

Dear Parents/Guardians,

Your child has expressed interest in participating in the Brighton Center Youth Leadership Development (YLD) after school program held at Campbell County Middle School. In order to better serve your child/family, we have attached an information sheet and a new permission slip packet for the YLD program. It is important that you fill this out and return it school. You may return this packet to the front office or Linda Bates at CCMS.

We are excited and dedicated to helping your child succeed in school and in life. This new permission slip packet allows us to:

- Get to know your family.
- Be more involved in the school process, such as tracking grades/attendance/discipline on a weekly basis. Tracking these things weekly will help us notice trends and will then allow us to help your child earlier as opposed to later.
- Transport your child when needed.
- To seek proper medical attention in case of emergency.
- Help you and your family when you may need it most.

We are here as an advocate for your child and the family involved. Please utilize us whenever you need anything. We are here to support you and help your child grow up to become a successful adult.

If you have any questions/concerns, please call Michelle Bullis, at (859) 491-8303 ext. 2413.

Thank You!

We look forward to working with your child,

Michelle Bullis
YLD Coordinator
Brighton Center



Brighton Center's Youth Leadership Development Youth Data Form

Name: _____		Date: _____	
Race: _____	DOB _____	Age: _____	Grade _____
School _____			
Address: _____			
City, State: _____		Zip code _____	

<u>Guardian Data</u>	
Legal Guardian: _____	Relationship to youth: _____
Address: _____	
Home Phone: () _____ - _____	Cell Phone () _____ - _____
Guardian's Place of Employment: _____	
Work Phone () _____ - _____	
Is parent/guardian or any member of household active military or a veteran?	
Yes _____	No _____ If yes, which branch and years served? _____
 EMERGENCY CONTACT NAMES AND NUMBERS:	

Composition of household:

Name	Age	Relationship to Youth

IN ADDITION TO THE GUARDIAN, NOTIFY THE FOLLOWING PERSONS IN CASE OF EMERGENCY:

Name	Relationship	Home Phone	Cell/Work Phone

Allergies: Yes _____ No _____ Please Specify _____

Medications: Yes _____ No _____ Please Specify _____

Comments and additional information: _____

Doctor's Name _____ Phone _____

Hospital/Clinic Name _____ Phone _____

Health Insurance Name _____

Policy Number _____

YLD is an after-school program and your child will be at the school until 4:30 pm.

Will your child walk home? Yes _____ No _____

Will you be picking up your child? Yes _____ What time? _____ No _____

Will your child be riding with another person Yes _____, who is that _____
what time _____

Does your child need transportation home in order to participate in the program?
Yes _____ (Your child can receive transportation through Club 21)

Guardian Signature

Date

Brighton Center's Youth Leadership Development
Permission for Participation and Services

By placing my initials in each of the paragraphs hereunder, I consent to and give my permission for my son/daughter, _____ to attend Youth Leadership Development (YLD) and participate in the group and activities, to wit:

_____ I understand YLD group meetings will be facilitated at the school but community service, recreational outings, job shadowing experiences and other activities may take place at a different site. Although the program is held at the school site, I understand it is a Brighton Center Inc. (BC) program.

_____ I understand that my youth will be in the Youth Leadership Development program two days per week after school for 2 hours.

_____ I understand that YLD has a policy that prohibits members from coming and going as they please. Once a child has entered the group, they will not be permitted to leave until a parent/guardian arrives to retrieve them.

_____ I give permission for my youth to travel with the YLD Staff, when necessary, from the school to my home. A separate permission form will be sent home for travel for outings, community service or other activities.

_____ I authorize emergency medical attention for my youth if serious injury or illness occurs and understand that YLD Staff will make an effort to inform me as soon as possible in this situation. Please note that the YLD Staff members are not trained medical professionals and will contact Emergency Medical Personnel in an emergency. I authorize the attending physician to administer necessary treatment for the safety of my child in the event I cannot be reached.

_____ I confirm that my youth is in good health and has my permission to fully participate in all activities.

_____ I understand that photos, writings and statements may be used in local papers; the program's INVENT newsletter to inform the community and funding sources about the program. I understand by signing this form that I consent to the irrevocable right to use my youth's name, written copy, photograph, cinematic image, voice and/or property for reproduction, publication and use by Brighton Center and their funders for publicity purposes or data collections. I understand there will be no compensation.

_____ I consent for YLD Staff members to use measurement tools (example DESSA, 40 Developmental Assets) to measure the impact of the YLD program on my child and the program effectiveness.

_____ I understand that under the Family Educational Rights and Privacy Act, 20 U.S.C. and 1232g, schools generally must receive written permission from the parent/guardian of a student in order to disclose information from your student's education record unless a records release form is signed by the parent/guardian. This form will be sent for your signature. Once signed, Brighton Center YLD staff (as a third party) will be allowed to access information from my child's education.

I am fully aware of the risks and hazards connected with the participation in the activities of YLD, including physical injury or even death, and hereby elect to voluntarily allow my child participate in said Activities, I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained or loss or damage to property owned or possessed by me or my child as a result of participation in the activities of YLD.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability agreement, understand and sign it voluntarily as my own free act and deed. I acknowledge and agree that this Waiver of Liability and hold harmless agreement is given for valuable, legal consideration and is a condition of and required for my child's participation in the YLD program.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Address

Student Record Release

I, as a parent or legal guardian of _____ authorize and approve the release of information concerning the academic performance, discipline, and school attendance of my child, who is enrolled in grade _____ and whose birth date is _____, to representatives of Brighton Center's Youth Leadership Development, for purposes of facilitating his/her participation in that program and demonstrating compliance with YLD participation criteria.

Records are currently in the custody of the following school:

- | | |
|----------------------------------|---|
| __ Campbell County High School | 909 Camel Crossing, Alexandria, KY 41001
Phone 859.635.4161 Fax 859.448.4886 |
| __ Campbell County Middle School | 8000 Alexandria Pike, Alexandria, KY 41001
Phone 859.635.6077 Fax 859.448.4863 |
| __ Alexandria Education Center | 51 Orchard Lane, Alexandria, KY 41001
Phone 859.635.9113 Fax 859.448.2781 |

This information should include grades and/or academic standing/credits (units) and attendance records

My signature below constitutes notice to me that this information will be disclosed only to YLD or Brighton Center personnel that have a legitimate interest in my child related to YLD. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office or the Brighton Center/YLD.

This release authorizes the periodic and on-going release of the specified records or types of records to the entity/individual specified until student ends his or her participation in YLD, or reaches age of 18, unless earlier revoked in writing.

Signed _____ Date _____

*Parent/Guardian Individual Acting as Parent under FERPA**

** Living in the student's home in the absence of the parent on a day-to-day basis*

Address _____

Date _____

Signature of Student, 18 or Older or Attending Post-secondary Institution

Birth date of student if over 18 _____