



# 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
	<b>No Programming on 4 July</b>	<b>No Programming on 4 July</b>	<b>No Programming on 4 July</b>
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

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> African American/Black                 | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Multiracial                   |
| <input type="checkbox"/> White   | <input type="checkbox"/> Other: _____                           | <input type="checkbox"/> 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)

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Neighborhood House staff/program. <i>Please list program or staff</i> _____ |                                      |   |   |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Participant | <input type="checkbox"/> Flyer/brochure | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> School  | <input type="checkbox"/> Other       | <i>Please list who</i> _____            |   |

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

If yes, please select:

- |  |
|--|
| <input type="checkbox"/> Through parent, or guardian's employer insurance.                     |
| <input type="checkbox"/> Through State of Minnesota coverage (includes Medicare and Medicaid). |
| <input type="checkbox"/> Through coverage purchased by myself or family (includes Cobra).      |
| <input type="checkbox"/> 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.

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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](mailto:syp@neighb.org), or mail it to:

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