

READY FOR RESILIENCY

PURPOSE

Toolbox for success for a transition into middle school

- *Decrease anxiety for boys and girls entering middle school*
- *Self-esteem and self-image,*
- *Support growth for healthy life choices*
- *Build a foundation of confidence for problem solving and decision-making.*
- *Social and emotional focused*

HOW DOES IT WORK?

Ready for Resiliency is program that runs groups for boys and girls, there are two sessions for each group. They will Run at the Neighborhood Learning Center (NLC) from 10-12 all month of July. There will 10-12 youth, with 2-3 facilitators

WHAT IS THE PARENTS ROLE?

Parents who allow their child to join this program should show their support of the child's involvement in the program and ensure consistent attendance. Parents will be required to ensure a safe return home of their child after each weekly session. The parent will need to sign an **Informed Consent & Application** before the program begins as well as give information about the child's interests and need's. It is important for a parent to notice how the child reacts to each session and report any concerns to the facilitators immediately. To ensure a positive experience for your child the parent must be open to provide feedback about the child's involvement.

Ready for Resiliency

(Please Print)

Child's Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ Postal Code: _____

School & Grade: _____ Teacher: _____

Parent/Guardian Name: _____

Relationship to child: _____

Parent E-mail address: _____

Parent/Guardian place of work: _____

Work Phone: _____ Cell Phone: _____

Present marital status of parent/guardian: _____

People living in the home: _____

How will your child be getting home after the program? *(please indicate who will be picking them up or if they are allowed to walk home. Please pick up your child promptly at 12:00 pm)*

**** Please Note:** You will be required to sign you're your child in and out of every session.

Please send a note with your child, if you are giving them permission to walk home.

Child's interests and activities (i.e. hobbies, sports, clubs): _____

Does your child have any particular challenges or issues they are dealing with at this time?

Please describe your child: (i.e. personality traits, areas of strengths and weaknesses in their character or behavior, how they respond to adults or any further information that may be necessary.)

Do you have any questions or concerns about this program? _____

I, _____ give permission for _____ to partake in the upcoming program Ready For Resiliency

Signature of Parent/Guardian

Date

Child Information – In Case of Emergency

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____ Home No.: _____

Cell No. _____ Work No.: _____

Emergency Contact (If parent/guardian can't be reached this person is granted permission to pick up child and/or authorize emergency treatment)

Name: _____

Address: _____

City: _____ Postal Code: _____ Home No.: _____

Cell No. _____ Work No.: _____

Medical Record

Physician's Name: _____ Phone No.: _____

Health Card No: _____

Please note any medications/allergies/food restrictions to be aware of:

Emergency Release

In case of accident, illness or surgical emergency to my child _____, and if I am not immediately available for consultation and consent, I HEREBY AUTHORIZE AND DIRECT the facilitators to secure proper medical or other related treatment for my child. Facilitators will not be responsible for transportation of my child to hospital. If I am not available to transport my child the facilitators have permission to call for an ambulance.

All costs incurred are the responsibility of the parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Witness Name: _____

Witness Signature: _____

Informed Consent – Ready for Resiliency

I hereby make a formal application to Ready for Resiliency available their service to my child.

In consideration for this service and other valuable consideration provided to my child by Ready for Resiliency, I release the organization of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I acknowledge there are risks associated with any youth program, and I hereby agree to release the facilitators, organization, and facility from all liability arising from any harm or injury incurred by the participation of my child in the program.

I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request the service of Ready for Resiliency for my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20__.

Signature of Parent/Guardian

Signature of Witness

Full Name of Witness (Please Print)

