



CLINTON I. YOUNG, JR.
Mayor

CAMILLE BANKS-LEE
Executive Director

DAMIA HARRIS
Deputy Director

YOUTH BUREAU CITY OF MOUNT VERNON
CITY HALL
ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
(914) 665-2344 - (914) 665- 2346
FAX: (914) 665-1373

October 1, 2008

Dear Parents and Guardians:

The Youth Bureau would like to welcome the children and parents to the Safe Haven After-School Program. The Safe Haven After-School Program is **free** for Mount Vernon youth ages 7-12. Attached, please find a complete registration package which must be completed prior to enrollment in this program.

You must provide the following documents along with your application:

1. Proof of residence (i.e. utility bill/driver's license, etc.)
2. Your child's birth certificate
3. The attached medical form which must be completed by your physician
4. Proof of child's inoculations (which must be completed within the academic year- September 2008 - June 2009 or a recent camp medical)

The program will be located at the Trinity Place Community Center, 335 South 4th Street. The program will begin on Monday, October 20, 2008 and will conclude on December 19, 2008. The program will operate Monday through Friday from 3:30 p.m. – 6:30 p.m. Please do not drop-off your child prior to 3:30 p.m. as the Youth Bureau or Trinity Church will not be responsible for your child before that time. We do not provide transportation to and from the program site. Therefore; your child must be picked-up by 6:30 p.m.

Please note that if space in this program is limited. Therefore, if your child is not picked up on time on two or more occasions, we will terminate your child from the program and give the next child on the list an opportunity to attend. If your child presents a behavior problem, they will be discharged from the program immediately.

The Mount Vernon Youth Bureau prides itself on the safety of all participants and we respectfully request the full cooperation of the parents. If you have any questions regarding our program, please contact Debbie Burrell at the Youth Bureau at (914) 665-2344.

Thank you for your cooperation.

Sincerely,

DaMia Harris, Deputy Director

cc: Hon. Clinton I. Young, Jr., Mayor
Debbie Burrell, Assistant Youth Service Coordinator

PROGRAM REGISTRATION & RELEASE FORM

“City Of Pride And Greatness”



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FACILITY NAME: TRINITY PLACE COMMUNITY CENTER

PROGRAM TITLE: SAFE HAVEN AFTER-SCHOOL PROGRAM

Participant Name: _____

Parent Name: _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055_____

Age: _____ Sex: Male _____ Female _____ Date of Birth: _____

Home Phone # () _____ Work Phone # () _____

Email Address _____

Emergency Contact Person/ Phone # _____

Doctor to be called in Emergency: _____

NAME

PHONE #

Ethnicity: White: _____ Black: _____ Hispanic: _____ Am. Ind.: _____ Asian: _____ Other: _____

****ARE YOU RECEIVING PUBLIC ASSI STANCE?** _____
Yes No

****YOU MUST ANSWER THIS QUESTION IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS PROGRAM.**

I do hereby grant my child permission to participate in all activities and agree not to hold the City of Mount Vernon, its program site, officers, employees and agents from any and all loss and liability for injury or results of any injury received by my child during regular program participation. I further agree that my child was examined by a qualified physician and found to be in good health and able to participate in all program activities.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____



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**SAFE HAVEN AFTER SCHOOL PROGRAM
RELEASE & EMERGENCY MEDICAL INFORMATION FOR FIELD TRIP**

DATE: _____ DESTINATION: _____

CHILD'S NAME: _____ AGE: _____
Minor

MEDICAL:

1. Does your child take daily medication? _____ No _____ Yes or any, as needed,
medication for a medical problem? Please explain: _____
2. Drug, food or insect allergies: _____
Please explain: _____
3. Will your child be bringing any medication? _____
Name of medication: _____ Purpose _____
4. Has your child had a tetanus shot? ___ No _____ Yes Date _____

In case of injury, I hereby authorize chaperones, in their discretion, to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary.

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and Trinity Place Community Center ,officers, agents and employees from any loss or expense arising out of the negligence of the minor.

Dated: _____

Parent or Legal Guardian

Minor (Name)



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**SAFE HAVEN AFTER SCHOOL PROGRAM
PHYSICIAN'S HEALTH CERTIFICATE**

NAME _____

ADDRESS _____

AGE _____ DOB _____ WEIGHT _____ HEIGHT _____

Physical Examination reveals the following defects (leave blank if normal):

EYES _____ HERNIA _____ EARS _____

GENITO URINARY _____ LYMPH NODES _____ ORTHOPEDIC _____

THYROID _____ SKIN _____ NOSE _____

EPILEPSY _____ TONSILS _____ TEETH _____

NERVOUS SYSTEM _____ SPEECH _____ HEART _____

NUTRITION _____ LUNGS _____ OTHER _____

Diabetes _____ Epilepsy _____ ADD/ADHD _____ Handicap _____ Operations _____ Injury _____ Other _____

Explain _____

Is your child currently taking medication for this condition (i.e. ventolin, abuterol, Ritalin, etc.)? If yes please list medication(s) your child is currently taking _____

Does your child take this medication in the _____ a.m. _____ afternoon _____ p.m.

