



Hello Parents and Guardians!

Teen REACH is offering programming at Grigsby Intermediate School. Teen REACH is an after-school program that works with youth to increase academic achievement and develop life skills for future success. In order for your child to learn and develop the skills offered by Teen REACH it is imperative that your child consistently attend. Students must actively participate in all activities and follow the rules of the program.

Teen REACH will be available until **6:30 pm** on days that school is in session. There will also be field trips planned throughout the year on some of the days that school is not in session.

Teen REACH will begin on **Thursday, August 17th**. A completed 2023-2024 enrollment packet **must be on file** and the TR Coordinator must speak with a parent before the student is able to start attending.

Parents will be responsible for picking up their child at Grigsby by **6:30 pm**.

If you are interested in having your child join this program, please contact the Teen REACH Coordinator at (618) 610-6508 or at TeenReach@cyhs.com.

The Teen REACH staff looks forward to working with your child during their time at Teen REACH and to working with you toward helping them become the best version of themselves possible!

Complete all pages of the Enrollment Packet.



2023-2024 Participant Enrollment Form

STUDENT INFORMATION			
Student Legal Name (<i>First and Last</i>):			
Address:			
City and State:		Zip Code:	
Home Phone:		Cell Phone:	
Date of Birth:	Age:	Grade:	School:
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary	
Medical Conditions and/or Allergies: ()No ()Yes If yes, please list and explain.			
Behavioral and/or Learning Concerns ()No ()Yes If yes, please list and explain.			

PARENT/GUARDIAN INFORMATION	
Parent(s)/Guardian Name (<i>First and Last</i>):	
Work Phone:	Home Phone:
Email Address:	Cell Phone:

EMERGENCY CONTACT – Must List Two Additional Contacts		
Name	Relationship	Phone Number

CHILD PICK-UP INFORMATION		
Please list the individuals, including yourself, who have your permission to pick up your child from Teen REACH. Your child will be released only to those individuals listed below.		
Name	Relationship	Number

Please Notify Teen REACH staff if your phone number or emergency contact information changes.





This form is only used to track your child's progress as well as learn what we as youth development professionals can do to better serve your child's specific needs.

Referral Source (check all that apply)

- Parent / Relative / Friend / Self
- Teacher / Academic Advisor / School
- Probation / Law enforcement
- Social services agency / Religious organization

Individual/Family Factors

- Youth living in a single-parent household
- Youth residing in a household receiving TANF funds
- Youth experiencing academic difficulties
- Youth is in danger of or has been previously held back to repeat one or more academic years
- Youth experiencing truancy concerns
- Youth is reported to have behavior issues
- Youth is reported to be a victim of bullying
- Youth is reported to be a perpetrator of bullying
- Youth is unsupervised after school
- Youth has witnessed or been a victim of family violence
- Youth identifies as LGBTQ
- Youth with siblings who dropped out of school
- Youth with siblings who are teen parents
- Youth with siblings who are involved in the juvenile justice system
- Youth with one or both parents who are incarcerated
- Youth with siblings who are gang involved
- Youth is reported to be gang – involved
- Youth in the DCFS system
- Youth is homeless
- Youth is pregnant
- Youth is parenting
- None of the above

Living Arrangement at Enrollment (check one)

- Home
- Relative
- Independent (house/apartment, etc.)
- DCFS placement or Foster Home
- Homeless (no permanent residence)

Future Aspirations - Student (check one)

- College / University
- Technical School
- Employment – no further education

Employment Status - Student (check one)

- Employed full-time
- Employed part-time
- Not employed





Program Participation

I understand that this program focuses on academic tutoring and enrichment, STEM activities, sports and recreation, service-learning activities, life skills education, as well as substance abuse prevention, and I give permission for my child to participate in the programs and activities provided by Teen REACH, unless otherwise specified. Teen REACH includes physical sports and recreational activities. My child has the following restrictions on his/her physical activity _____.

Photography Release

I give Teen REACH and the Illinois Department of Human Services permission to use photos of my child for purposes as deemed appropriate by Project Success Staff.

Field Trips

I understand that the Teen REACH program will be planning some field trips throughout the course of my child's participation. I will allow my child to go on field trips with the Teen REACH program and its staff. My child and I fully understand that all Teen REACH rules apply, even on trips. I also understand that all field trips will also have another, more detailed, permission slip, providing information concerning the exact logistics of each trip.

Outcome Measurement Consent

I give my permission to the Illinois Department of Human Services and its designees to collect and record data on my child. This gathering may include but is not restricted to the following:

- Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regard to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, and overall satisfaction with the Teen REACH program.
- Academic and school behavior data from report cards and other school reports. These will be collected twice per school year.

I understand that the purpose of these surveys and interviews is to document the impact of the Teen REACH sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the Teen REACH program.

Release of Information

As the legal parent/guardian, I authorize the Granite City School District to release the following information to Teen REACH: grade point average, photocopies of report cards, school attendance rates, grade achievement information, and graduation information. This information will be entered into the eCornerstone system on a quarterly basis.

Medical Release

In case of a medical emergency, I give the Teen REACH program permission to care for my child including, if needed, first aid or transportation to an emergency medical facility.

My signature confirms that I have read the above information and grants my permission for my child listed to attend, participate, and travel, as stated above.

