



Bethel Youth Drop-In Center

Email ydic@bethelpdx.org • YDIC Phone 971-717-5734 • BLC Phone 503-285-4919 • Website www.bethelpdx.org/youth-drop-in-center

Address 5658 North Denver Avenue • Portland, Oregon 97217

After-School Program | Fall 2019 Registration

CONTACT INFORMATION

Participant

Name _____

Gender: Male Female Prefer not to disclose Gender I Identify With: Male Female Non-Binary

Address _____ City/State/Zip _____

Birthdate: ____ - ____ - ____ Fall School Grade _____ Name of School _____

Participants Interests (*games, activities, etc.*) _____

Parent/Guardian 1

Name _____

Address _____ Zip _____

Primary Phone _____ Secondary Phone _____

Work Phone _____ Email Address _____

Parent/Guardian 2

Name _____

Address _____ Zip _____

Primary Phone _____ Secondary Phone _____

Work Phone _____ Email Address _____

EMERGENCY CONTACTS

In case of emergency in what order should we call parents/guardians and at what numbers?

1. _____ phone _____

2. _____ phone _____

If parents/guardians cannot be reached, who is an emergency contact?

Name _____

Phone _____ Relationship _____



STUDENT PLEDGE

- I will treat myself and others with respect.
- I will respect the church building and other people's property.
- I will use the equipment and supplies only as intended & put them away when I'm done.
- I will not bring anything to sell.
- I will not litter.
- I will respect other people regardless of race, creed color, physical ability, gender identity, orientation, or family origin.
- I will not bring anything into the Bethel YDIC that may be considered dangerous to myself or anyone else.
- I will not bring any toys, cell phones, or other electronic devices.
- I understand that if the safety and conduct rules are not followed, I will be sent home from Bethel YDIC. If this continues I may be asked not to return.

<i>Participant</i>	<i>Date</i>	<i>Parent/Guardian</i>	<i>Date</i>
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PARENT PLEDGE

- As a parent/guardian of a child attending the Bethel YDIC, I pledge to support Bethel YDIC in its work.
- I will offer emotional, volunteer and financial help as I am able to the children, the volunteers, and the staff.
- I will abide by the decisions of the staff regarding the operation of Bethel YDIC to provide a safe and developmentally appropriate atmosphere for the children.
- I will freely bring my questions and concerns to the staff of Bethel YDIC.
- I understand that I am responsible for transportation to and from Bethel YDIC.
- To protect the health of all attendees I will keep my child home when he/she is ill.

<i>Parent/Guardian 1</i>	<i>Date</i>	<i>Parent/Guardian 2</i>	<i>Date</i>
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Bethel Youth Drop-In Center

EMERGENCY MEDICAL AUTHORIZATION

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for _____, I, the parent/guardian grant those in charge of the Bethel YDIC,

(Participant's Name)

permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. I also agree to pay all the medical costs involved in such an emergency treatment. Every attempt will be made to contact the parent/guardian. I release and discharge the Bethel YDIC and its representatives from liability whatsoever in exercising this permission.

Participant's Name: _____ Birthdate: _____

Parent/Legal Guardian (*primary contact*): _____

Physician name: _____ Phone: _____

Insurance Co. _____ Policy#: _____

If emergency transport is required, please transport to:

_____ Randall Children's Hosp. (Emanuel)

_____ Doernbecher Children's Hospital (OHSU)

_____ Closest children's emergency facility.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

HEALTH & MEDICAL INFORMATION

Medical information we should know about the Participant? _____

Please list any current medications your child is taking: _____

Allergies (*include all drug and food allergies*) _____

Food Restrictions _____

Date of last tetanus shot _____

Does the Participant have a disability requiring any accommodations? Yes No

If yes, please explain: _____



Bethel Youth Drop-In Center

PHOTO/VIDEO RELEASE FOR BETHEL YDIC

I, _____, give permission to the Bethel YDIC and its agents to photograph or
(Parent/Guardian)

video tape my child, _____ during Bethel YDIC activities.
(Participant's Name)

I understand that this contract constitutes my permission to have my child photographed or video taped for purposes of promoting the Bethel YDIC.

The photos or videos will be used for promotional use **ONLY** and will not be used for any other purpose. Bethel YDIC will use photos in their local newsletter as well as for such purposes for applying or funding to keep Bethel YDIC open. There will also be photographs hung in Bethel YDIC for parents/guardian, children, and anyone visiting the building to see.

