

TURN OVER => =>

Woodland Hills School District
Acceptable Use Policy and Internet Safety 2011-2012
Consent Form

As a parent or legal guardian of the student listed below, I have read and understand the Acceptable Use Policy and I agree to the following:

(Please initial where appropriate)

_____ As a parent or legal guardian of the student named below, I grant permission for my son or daughter to access and use a school computer or network software provided by the Woodland Hills School District.

_____ As a parent or legal guardian of the student named below, I grant permission for my son or daughter to access Internet services provided by the Woodland Hills School District.

_____ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's photo without identifying last name or caption to appear on any district, school, or teacher website connected with the Woodland Hills School District.

_____ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's school work to be published without identifying last name or caption on any district, school, or teacher website connected with the Woodland Hills School District.

_____ As a parent or legal guardian of the student named below, I grant permission for my son or daughter's audio, video or telepresence to be published without identifying last name or caption on any district, school, or teacher website connected with the Woodland Hills School District Board.

Student's Name (Please Print): _____

Student's School: _____

Parent (Guardian) phone number: _____

Parent (Guardian) email address: _____

Student Signature: _____

Parent (Guardian) Signature: _____