Child's Printed Name

Parent/Guardian Print and Signature

Date





STANDARD MEDIA CONSENT/RELEASE FORM

(For Media, Promotional Materials, Written Articles, and/or Photographs)

The Teen REACH program administered by Coordinated Youth & Human Services (CYHS) will utilize technology to disseminate relevant news to the community, promote the program, connect with our audiences online, and build goodwill. In doing this there may be times when we would like to share photographs, audio or video of your child and we are asking for your consent to do this.

Please mark your choice below and sign and date.

_____ I **give** permission to use my child's first name, likeness, image, voice, appearance and/or performance as captured by photographic, audio and/or video means (the "Material") for release and/or reproduction in any medium for any legal purpose, including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

_____ I **do not give** permission to use my child's first name, likeness, image, voice, appearance and/or performance as captured by photographic, audio and/or video means (the "Material") for release and/or reproduction in any medium for any legal purpose, including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

I acknowledge that I have no interest or ownership in the Material or the copyright in the Material, and that any use of the Material may be made without compensation or notice to me. I waive any right to inspect, approve, and/or otherwise control the use of the Material.

I acknowledge that my child's name and identity may be revealed in the Material or by descriptive text or commentary. However, CYHS and the Teen REACH Program will not publish my address, telephone numbers, or email address with the Material.

I understand I can revoke this release at any time in writing.

Child's Full Name (please print) _____

Name of Parent/Guardian:(please print) _____ Date: _____

Signature of Parent/Guardian: _____



eCornerstone Informed Consent Form

05/04

Participant Name: _____ Male _____ Female _____
(Last) (First) (MI)

Date of Birth: _____ Participant's ID Number: _____
(Month) (Day) (Year)

It is important that you read the following. If there is anything that you do not understand, or if you have any questions, be sure to ASK.

Welcome to eCornerstone, a system that collects and uses data on a wide range of state programs for individuals. These programs include WIC (Women, Infants and Children); Immunizations; Case Management; Prenatal and Postpartum Care; Pediatric Primary Care; Early Intervention; Breast and Cervical Cancer; Diabetes Control; Healthy Families Illinois; and Youth Programs including Comprehensive Community-Based Youth Services, Crossroads, and Teen REACH.

We are seeking your permission to share information about the participant for enrollment and case-management purposes. This information includes the participant's participation in any of the programs listed above. Based on the information, we may determine that the participant could benefit from other state-funded programs. We will also use the information in order to provide and pay for services for which the participant is enrolling, and to refer the participant for other necessary services.

We protect personal information we collect about the participant by maintaining physical, electronic and procedural safeguards. Program participation information will be shared only with authorized staff with a direct need to know about the participant. Information may also be released as necessary for participation authorization, and for program audit and evaluation purposes. Necessary information, without any participant's name, will also be sent to federal and/or State agencies that fund the program.

By signing this Consent form, you agree to allow the information as described in this Consent to be used by this agency/clinic as described in the Consent. The person(s) receiving this information has(ve) a legal and ethical duty to keep the information confidential and private and not release it to anyone else except as described in this Consent, without your written permission, unless the law allows it.

- A. I hereby authorize _____ (eCornerstone site) to compare data already entered in the computer system regarding any other of the above programs that the participant may have participated in, with data about the participant collected during this enrollment/registration process, and to release data as necessary to provide the service requested and the referrals necessary.
- B. This consent covers all the medical, social and financial information about the participant, including participant background and demographic information; health visit information; medical and developmental history; prenatal birth, and postpartum data; infant/child visit data; immunization records; participant risks and protective factors; problems or factors that prevent the participant from receiving proper medical care; appointments made and services received; goals and care plan; WIC food packages; program information; information required by the federal Maternal and Child Health Block Grant Program; Youth Programs; and Early Intervention Program, but only as relevant to the service being provided and as necessary to accomplish the above purposes.
- C. This consent does not cover information about the diagnosis of or treatment for mental health, AIDS, HIV, sexually transmissible diseases, alcoholism, and drug abuse which will not be released to other programs pursuant to this consent.
- D. I am making this consent within the limits of my legal authority. I understand that I may revoke this consent in writing at any time, but that revoking this consent will not cancel what was done before I revoked it. I also understand and agree not to hold this agency or the Illinois Departments of Human Services or Public Health liable for the release of any information about me in accordance with the terms of this consent form or as allowed by law.
- E. A photostatic copy/facsimile of this consent will be as valid as the original.

OR

Signature of parent / legal guardian / caretaker; Date

Signature of adult participant ; Date

Signature of youth (OPTIONAL); Date

Signature of Witness _____ Date _____

Teen REACH Parent Survey

Information

Student Name _____ Date: _____

Survey

Question #1: Teen REACH provides services in 7 Core areas. Please rate these areas in order of importance to you as a parent with 1 being your most important and 7 being your least. This will help us guide our lesson plans.

Answer: _____
____ Improving Education Performance (*Homework, tutoring*)
____ Life Skills (*Promotes healthy lifestyles, conflict resolution, problem solving skills*)
____ Recreation, Sports, Cultural and Art Activities
____ Positive Adult Mentors
____ Service-Learning Activities (*Service to the community*)
____ STEM (*Science, Technology, Engineering, Math*)
____ Parental Involvement

Question #2: Consistent attendance at Teen REACH is important. How many days a week does your child plan on attending?

Answer: _____

Question #3: If we were to have nights where parents could come and participate in activities with their child, would you attend? If not, why?

Answer: _____

Additional Notes

Enter Any Additional Notes:

