

MANCHESTER YOUTH DEVELOPMENT CENTER SUMMER PROGRAM CONTRACT

PROGRAM FEES for a 6-WEEK SESSION... (June 22- July 31, 2009.)

Program is open for students entering First through Twelve Grades on a first come, first serve basis.

One child cost \$185 for six weeks

Add \$35 for each additional child

Children in 6th -12th grade must pay a \$10 fee to t-shirts and field trips.

PROGRAM FEES for a 3-WEEK SESSION...(June 22 - July 10, 2009 OR July 13 - July 31, 2009.)

Please circle which session you wish to enroll your child

One child cost \$105 for three weeks

Add \$35 for each additional child

EXTENDED CARE is available from **8am to 6pm**. The cost is \$5 per day/per child. Payment must be received in advance.

There is a \$3.00 late arrival fee per child for every five minutes after 3:05 pm for which care is provided. The program runs Monday through Friday from 9am – 3pm. **SUMMER PROGRAM WILL BE CLOSED ON FRIDAY, JULY 3, 2009.**

TO REGISTER, JUST...

- ✓ Sign and date this contract
- ✓ Complete an Emergency Contact Form for each child that you're registering.
- ✓ Make a payment of at least 50% of the total fee to guarantee a slot.
- ✓ Remember that the entire fee is due before the child/children begin the program.

I wish to receive summer program care for the child(ren) listed below:

Name	Grade (entering Fall 2009)	Shirt Size (adults sizes)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize Manchester Youth Development Center to provide my child/children with Summer Program Care. Based on the number of children for which I wish to have care provided and the length of the session (3-week or 6-week), I agree to compensate Manchester Youth Development Center for this service at the following rate: _____

Parent/Caregiver's Signature _____

Date: _____

Please make check or money order payable to MYDC and forward payments to:

MYDC Summer Program
c/o Miss Melissa Strader
1214 Liverpool Street
Pittsburgh, PA 15233

MYDC

Parental Consent/Waiver

The undersigned legal guardian of the student participant agrees to this permission - waiver as follows:

1. I give permission for my son/ daughter to attend the Manchester Youth Development Center's Summer Program.
2. I understand that my son/ daughter will be tested in Math & Reading to determine the appropriate grade level at which to teach/tutor him/her.
3. I understand that as part of the program activities, students may travel on field trips, which may include overnight stays outside the MYDC facility. MYDC staff will supervise all trips.
4. I authorize MYDC, its licensees and assigns to record my name, likeness, image, voice and or performance. MYDC, its successors, assigns and licensees shall own all rights, title and interest, in and to the recorded material and the copyright thereto and may use and authorize others to use the material and any parts thereof in any and all media word-wide in perpetuity, including but not limited to television, cable, radio, publishing, merchandising, and on-line interactive uses. MYDC is also authorized to use the recorded materials and *my son/ daughter's* name, likeness, image, voice, and performance for trade *or* advertising purposes in connection with its mission. I also release the program from any monetary compensation or from any and all claims resulting from such use.
5. I understand that in order to learn how well this program is working and to make improvements, professional evaluators may conduct interviews, lead focus groups, and administer questionnaires in which " your son/ daughter is asked about the program. In addition, professional evaluators may need access to your son/ daughter's attendance data, grades, test scores, and demographic information. All information on your son/ daughter will be treated confidentially, that is, his/her name will not be revealed in reporting results. I understand that my child's participation in any interview is voluntary, and that he/she is free to withdraw from any interview without it having any effect on his/her ability to participate in programs at MYDC.
6. I understand that this signed form is a general permission slip, which extends to all MYDC related student activities, unless otherwise noted below by me.

Parent/Guardian Signature

Date

Child/Children's Printed Name

Home Phone

Home Address: _____



April 1, 2009

Dear Parents & Caregivers:

This letter is to notify you that a requirement of the MYDC Summer Program is the *Life-Skills Program*. The program will teach the students about a variety of mental health related topics such as self-esteem, social skills, anger management, depression, bullying, etc. It will be in addition to the services that MYDC has provided in the past years (academic, enrichment activities, meals, etc.)

Please review and complete the bottom portion of this page. It can be returned to Miss Strader with your enrollment packet. Feel free to contact Miss Strader for questions at 412-322-0585. The staff at MYDC would like to thank you in advanced for your continued support!

Sincerely

Melissa Strader
Program Director



Student's Name: _____

Grade Entering in the Fall: _____

My signature indicates that MYDC has notified me that the above named child will be participating in the mental health prevention program, which will take place during the MYDC 2009 Summer Program.

I understand that my child(ren) may be asked to complete self- inventories and participate in educational sessions on a variety of social skills with MYDC prevention program staff

Parent/Guardian's Name: _____

Date: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE