

**8 Banta Street, Suite 100
Phelps, New York 14532
315-548-8484 PCC Office**

Teen Program

Registration Packet

2016-2017

Bill Krise: Director of Recreation and Fitness

Email: Bill@phelpsc.org

Phone: 315-548-8484

Program Funding By:



Mission and Values of the Phelps Community Center Teen Program

Mission:

The purpose of the Phelps Community Center Teen Program is to provide quality after school programming in a safe and nurturing environment that promotes the intellectual, emotional, social, and physical development of youth.

Philosophy:

The Phelps Community Center philosophy is to provide programs in an affirmative environment that values safety, support, and care while allowing youth the opportunity to grow independently while participating in a variety of developmentally appropriate activities.

Staff Values:

We believe the success of our programs, as determined by your youth positive experience, is based in the quality of our staff. Our staff members are selected based on their experience, education, character, talents, and interpersonal skills. Our staff plans, with the oversight of our Director, Center procedures and curriculum development for the children. Training includes, but is not limited to, CPR, First Aid (RTE), and child abuse detection are mandated for all staff to complete successfully. Most importantly, our staff has one main value – commitment to the youths and families we serve.

Goals and Objectives:

The PCC Teen Program promotes the values of caring, honesty, respect, responsibility, and healthy lifestyles. The program will meet the needs of youth at the different stages of development by creating an environment that is homelike and promotes individuality as well as cooperation among the youths who participate. Our daily schedule is structured so that it allows for a choice of a wide-range of developmentally appropriate activities with a balance of active and quiet times while providing opportunities for children to pursue particular interests and develop individual abilities. Youths are encouraged to participate in the daily functioning of the programs, especially on the formulation of behavioral expectations and choosing some of the programs themes and activities.

Enrollment and Registration Policies

Enrollment Criteria:

The PCC Teen Program is a non-discriminatory program and is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status, or sexual orientation. Registration is open to all individuals who would like to participate in our program. All registration forms must be handed in before your child can attend our program. All children who attend must attend designated class no exceptions.

Registration Changes:

Any change in registration information concerning you or your youth must be made immediately through the PCC office (i.e. changes in pickup authorization, address, work or home phone numbers, emergency contacts, etc.).



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**Phelps Community Center Teen Program
INFORMATION SHEET**

Youth #1 Full Name: _____ **DOB:** ___/___/___ **Gender:** _____
Youth #2 Full Name: _____ **DOB:** ___/___/___ **Gender:** _____
Youth #3 Full Name: _____ **DOB:** ___/___/___ **Gender:** _____

MOTHER'S NAME _____ EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS (IN CASE OF EMERGENCY) _____

_____ WORK PHONE _____

FATHER'S NAME _____ EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS (IN CASE OF EMERGENCY) _____

_____ WORK PHONE _____

GUARDIAN /RELATIVE/ OTHER NAME _____ EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS (IN CASE OF EMERGENCY) _____

_____ WORK PHONE _____

ADDITIONAL INFORMATION: _____



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Phelps Community Center Teen Program INFORMATION SHEET

In order to best fill your youth needs we would like for you to fill out the following form to help us get to know your child a little better. Please feel free to involve your child in filling out the form. We appreciate your time. Thank You!!

Youth Name: _____ **Grade** (*Fall 2016*): _____ **Age** *as of 9/04/16* : _____

Homeroom Teacher: _____

Class Schedule/Teacher:

Period 1 _____ **Period 2** _____

Period 3 _____ **Period 4** _____

Period 5 _____ **Period 6** _____

Period 7 _____ **Period 8** _____

Period 9 _____ **Period 10** _____

Period 11 _____

Favorite Subjects: _____

Does your Youth's have a nickname they prefer? _____

Food/Medicinal Allergies: _____

What are your child favorite hobbies, sports, and/or activities? _____

What does your child not enjoy doing or has difficulty learning? _____

How would you describe your child's social interactions and ability to develop friendships? _____

What kinds of thing does your child enjoy talking about? _____

If your child gets upset, how is the best way to handle his/her frustrations? _____

What are your expectations of the Phelps Community Center Teen Program? _____

Any other comments that may be important for you or your child: _____



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**Authorization for
 Medical Treatment of Minors**

This is a LEGAL DOCUMENT

Name of Minors	Birthdates	Indicate allergies, special conditions and medications

I/We the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:

Names	Address	Phone
Phelps Community Center	8 Banta Street Phelps, NY 14532	315-548-8484

To act on my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence:

From 09/05/2016 through 06/20/2017

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time that unexpected medical, dental, surgical care or hospitalization may be required.

