Dear Parents/Guardians,





The Harrisburg Housing Authority and the City of Harrisburg is again gearing up for the award-winning Summer Growth Program. We would like to invite your teenager(s), ages 13 to 16 years of age (age as of July 1st 2025), to participate in this year's annual Summer Growth Program for Youth. This program will provide an experience in which your child/children will get the opportunity to learn and earn while, also, helping improve their community as well as the City of Harrisburg. The Summer Growth program is geared to teach your teenager(s) about subjects that directly affect their lives and the community, such as, the effects of pollution, financial literacy, healthy living, goal setting, education, etc. The program will include fieldwork, such as, city wide clean up, "keep your community bright" marketing, citywide beautification projects, etc. The teenager will receive a $1,500 stipend for his/her completion and successful participation in the program.

The program will begin on **July 7th and run through August 11th.** The selected teens (and parents) will receive a notice that will provide the first meeting location and what items to bring to their first meeting. Parents, as lesson #1, your child's punctuality for all meetings is a program requirement. Additionally parents are required to attend orientation with their teenager(s).

**How do I get my teenager registered?**

* Fill out the registration and consent form. Submit the completed form along with the teen's birth certificate and report card to any Harrisburg Housing Community office, or email the form to the Youth Coordinator, Clarence Watson. **The form is due by Monday, June 23, 2025 at 3:00pm**. Applications without birth certificates and report card will **NOT** be accepted. Kids who reside in the City of Harrisburg will need to attach a proof of residency, a report card, photo id of parent(s) showing current address, etc.
* Space will be limited to 100 teens from the City of Harrisburg and HHA community residents.
* There is no fee for the teen to participate however, daily transportation to and from the program will be the responsibility of the parent.
* Orientation will be held on Monday, July 7th and Tuesday July 8th from 11:30am-1:00pm in the Camp Curtin Academy auditorium. If your teen is selected to participate, you will be notified by Tuesday July 1st of the specific date and time for their orientation.
* Teens will be expected to actively participate in the program every day and do journal entries of learned experiences.

We look forward to seeing your teenager *grow over the summer*. Thank you.

Sincerely,

**Clarence Watson**

ETC Program Director

clarencew@harrisburghousing.org

 **REGISTRATION AND PARENT CONSENT FORM**

**I/WE HEREBY GRANT PERMISSION FOR OUR YOUTH(S) TO ATTEND THE HHA SUMMER GROWTH PROGRAM FOR YOUTH.**

|  |
| --- |
|  Youth Name Age Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **WHY DOES THE YOUTH(S) WANT TO PARTICIPATE IN THE SUMMER GROWTH PROGRAM? (MANDATORY)** |

**PARENTS: Who will attend ORIENTATION?**

**□Father only will attend. □ Mother only will attend.**

**□Father and Mother will attend. □ Guardian will attend.**

**FATHER’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In the event, parents are not available) Guardian’s Relationship to Youth

**GUARDIANS SIGNATURE**

Youth’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact name and phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth allergy information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_