1. I release and discharge Bethel YDIC and its representatives involved, from any liability whatsoever in exercising this permission.

Parent/Guardian Signature

Date

2. I prefer not to have your child photographed or videotaped.

Parent/Guardian Signature

Date

GENERAL FIELD TRIP RELEASE

I, _____, give permission to Bethel YDIC Drop and its agents, to
(Parent's/Guardian's Name)

take my child, _____ from Bethel YDIC for occasional and regular Bethel YDIC
(Participant's Name)

activities, including swimming, park outings, neighborhood walks, and trips on public transportation.

_____ I do not wish to sign a general field trip release, I wish to have a separate release for each field trip.

Parent/Guardian Signature

Date



Van Pick-Up Permission – Beach 2019-20 School Year

I, _____ give permission
for my child, _____ to be picked up from Beach School by
staff of the Bethel Neighborhood Youth Drop-In Center.

My child will need a ride to Bethel YDIC on:

___ Regularly (**Monday – Friday**)

___ Regularly on the days checked: ___ **Mon** ___ **Tues** ___ **Wed** ___ **Thurs** ___ **Fri**

___ Occasionally, I will let you know at least 24 hours in advance.

Parent/Guardian Signature

Date



Van Pick-Up Permission – Chief Joseph 2019-20 School Year

I, _____ give permission
for my child, _____ to be picked up from Beach School by
staff of the Bethel Neighborhood Youth Drop-In Center. My child will need a ride to Bethel YDIC on:

My child will need a ride to Bethel YDIC on:

___ Regularly (**Monday – Friday**)

___ Regularly on the days checked: ___ **Mon** ___ **Tues** ___ **Wed** ___ **Thurs** ___ **Fri**

___ Occasionally, I will let you know at least 24 hours in advance.

Parent/Guardian Signature

Date



HOUSEHOLD INFORMATION

The Bethel YDIC depends on a variety of sources for financial support. Many of our funders require that we submit statistics on the people we serve. Please help us gather this information. Bethel YDIC will not release information about any individual or family; we will use the information you give us only for compiling statistics about groups Bethel YDIC serves.

How did you hear about the Bethel YDIC? _____

How many children are in your family? _____ Ages? _____

How many use the Bethel YDIC? _____

How many adults are in your household? _____

What is their employment status? _____ If employed, how many hours per week do they work? _____

Which of the following best describes the head(s) of household?

Single Parent Two Parent s Grandparent(s) Foster Parent Other

Total annual household income:

under \$10,000 \$10,000 - \$19,000 \$20,000 - \$29,000
 \$30,000 - \$39,000 \$40,000 - \$49,000 over \$50,000

Which of the following best describes the head(s) of household ethnicity?

African American Asian Caucasian Hispanic Native American Pacific Island Other

Does your child qualify for free or reduced lunch in the 2019-2020 school year?

yes no



BETHEL YDIC FEE AGREEMENT FOR AFTER SCHOOL 2019-20

Full Tuition Rates

- Daily rate: \$20 per day per child.
- Weekly rate: \$70 per child.

For scholarships, see information at the bottom of this page. Please make request for assistance with application.

Your registration holds a place for your child/ren. I am enrolling _____ child/ren in the Bethel YDIC After School Program according to the following schedule:

A. Weekly ____ *or*

B. On the days checked: ____ **Mon** ____ **Tues** ____ **Wed** ____ **Thurs** ____ **Fri**

I agree to pay \$ _____ a week for my _____ child/ren to attend Bethel YDIC.
fee # of children

I would like to make payments ____ weekly ____ monthly ____ other _____
Describe payment schedule

If my circumstances change and I need to change the amount that I pay, I will talk with the director personally to make new arrangements.

Participant(s) Name(s) **Date**

Print Parent Name **Date**

Parent/Guardian Signature **Date**

Scholarship Tuition Rates

We offer reduced fees for those families who need tuition assistance. These scholarship tiers will help guide you to alternative payment options. One of our guiding principles is to create a safe place for children; this means we endeavor to never turn anyone away because of any financial restrictions. Please talk to the director for additional consideration.

Partial Scholarship First Tier

- Daily Rate: \$8 per child
- Weekly Rate: \$30 per child

Partial Scholarship Second Tier

- Daily Rate: \$6 per child
- Weekly Rate: \$20 per child