



Bellaire-Puritas Development Corporation & MyCom
West Park Youth Program Registration

American Red Cross Babysitting Certification Course – January 23rd, 10am-3pm at the West Park YMCA

Student's Name _____ Birth date _____

Parent's/Guardian's Name _____ Primary Phone Number _____

Address _____ City _____ Zip _____

Email Address _____

Are there any medical/dietary conditions we need to know about? _____

In case of an emergency contact name and phone: _____

Will your child be picked up or will he/she be walking home? _____

How did you learn about this class? _____

Please complete the following Agreement Form

This Agreement is entered into between Bellaire-Puritas Development Corporation (BPDC) and the Student and his/her Parent/Guardian named in the above Class Registration Form. Parent/Guardian desires to enroll Student in the "Class/Program" named above.

BPDC and Parent/Guardian agree to the following terms and conditions:

Parent shall provide the Student with transportation to and from the Class/Programs; Student shall not cause any disciplinary problems; BPDC and its Partners shall determine the nature and content of the Programs in their sole discretion; Parent or BPDC may terminate this Agreement at any time by providing written notice to the other party; Parent/Guardian agrees to release and indemnify BPDC, its Partners, officers, trustees, employees and agents from all claims, costs, liabilities, expenses and judgments, including attorney fees and court costs arising out of Student's participation in the Program; Parent/Guardian and BPDC agree that this Agreement shall become binding on BPDC when it is signed by Parent/Guardian and returned with all signed BPDC and Starting Point forms completed.

By registering for a class the student/parent or guardian understands the terms and conditions of this Agreement.

Parent/Guardian Signature _____ Date _____

Youth and Parent Agreement:

By signing below I understand that I am committing to attend the full 5 hour course. If I am unable to attend, I will notify Bellaire Puritas Development Corporation at least one week in advance.

Youth Signature: _____ Parent Signature: _____



**MYCOM CONSENT TO PHOTOGRAPH
AND CONSENT TO RELEASE INFORMATION**

I, _____ give my permission to use:
(print name of child or adult participant)

audio

print

video

other: _____

photograph

for publicity or educational purposes by MyCom.

I understand that all materials will remain the property of MyCom, its Steering Committee, Intermediary, and network of agencies, and I am not entitled to any compensation or payment for their use.

Participant Signature:		Date:
Parent or Legal Guardian:		Date:
Address:		
City:	State:	Zip:



Out-of-School Time Data Collection Form

Agency Name _____ Enrollment Date: _____

Youth Information

First Name: _____ Last Name: _____ MI: _____

SSN: _____ Male Female DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Household Members: _____

Primary Caregiver's Relationship to the Youth: _____

Secondary Caregiver's Relationship to the Youth: _____

School District: _____ or Private/Charter School

School Name: _____

Last Grade Completed: _____ Ethnicity: _____ Language: _____

English Language Learner Status Foster Care IEP 504 School ID No. _____

Primary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: < 10K 10K -15K 15K-24K 25K-35K 35K-50K 50K-75K 75K-100K > 100K

Household Members: _____

Male Female DOB: _____ Ethnicity: _____ Language: _____

Home Phone: _____ Cell Phone: _____

Employed Unemployed Disability _____ Pursuing GED

Email: _____

Secondary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: _____ Household Members: _____

Home Phone: _____ Cell Phone: _____

Male Female DOB: _____ Ethnicity: _____ Language: _____

Employed Unemployed Disability _____ Pursuing GED

Email: _____

PARENTAL CONSENT TO RELEASE INFORMATION

PLEASE PRINT

Name of Child _____ Date of Birth _____

Child's Social Security Number _____ (month/day/year)

Name of Parent/Guardian _____ Date of Birth _____

Last Four (4) Digits of Parent's Social Security Number _____ (optional)

Address _____ Telephone () ()
Street City State Zip Code Home Work

Your child is being asked to participate in a study about Out-of-School Time (OST) services in Cuyahoga County. They have been selected to participate because you and/or your child's Out-of-School Time provider will receive assistance from a local community agency in order to provide your child with better services. Please read this form and ask any questions that you may have before agreeing to allow your child to participate in the research project below.

Background Information and Procedures: The Cuyahoga County Out-of-School Time System and Starting Point for Child Care and Early Education are collaborating with Family and Children First Council (FCFC) to conduct an evaluation of the Out-of-School Time services in Cuyahoga County. Cuyahoga County Out-of-School System is a collaborative effort to promote and improve effective parenting, healthy youth, and quality Out-of-School Time services in order to assure the well being of all youth in Cuyahoga County. Starting Point is an organization that coordinates the Out-of-School Time strategy in Cuyahoga County. The purpose of this study is to learn about the effectiveness of the training and technical assistance provided to Cuyahoga County Out-of-School Time providers, and the impact of the provision of Out-of-School Time activities to youth and families.

By participating in the research, your child's progress will be monitored and assessed, and your child may be asked to complete a personal assessment and profile. If you agree to allow your child to participate in this research project, their contact information (written above) and information related to the assistance provided by the agency will be released from Starting Point to FCFC. Starting Point will continue to release this information for six months after the initiation of services or for as long as the agency provides assistance to you and/or your Out-of-School Time provider (whichever is longer). You may also choose to participate in another aspect of the study in which you will be contacted and asked about your experiences and opinions related to Out-of-School Time services.

Risks and Benefits of Being in the Study: There are no known risks to participate in this study and although there are no benefits to your child, their participation may have a positive effect on the services available to families and Out-of-School Time providers in Cuyahoga County.

Confidentiality and Voluntary Nature of Study: The records of this research will be kept private. It will not be possible to identify an individual participant in any report that might be published. Your child's participation is completely voluntary and their refusal to participate will not affect the services you, your child, or your Out-of-School Time provider receives from an agency. You may choose to end your child's participation at any time by requesting a Revocation Form from the agency that requested your consent.

Contacts: If you have any questions about this study, you can contact Starting Point's Out-of-School Time Department at 216-575-0061.

Please Circle YES or NO and Initial:

YES _____ NO _____ I agree to have information related to the assistance my child receives from the agency/agencies, as described in this consent form, released to FCFC by Starting Point.

YES _____ NO _____ I agree to be contacted to participate in a related study (e.g. survey, focus groups, etc.)

YES _____ NO _____ Check and initial here if you are granting Starting Point, FCFC and the Cleveland Public Library permission to use your child's image, name, photograph, video, likeness, voice and statements in connection with marketing, publicity, advertising, promotion and publication purposes in any type of media including, without limitation, print, videotape, CD/DVD, promotional materials, radio, television and Internet.

Signature of Parent/Guardian _____ Date _____

Community Agency Staff: I have reviewed the contents of this form with the person signing above.

Signature of Agency Staff/Representative _____ Date _____

Agency Name _____

(A copy of this signed consent is as valid as the original)

Original - Starting Point
Yellow Copy - Agency
Pink Copy - Parent/Guardian



4600 EUCLID AVENUE - SUITE 500
CLEVELAND, OHIO 44103
www.starting-point.org

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