

# Teen Life

After School Teen Program

Registration Packet 2023-2024

**Mondays & Thursdays**  
**3pm-5:30pm**  
**Starting October 2, 2023**  
**Located at The Place**

**Julie Dealing (She/Her), Teen Program Coordinator**  
[teenprogram@theplacenorwich.com](mailto:teenprogram@theplacenorwich.com) | ext 109

**Sharon Vesley (She/Her), Executive Director**  
[execdirector@theplacenorwich.com](mailto:execdirector@theplacenorwich.com) | ext 103

**The Place**  
PO Box 509  
22 East Main Street  
Norwich, NY 13815  
(607) 336-9696



Teen Life is an after school program offered by The Place that is FREE for middle and high school students within Chenango County. The program is designed to provide a safe space for social, emotional, and academic growth. Space is limited to 12 students and is on a first come, first serve basis.

The program will provide snacks, activities, special guest presenters, academic assistance, volunteer opportunities, field trips and monthly dinner and movie nights. Through the program, participants will have opportunities to learn more about themselves and their community by exploring and working on their self-awareness, self-management, social awareness, healthy relationships and responsible decision making skills.

Teen Life is a school year commitment and will go throughout the school year starting on October 2, 2023 and end in June 2024. We will meet after school until 5:30pm on Mondays and Thursdays at The Place and we will run full days if school is not in session.

## Required Paperwork Checklist

- Participant's Information Page
- Consent to Medical Treatment of Minors
- Communication Release Form
- Media Release Form
- Off-Site Activities and Transportation
- Permission to Walk Home
- Participant Expectations

Parent/Guardian (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2023-2024 School Year | Participant's Information

Youth's Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Youth's Preferred Name (If Different): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Youth's Email Address: \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Youth's Home Address:

---

---

Youth's Mailing Address (If Different):

---

---

Please list any medical concerns that we should be aware of:

---

---

Please list any allergies that your youth has, include reaction type and if they have an Epi Pen:

---

---

Please list any dietary restrictions that your youth has:

---

---

Please list any medications that your youth takes on a regular basis:

---

---

Please specify if there are any other concerns or things about your youth or family that we should be aware of (this information is so we can best support your youth participant):

---

---

Parent/Guardian (1) Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Address (If Different from Youth):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Home Address (If Different from Youth):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorization for Consent to Medical Treatment of Minors**

New York State daycare regulations require that all providers obtain written permission from each youth's parent/guardian in the event emergency health care for a youth is required and the parent/guardian cannot be reached.

Youth's Primary Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I, \_\_\_\_\_,  
DO hereby give permission for a representative from The Place to act on my behalf to obtain  
medical or surgical treatment for my youth named below if needed.

I understand that my insurance will be billed for any accidents that may occur during care of my  
youth during the program at The Place.

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Insurance: \_\_\_\_\_  
Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Communicate Form

One of the goals of the Teen Life After School Program is to support our participants where they are at. This includes school and any other services that they may be getting within the community. To be successful and best support your youth, we need to have permission to reach out to your youth's support system including their teachers about assignments, grades and academic behavior. We are here not only to provide a safe and fun place for your teen to hang out after school, but to assist them with school assignments, studying, or any other need. Please fill out the information below so that we can make the most out of our time with your teen. Please note that the school information is required in order for your youth to participate.

I, \_\_\_\_\_, hereby give permission to The Place and my youth's school district to share information with each other concerning my youth, \_\_\_\_\_, for the 2023-2024 school year.

Teacher(s)/Subject(s):

\_\_\_\_\_

Classes youth does well in and enjoys:

\_\_\_\_\_

Classes youth needs extra help with:

\_\_\_\_\_

Youth already receives extra help with:

\_\_\_\_\_

Youth has an IEP, 504 or other safety/behavior plan (Please circle): Yes or No

Additional comments that are important to note about your youth's schooling:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Communicate Continued

If you would like the Teen Life After School Program staff to be able to connect with other services that your youth currently is receiving support with, please check the box next to the organization and include the name(s) of the person(s) they are working with.

Please note that this part is **not** a requirement to participate. However, in order for your youth to thrive to their fullest, it is best practice for all people working with your youth to communicate to reinforce any goals that are currently being worked on.

I, \_\_\_\_\_, hereby give permission to The Place and the services marked below, to share information with each other concerning my youth, \_\_\_\_\_, for the 2023-2024 school year.

- ACCESS-VR \_\_\_\_\_
- Behavioral Health Services \_\_\_\_\_
- Catholic Charities \_\_\_\_\_
- CDO Workforce \_\_\_\_\_
- Chenango County Child Advocacy Center \_\_\_\_\_
- Chenango County Family Court \_\_\_\_\_
- Children's Home of Wyoming Conference \_\_\_\_\_
- DSS/PINS \_\_\_\_\_
- Family Planning \_\_\_\_\_
- Family Resource Network \_\_\_\_\_
- Greater Opportunities \_\_\_\_\_
- Liberty Partnership Program \_\_\_\_\_
- Liberty Resources \_\_\_\_\_
- Northern Rivers \_\_\_\_\_
- RSS \_\_\_\_\_
- SPOA (Child & Youth) \_\_\_\_\_
- Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release Form

I, \_\_\_\_\_, DO give The Place permission to take photographs and/or videos of my youth, \_\_\_\_\_. I understand that there is a possibility that media taken during programming may be used for promotional purposes such as on The Place's website and social media accounts and the local newspaper.

