



Neighborhood House™

Summer Youth Program Intake Form



Date: _____

Name of Youth: _____

Age on June 1, 2018: _____ years

Weekly Themes by Age

Please check the box for each week the youth will attend. Use the age listed above to determine which age group the child will be placed in. All programs are free but there are limited spaces for every program.

Week	6-11 Year-olds 9:00 AM-12:30 PM, M-F	12-14 Year-olds 12:45 -4:30 PM, M-F	15-17 Year-olds 12:45 -4:30 PM, M-F
June 11	<input type="checkbox"/> Intro to Wizardry	<input type="checkbox"/> X Games	<input type="checkbox"/> Art in the Park
June 18	<input type="checkbox"/> Around the World	<input type="checkbox"/> Board Games & Strategy	<input type="checkbox"/> X Games
June 25	<input type="checkbox"/> Profession Sessions	<input type="checkbox"/> Build It	<input type="checkbox"/> Food Adventure Time
July 2	<input type="checkbox"/> Justice Makes a Difference	<input type="checkbox"/> Outdoor Expeditions	<input type="checkbox"/> Tell Your Story
	No Programming on 4 July	No Programming on 4 July	No Programming on 4 July
July 9	<input type="checkbox"/> Outdoor Expeditions	<input type="checkbox"/> Painter's Express	<input type="checkbox"/> Build It
July 16	<input type="checkbox"/> Art Exploration	<input type="checkbox"/> Tell Your Story	<input type="checkbox"/> Board Games & Strategy
July 23	<input type="checkbox"/> Gaming Galore	<input type="checkbox"/> Identity	<input type="checkbox"/> Dessert First
July 30	<input type="checkbox"/> World Cup	<input type="checkbox"/> Food Adventure Time	<input type="checkbox"/> Outdoor Expeditions
August 6	<input type="checkbox"/> Music	<input type="checkbox"/> Dessert First	<input type="checkbox"/> Painter's Express
August 13	<input type="checkbox"/> What if...	<input type="checkbox"/> Art in the Park	<input type="checkbox"/> E-I-E-I-O
August 20	<input type="checkbox"/> Mad Science	<input type="checkbox"/> Community ACTION	<input type="checkbox"/> Identity
August 27	<input type="checkbox"/> Make It Fly	<input type="checkbox"/> E-I-E-I-O	<input type="checkbox"/> Community ACTION

FOR OFFICE USE ONLY

- Parent/Guardian Information
 Youth Information
 One-year Authorizations
 Registered in CT
 Follow Up Needed

Family Information (Adult 1)

Parent/Guardian Contact Information

First Name: _____ M.I. _____ Last Name: _____

Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Cell Phone: _____

Best way to contact you (circle one)? Home Phone Cell Email
Social Media: _____

Do you identify as: Male Female LGBTQIA Additional: _____

Demographic Information

a. Hispanic/Latino Ethnicity: Yes No

b. Race

African

African American/Black

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Multiracial

White

Other: _____

Don't know

c. Your Ethnicity (for example: Hmong, Karen, Somali, Eritrean): _____

Your Primary Language: _____

Were you born in the United States? Yes No

If no: Where were you born? _____ How many years have you lived in U.S.? _____

How many people are in your family? _____

Does your family qualify for (check one): Free lunch Reduced lunch

How did you learn about us? (Check the box that applies)

Neighborhood House staff/program. *Please list program or staff* _____

Friend

Participant

Flyer/brochure

Website/Social Media

School

Other

Please list who _____

Do you have health insurance? Yes No Don't know

If yes, please select:

Through parent, or guardian's employer insurance.

Through State of Minnesota coverage (includes Medicare and Medicaid).

Through coverage purchased by myself or family (includes Cobra).

Don't know: _____

Family Information (Adult 2)

Parent/Guardian Contact Information (for spouse or second family adult if necessary)

First Name: _____ M.I. _____ Last Name: _____

Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Cell Phone: _____

Best way to contact you (circle one)? Home Phone Cell Email
Social Media: _____

Do you identify as: Male Female LGBTQIA Additional: _____

Demographic Information

a. Hispanic/Latino Ethnicity: Yes No

b. Race

African

African American/Black

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Multiracial

White

Other: _____

Don't know

c. Your Ethnicity (for example: Hmong, Karen, Somali, Eritrean): _____

Your Primary Language: _____

Were you born in the United States? Yes No

If no: Where were you born? _____ How many years have you lived in U.S.? _____

How many people are in your family? _____

Does your family qualify for (check one): Free lunch Reduced lunch

How did you learn about us? (Check the box that applies)

Neighborhood House staff/program. *Please list program or staff* _____

Friend

Participant

Flyer/brochure

Website/Social Media

School

Other

Please list who _____

Do you have health insurance? Yes No Don't know

If yes, please select:

Through parent, or guardian's employer insurance.

Through State of Minnesota coverage (includes Medicare and Medicaid).

Through coverage purchased by myself or family (includes Cobra).

