



# Afterschool – 17-18

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Parent Name \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Best# \_\_\_\_\_ Text# \_\_\_\_\_

Primary Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Student ID # (Lunch Number) \_\_\_\_\_

- Race
- Asian/Pacific Islander
  - Black/African American
  - Caucasian/White
  - Hispanic
  - Native American
  - Other

**Parent or Legal Guardian must read and sign below for child to participate in YouthCity**

**Release & Indemnification:** I hereby recognize and acknowledge that my child’s participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child’s participation.

**Refunds:** YouthCity may withhold 25% of the refund (program registration fee) for administrative costs. All refunds may be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

**Collections:** I agree to pay Salt Lake City Attorney’s Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney’s Office for collection.

**Emergency Treatment:** I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

**Transportation Permission:** I hereby give my permission for YouthCity personnel to transport my child or ward for field trips. I hereby agree and voluntarily assume all risk, which may be associated with or result from my child’s or ward’s transportation to the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees’ agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents’ affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney’s fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities. I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

**Photo Permission:** I give permission for photographs and videotape recordings of my son/daughter’s participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

**Equal Opportunity:** Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.**

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_  
MM/DD/YYYY

**LOCATION:** (Check one)

Central City   
  Fairmont Park   
  Liberty Park   
  Ottinger Hall   
  Sorenson Unity Center

**COST:** Fees range from \$11 to \$228 per student, per month for Salt Lake City residents, based on family size and income. Fees can be paid online with a credit or debit card or in person with a check or money order. Please complete the form below to determine your fee.

Family Size  Family Total Gross (before deductions) Annual Income: \$

A - Our family's total annual income is **more** than what is listed below.  
We qualify for a fee of: **\$228**

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

B - Our family's total annual income is **less** than what is listed below.  
We qualify for a fee of: **\$171**

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

C - Our family's total annual income is **less** than what is listed below.  
We qualify for a fee of: **\$143**

Family Size	2	3	4	5	6	7	8
Income	\$43,976	\$49,498	\$54,970	\$59,378	\$63,143	\$68,143	\$72,550

D - Our family's total annual income is **less** than what is listed below.  
We qualify for a fee of: **\$86**

Family Size	2	3	4	5	6	7	8
Income	\$27,313	\$34,324	\$41,334	\$48,354	\$55,356	\$65,407	\$69,378

E - Our family's total annual income is **less** than what is listed below.  
We qualify for a fee of: **\$40**

Family Size	2	3	4	5	6	7	8
Income	\$19,192	\$24,119	\$29,046	\$33,972	\$38,899	\$43,825	\$48,752

F - Our family's total annual income is **less** than \$10,000 (any family size), we qualify for a fee of **\$11** per month.

G - My child came to the United States as a refugee. I am requesting a full scholarship.

I will make future payments online   
  I will make payments by check or money order

I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Child Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

For Office Use Only: Verified _____
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## YouthCity Program Rules & Behavior Management Plan

We believe participants have the most fun when they respect themselves, respect others and respect the YouthCity spaces. In order to facilitate a safe and enriching learning environment we have three simple rules:

### 1. Respect Yourself

- Participate in YouthCity classes and programs
- Use good manners and be polite
- Speak and act appropriate at all times – this means no profanity (cursing) written or spoken
- Come prepared for activities and classes so you can fully participate
- Talk to an adult immediately if you feel bullied

### 2. Respect Others

- Follow directions the FIRST time they are given – the staff are there to help you be safe and have fun
- Keep your hands, feet, and all objects to yourself. YouthCity has **ZERO** tolerance for violence.
- Stay in the YouthCity section of the building at all times
- Stick together – remain within the sight of a YouthCity staff member at all times
- Follow the golden rule – Treat others how you want to be treated
- Say I'm sorry when needed
- Offer to help others
- Refrain from bringing money and purchasing items from food vendors and vending machines
- Talk to an adult immediately if you see bullying

### 3. Respect the Space

- Take care of all YouthCity property, supplies, and computers
- Put things away as you go – make sure each space is cleaner than you found it
- Walk quietly when inside buildings
- Be respectful when riding in a YouthCity van or bus
  - Seat belts must be worn at all times
  - Keep your hands to yourself
  - Keep your voice down
  - Remain in your seat
  - Only enjoy food or drink when given permission by YouthCity staff
- Leave toys/games/electronics at home as they can distract from our programs and classes

### Three Strikes

- 1st Time participant breaks a rule: A warning is issued and participant is encouraged to review the choices they have made and consider the YouthCity rules.
- 2nd Time participant breaks a rule: Participant is invited to sit out for some time and cool off. Length of cool down is negotiated by both participant and staff member.
- 3rd Time participant breaks a rule: Excused from activity and sent to the Community Program Manager's office where parents could be notified and participant will complete a behavior journal.

### Physical Violence - ZERO TOLERANCE

It is our responsibility to keep all children and staff safe. To help ensure safety, any child engaging in an aggressive physical altercation will be suspended.

### Suspension

If negative behavior persists, the participant could be suspended and/or dropped from the program. Before a suspended child is eligible to return to YouthCity, the program participant, parent/guardian and Community Program Manager must attend a meeting to discuss future behavior expectations and the possible return to full participation in YouthCity Programs.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_  
MM/DD/YYYY

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
MM/DD/YYYY

**Departure and Emergency Contact Information – Afterschool 2017-2018**

**Participant** \_\_\_\_\_

**#1 - Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Email- \_\_\_\_\_ Please send program updates:  Yes  No Via:  E-Mail  Text

**#2 - Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Email- \_\_\_\_\_ Please send program updates:  Yes  No Via:  E-Mail  Text

**ALT Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Email- \_\_\_\_\_ Please send program updates:  Yes  No Via:  E-Mail  Text

**Departure Options: Please check all that apply**

Parent/Guardian will pick up child (by 6:00pm).  Child can sign themselves out and walk home alone.

Child can sign themselves out walk home with an older brother or sister.

Sibling Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other adult(s) can pick up child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

**My child has allergies:**

Yes  No Please list: \_\_\_\_\_

**My child has special needs:**

Yes  No Please list: \_\_\_\_\_

**Swimming:**

My child can swim  My child doesn't know how to swim

**IN CASE OF EMERGENCY: (Please list at least two people to contact)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best# \_\_\_\_\_

In case of injury sustained to my child, I give permission to have my child treated at any legitimate medical facility by qualified medical personnel.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

MM/DD/YYYY