Parent/Guardian Signature Date Address

Witness Signature Date Address

Family Physician Name Phone Number Address

Insurance Company or Government Program ID or Contact Number



LOCAL FIELD

The Phelps Community Cen-
youth on walking, biking, and bussed
and the Finger Lakes area at the staff's discretion.

TRIPS:

Consent Form

ter Teen Program has my permission to take my
field trips around the local Phelps Community

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY:

I give my permission to have my Youth/Youth's photographed at the Phelps Community Center
Teen Program or on a field trip as deemed advisable by staff.

Parent/Guardian Signature: _____ Date: _____

POLICIES:

I consent to the enrollment of the Youth's listed on the registration form in the Phelps Community
Center Teen Program located at the Phelps Community Center and have been advised of the
policies regarding transportation and the services provided by the facility regulations under which it
operates.

Parent/Guardian Signature: _____ Date: _____

TEEN PROGRAM SCHEDULE

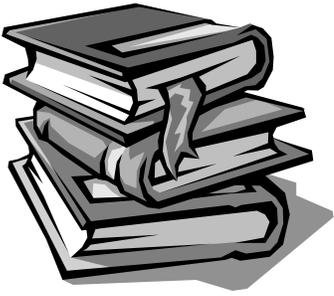
Schedule is based on starting the week of September 4, 2016

WEEKLY SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
2:30-4:00 Snack and SPORT, Physical activity/game	2:30-3:30 Snack and Physical activity/game	2:30-4:00 Snack and Physical activity/game	2:30-3:45 Snack and Physical activity/game	2:30-4:00 Snack and SPORT, Physical activity/game
4:00-4:30 Homework Help	3:30-4:30 Homework Help	4:00-5:00 Homework Help	3:45-5:00 Homework Help	4:00-5:00 Homework Help
4:00-5:30 Fitness center	4:30-5:30 Cooking class	*4:00-5:00 Art Class *4:30-5:30 Archery Class	4:30-5:30 Taekwondo	5:00-5:30 Fitness Center
		5:00-5:30 Library use		

★ **We will also Be offering a Tutor who comes to the program every Tuesday starting in October.**

★ *** These Classes will alternate each week.**



The Phelps Community Center Teen Program visits the library.

If you would like your youth to be able to take out library materials to bring home, please provide us with a copy of the youth's library card.

If your youth does not have a library card in their name, please take the form on the next page to the library to obtain one.



REV 05/2010

LIBRARY CARD REGISTRATION

TO BE FILLED OUT AND SIGNED IN THE LIBRARY

Today's Date:	<input type="radio"/> Adult <input type="radio"/> Child	Internet Access Permission: <input type="radio"/> Yes <input type="radio"/> No
Name (Last, First, M.I.):		
Birth Date (MM/DD/YYYY): _____	<input type="radio"/> Male <input type="radio"/> Female	Driver's License or Other Photo ID # :
Primary Address:		
City:	State:	ZIP Code:
Secondary Address:		
City:	State:	ZIP Code:
Day Phone:	Evening Phone:	Other Phone:
E-mail:		
<i>I accept full responsibility for all use of this library card and for all charges associated with its use, including all court costs and attorney fees. I agree to abide by the library's rules and regulations. If Internet access permission is requested, by signing, I accept the library's Internet Acceptable Use policy available on request in the library or on the Phelps Community Memorial Library website.</i>		
Signature:		
Signature of Guardian (if applicable):		
Printed Name of Guardian:		
<i>For staff use only</i>		
Staff Initials:	Library Card Number:	
Residency:	School District:	