Don't know: _____

Youth Information

Contact Information

First Name: _____ M.I. _____ Last Name: _____

Birth Date: _____

Primary Address same as: Adult 1 Adult 2

Phone Number: _____ Email: _____

Cell Phone: _____

Best way to contact youth (circle one)? Home Phone Cell Email
Social Media: _____

Do you identify as: Male Female LGBTQIA Additional: _____

Demographic Information

a. Hispanic/Latino Ethnicity: Yes No

b. Race

- African African American/Black American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Multiracial
 White Other: _____ Don't know

c. Your Ethnicity (for example: Hmong, Karen, Somali, Eritrean): _____

Your Primary Language: _____

Were you born in the United States? Yes No

If no: Where were you born? _____ How many years have you lived in U.S.? _____

Helpful information you want staff to be aware of: (optional)

- Substance abuse (Drug/Alcohol): _____
 Developmental disability: _____
 Mental illness: _____
 Physical disability: _____
 Allergies: _____
 Other: _____

What is your primary means of transportation? (Check the box that applies)

- Car Bike Bus/light rail Taxi Walking Other

Are you an ELL student? (Check the box that applies)

- Yes No Being Tested Was, but no longer Unknown

Parent/Guardian Authorizations for One Year

Name of child: _____

Name of parent/guardian: _____

Phone number: _____ Email: _____

1. Photo/media release: Yes No

THIS WILL CONFIRM that I have agreed that my child can be photographed and video-taped by Neighborhood House (hereinafter called PRODUCER) and that PRODUCER will own any and all rights in said photography of me/ my child. This release form is good for one year. This will permit PRODUCER to proceed with the said photography and I now waive, as to PRODUCER and its successors, assigns and licensees, all personal rights and objectives to any use to be made of me/ my child, my/ my child's name of my personality in connection with the use of photography containing my photograph, for any and all motion picture, print, radio and television purposes, and performances thereof, accompanies by a narration and dialogue, and the publicity in connection there with, and/or for any other trade and advertising purposes. I understand that in proceeding with said photography PRODUCER will do so in full reliance on the foregoing permission.

2. Data collection/evaluation release: Yes No

I understand that my child's participation in Neighborhood House programming qualifies me and my family to participate in program level data collection as requested by external funders and internal evaluators. All data collected will be kept confidential and not impact the services you receive from Neighborhood House. All findings from the evaluation will be combined and reported on the group level. No individual will be identified. We do not see any risks to your family associated with participating. The information gathered will be used to improve programs and to generate greater support for Neighborhood House. Participation is voluntary. We encourage all participants to participate so that we can have the most complete information possible about how our program is affecting families.

3. Field Trip release: Yes No

I give my child permission to participate in Neighborhood House on site program and various off site Field Trips. I understand that transportation will be provided by Neighborhood House staff in company vans and occasionally in personal staff vehicle during or after a field trip. I understand that specific communication and details regarding field trips will be communicated directly to my child and although staff may send home passive informational flyers regarding specific field trips, it is my/ child's responsibility to verify details and that some field trips may not fit into typical program hours. Due to hours that may extend passed normal programming, I give permission that staff may also give my child bus tokens to help them get home or to other appointments. By signing this, I give my child permission to fully attend all program-related field trips.

4. Hold Harmless Agreement: Yes No

That the participation will be at the sole risk of the participant and the undersigned without liability to the Neighborhood House program and any of its subordinate units and their members, employees and volunteers and all whom the undersigned hereby agree to release, indemnify and hold harmless from any

claims and expenses resulting from or relating to the participants said participation. I understand these and other physical activities associated with these activities involves certain risks, including but not limited to: broken bones, sprains, strains, cuts, injuries to joints and/or muscles, other serious injuries or even death and property damage. The youth are voluntarily participating in these activities with the knowledge of the dangers involved and I hereby agree to accept any and all inherent risks of personal injury, death and property damage.

I approve my child's participation in Neighborhood House programs, field trips and meetings. In consideration of such participation, I agree to the statements above.

Parent/Guardian Signature: _____ Date: _____

Provide Emergency Contact Information

1. Emergency contact: _____ Phone: _____
Relationship to Youth: _____

2. Emergency contact: _____ Phone: _____
Relationship to Youth: _____

Additional allergies/illness/medical/emergency concerns regarding my child: _____

Preferred doctor/hospital location in case of emergency: _____

Please tell us any other information you think we should know to make your child's experience in Summer Youth Programming successful.

Please return this information **for each child** applying to summer programming to the front desk at the Paul and Shelia Wellstone Center, email the filled in documents to syp@neighb.org, or mail it to:

Summer Youth Programs/Youth Supervisor
Neighborhood House
179 Robie Street East
Saint Paul, MN 55107



Neighborhood House™



Neighborhood House Summer Youth Program
Parent Authorization/ Consent Form

Child's Name: _____ Home Phone Number: _____

Parent's Name: _____ Cell Number: _____

Parent's Name: _____ Cell Number: _____

If not available in an emergency, please notify:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Authorized pick-up people (including parents):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Individuals NOT authorized pick-up people (including parents):

1. _____
2. _____
3. _____

In the event of any emergency and someone not listed above must pick up your child, please call 651-789-2500 and inform the camp staff leader.

Parent/Guardian Signature: _____

Date: _____