I, \_\_\_\_\_, DO NOT give The Place permission to take photographs and/or videos of my youth, \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Off-Site Activities and Transportation

Throughout the school year, the Teen Life After School Program will go off-site throughout the City of Norwich such as to parks, the library, museums, etc. Teen Life will be walking to and from these locations on a regular basis.

I, \_\_\_\_\_, hereby give permission for my youth to participate in off-site activities.

I, \_\_\_\_\_, hereby DO NOT give permission for my youth to participate in off-site activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Field Trip Permission Slips:** Parents will receive a permission slip for field trips outside the City of Norwich. All youth will need to have a permission slip signed by their parent/guardian prior to any trips outside of the city limits to be able to attend. Information regarding transportation for each trip will be included in the permission slip.

I give permission for The Place staff to transport my child in a vehicle for the following initialed purposes:

- Medical Emergency: \_\_\_\_\_



- Weather Conditions: \_\_\_\_\_

\*Any motor vehicle, other than a public form of transportation, used to transport youth in care at The Place must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, DO give permission for my youth to walk home, or drive home if applicable, from programming.

I, \_\_\_\_\_, DO NOT give permission for my youth to walk home, or drive home if applicable, from programming.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Place Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Teen Life Expectations

### The Place's Behavior and Anti-Bullying Policy

It is the belief and desire of The Place's Teen Life program to work with the youth and families to reach reasonable behavior choices. We are here to assist and support the youth and families in our program. Our programming is designed to offer our participants the opportunity to make good choices and decisions about how they interact with their peers, staff, conduct themselves in a group, and how they treat each other when they are not happy with a situation. This includes bullying other peers and staff.

Bullying is defined as intentionally aggressive behavior that can take many forms (verbal, physical, social/relational/emotional, or cyberbullying - or any combination of these). It involves an imbalance of power and is often repeated over a period of time. The bullying can consist of one youth bullying another, a group of youths ganging up against one lone youth, or a group of youth targeting another group. Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing, harassment, intimidation, social isolation or exclusion, and physical assaults.

We believe that no person deserves to be bullied and that every youth regardless of race, color, religion, nationality, size, gender, popularity, athletic, social ability, or disability has the right to feel safe, secure, and respected.

Participants agree to:

- Treat others with kindness and respect.
- Be a good role model for other children and peers.
- Not engage in verbal, interpersonal, physical or cyber-bullying.
- Support youth who have been victimized by bullying behavior.
- Speak out again verbal, interpersonal, physical or cyber bullying.
- Notify staff if/when bullying does occur.
- Abide by The Place's anti-bullying policies.

If behavior choices progress to a negative behavior issue, then the program follows the rules and behavior policies set forth by The Place. NYS School Age Regulations Part 414.9 provided.

**First Offense:** Staff will speak with the youth about their inappropriate behavior and how they can work to make better choices.

**Second Offense:** Staff will speak again with the youth about their inappropriate behavior and will complete an incident/situation report regarding that behavior. Either a phone call to parent/guardian or at pick up, staff will speak with the parent/guardian about the youth's inappropriate behavior and what has happened.

**Third Offense:** Staff will complete all above mentioned documentation and the parent/guardian will be asked to come in for a conference with the Teen Program Coordinator and the Executive Director to discuss the future of the youth's enrollment in the program.

However, if there is a concern for others' safety or a blatant disregard for program rules and policies, then this may result in suspension or termination for the Teen Life After School Program.

My youth has read The Place's Behavior and Anti-Bullying Policy and agrees to this policy.

Initial: \_\_\_\_\_

I have read and agree with The Place's Behavior and Anti-Bullying Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Additional Teen Life After School Program Expectations and Parental Statement of Understanding**

Please initial the following

\_\_\_\_\_ I understand that the Teen Life After School Program runs for the entire school year and by signing my youth up, I am agreeing to my youth attending Mondays and Thursdays after school for the duration of the school year and full days when school is not in session for holidays, snow days, and other scheduled breaks during the school year.

\_\_\_\_\_ I understand that time will be extended on the designated dinner and movie nights and additional information on upcoming dinner and movie nights will be sent to families at least a week prior.

\_\_\_\_\_ The information provided on all enrollment and medical forms is complete and accurate to the best of my ability and I have provided The Place with all necessary information to properly care for my youth's needs.

\_\_\_\_\_ I understand that my youth will not be released by staff to any individual not listed as authorized person to pick up unless your youth has permission to walk or drive home themselves or without having prior written permission.

\_\_\_\_\_ I understand that should a person arrive to pick up my youth who appears to be under the influence of drugs or alcohol, for the youth's safety, staff will have no recourse but to contact the police.

\_\_\_\_\_ I understand that if my youth should arrive to the Teen Life After School Program appearing to be under the influence of drugs or alcohol that this will result in a call to the parent/guardian to immediately come pick them up and they will be suspended from attending until a meeting is had with the Teen Program Coordinator and Executive Director to determine next steps.

\_\_\_\_\_ I understand that no tobacco or nicotine products are allowed on premises. In the event that your youth is found to be using tobacco or nicotine products while at The Place, this will result in a call to the parent/guardian to immediately come and pick them up.

\_\_\_\_\_ I understand that The Place is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

My signature acknowledges my understanding of and agreement to the above information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_