General Physical and Emotional Status _____

Scoliosis Screening Negative _____ Positive _____ follow-up _____

Dates of immunizations (Physician, please fill out completely)

Chickenpox _____ Diphtheria _____ Smallpox _____

Oral Polio _____ Pertussis _____ Measles _____

Tetanus Toxioid _____ Rubella _____ Mumps _____

Tuberculin: Reaction & Date _____

I hereby certify that I have examined the above named child and find that he/she is _____ or is not _____, physically qualified to attend the Mount Vernon Youth Bureau's AFTER-SCHOOL Camp and Study Center.

Signed: _____ M.D. Date _____

Address _____ Phone _____



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FIELD TRIP PERMISSION SLIP

CHILD'S NAME _____

ADDRESS _____

HOME PHONE # _____

EMERGENCY CONTACT PERSON _____

EMERGENCY PHONE NO. _____

NAME OF PROGRAM CHILD ATTENDS: _____

DESTINATION: _____

TIME OF DEPARTURE:

ANTICIPATED RETURN TIME:

NAME OF CHAPERONE (S)

I, _____, hereby give consent for my son/daughter _____ to attend this field trip sponsored by the Mount Vernon Youth Bureau. I further understand and agree that I am aware that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any injuries or accidents, which may occur due to my child's negligence. I further understand and agree that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any physical or emotional disorder, which I failed to mention. I understand that there **will not** be any administering of medication given to my child for any ailment that he/she might have.

CHECK THE FOLLOWING

DAILY MEDICATION NEEDED? YES _____ NO _____

ANY ALLERGIES? YES _____ NO _____

GLASSES/HEARING DEVICE? YES _____ NO _____

If the answer is yes, please state special needs _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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PERMISSION TO SIGN-OUT CHILD

I, _____, HEREBY GIVE PERMISSION FOR MY
CHILD, _____, TO BE PICKED UP BY _____
_____ FROM THE MOUNT VERNON YOUTH BUREAU'S SAFE HAVEN PROGRAM.

I UNDERSTAND MY CHILD MUST BE PICKED-UP AT 3:30 P.M. SHARP. I ALSO
UNDERSTAND THAT IF MY CHILD IS NOT PICKED UP ON TIME FOR TWO OR MORE
DAYS, HE/SHE WILL BE DROPPED FROM THE ROSTER AND WILL BE REPLACED WITH
A CHILD ON THE WAITING LIST.

PARENT OR GURADIAN

DATE

Additional pick up names: _____



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PHOTO/VIDEO RELEASE FORM

I, _____ HEREBY GIVE
(PARENT/GUARDIAN'S NAME)

PERMISSION FOR MY CHILD _____, TO BE
(NAME)

PHOTOGRAPHED/ VIDEOED. HIS/HER PHOTOGRAPH OR VIDEO MAY BE

USED FOR PUBLICITY PURPOSES BY THE MOUNT VERNON YOUTH BUREAU.

PARENT/ GUARDIAN'S SIGNATURE

DATE



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MOUNT VERNON YOUTH BUREAU'S SAFE HAVEN SUMMER PROGRAM RULES AND REGULATIONS

**PARENTS/ GUARDIANS PLEASE READ THESE RULES AND EXPLAIN THEM TO YOUR
CHILD**

1. Lateness will not be tolerated- participants must be at site by 9:00 a.m. and picked up at 3:00 p.m. **SHARP – no exception!**
2. More than **two lateness** will constitute **immediate dismissal**.
3. Respect your fellow participants and their property.
4. While on trips, do not destroy the property.
5. There will be no usage of bad language at any time.
6. There will be no hitting, fighting, or name calling at anytime.
7. When assigned a buddy, you must stay together while on trips.
8. All participants must stay with their groups and not wander off.
9. All participants must always go to the bathroom with a camp counselor.
10. When a whistle is blown, or a hand signal is used all participants will listen to directions.
11. We will not be responsible for lost or stolen property.
12. Report all incidents to your counselors or directors (the chain of command will be used).

ALL PARTICIPANTS MUST FOLLOW THE ABOVE RULES AND REGULATIONS. THE DIRECTOR OF THE PROGRAM RESERVES THE RIGHT TO SUSPEND OR EXPEL ANYONE WHO CONTINUALLY VIOLATES THESE RULES. PARENTS WILL BE NOTIFIED IN THE EVENT THAT THEIR CHILD IS HAVING PROBLEMS ABIDING BY THE PROGRAM'S RULES AND REGULATIONS. OUR INTENTIONS IS FOR YOUR CHILD TO HAVE A GREAT AND SAFE AFTER SCHOOL PROGRAM. YOUR COOPERATION WILL BE GREATLY APPRECIATED.

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