

ERNEST D. DAVIS  
Mayor

DAMIA HARRIS-MADDEN, MS  
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU  
CITY HALL - ONE ROOSEVELT SQUARE  
MOUNT VERNON, NEW YORK 10550  
[WWW.YOUTH.CMVNY.COM](http://WWW.YOUTH.CMVNY.COM)  
FACEBOOK.COM/MVYOUTHBUREAU  
PHONE: (914) 665-2344 FAX: (914) 665-1373

August 20, 2015

Dear Parents and Guardians:

The Mount Vernon Youth Bureau would like to welcome the children and parents to the 2015 Safe Haven after-school program. Program participants must be between the ages of 7-12, as of September 2015 in order to attend. Attached, you will find a complete registration package which must be completed prior to enrollment in the program. **Deadline for enrollment is September 30, 2015 or once program is full. Applications should be returned the school main office.**

**In order for your child to be fully enrolled in the 2015 Safe Haven Program, you must provide the following documents along with a completed application:**

1. Proof of residence (i.e. utility bill/driver's license, etc.)
2. The attached medical form which must be completed

Please note acceptance is on a first come served basis. All applications MUST be completed with all the required documents in order for your child to be considered a Safe Haven Program participant.

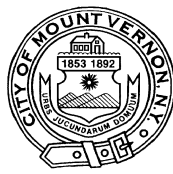
Safe Haven will begin Monday, September 28, 2015 and will conclude on Friday, December 18, 2015. Participants return after the holiday break. The program follows the school calendar for closings with the exception of no programming the week of the Thanksgiving Holiday. **Operating hours are Monday through Friday from 3:00 a.m. – 5:00 p.m. Please pick your child up on time.** We do not provide transportation to and from the program site; therefore, your child **must be picked-up by 5:00 p.m.**

Space is limited. **If your child is not picked up on time on two or more occasions, we will dismiss your child from the program and give the next child on the list an opportunity to attend. In addition, if your child presents a behavior problem, they will be discharged from the program immediately.**

The Mount Vernon Youth Bureau prides itself on the safety of all participants and we respectfully request the full cooperation of the parents. If you have any questions regarding our program, please contact the Youth Bureau's office at (914) 665-2344.

Sincerely,

Dena T. Williams  
Deputy Director  
Mt. Vernon Youth Bureau



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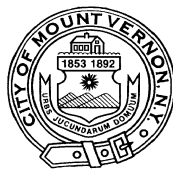
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## **RULES AND REGULATIONS**

### **PARENTS/ GUARDIANS PLEASE READ THESE RULES AND EXPLAIN THEM TO YOUR CHILD**

1. Participants must be picked up at 5:00 p.m. **SHARP – no exception!**
2. More than **two late pick ups** will result in the **immediate dismissal of the participant**
3. Sneakers must be worn on fitness days. **No exceptions!**
4. Respect your fellow participants and their property.
5. There will be no usage of bad language at any time.
6. There will be no hitting, fighting, or name calling at anytime.
7. When assigned a buddy, you must stay together at all times.
8. All participants must stay with their groups and not wander off.
9. All participants must always be accompanied by staff when going to the bathroom.
10. When a whistle is blown, or a hand signal is used all participants must listen to directions.
11. We will not be responsible for lost or stolen property.
12. Report all incidents to the program directors or counselors (the chain of command will be used).

**ALL PARTICIPANTS MUST FOLLOW THE ABOVE RULES AND REGULATIONS. THE DIRECTORS OF THE SAFE HAVEN SUMMER PROGRAM RESERVES THE RIGHT TO SUSPEND OR EXPEL ANYONE WHO CONTINUALLY VIOLATES THESE RULES. PARENTS WILL BE NOTIFIED IN THE EVENT THAT THEIR CHILD IS HAVING PROBLEMS ABIDING BY THE PROGRAM'S RULES AND REGULATIONS. OUR INTENTION IS FOR YOUR CHILD TO HAVE A GREAT AND SAFE SUMMER. YOUR COOPERATION WILL BE GREATLY APPRECIATED.**



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2015-2016 Safe Haven After-School Program at Rebecca Turner Elementary School  
MOUNT VERNON YOUTH BUREAU RELEASE AND CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: MOUNT VERNON State: NEW YORK Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Emergency Contact Person: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Emergency Contact Phone#: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Allergies / what kind? \_\_\_\_\_

In foster care \_\_\_ In juvenile justice system \_\_\_ Living with a disability \_\_\_  
In treatment for mental health issues \_\_\_ Homeless \_\_\_ Recently immigrated \_\_\_ Other \_\_\_

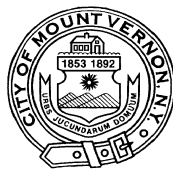
Ethnicity: White \_\_\_ Black \_\_\_ Hispanic or Latino \_\_\_ Asian \_\_\_ Amer. Indian \_\_\_ Two or more races \_\_\_ Hawaiian or other Pacific Islander \_\_\_

I, \_\_\_\_\_ HEREBY ACKNOWLEDGE that I voluntarily grant permission for my child \_\_\_\_\_ to participate in the Safe Haven After-School Program at Rebecca Turner Elementary School located at 625 South Fourth Avenue, Mount Vernon, NY 10550. The program operates from Monday – Friday from 3:00pm to 5:00pm. **Please insure that your child is picked up on time. If your child is not picked up on time on two or more occasions, we will dismiss your child from the program and give the next child on the list an opportunity to attend. In addition, if your child presents a behavior problem, they will be discharged from the program immediately.** Parent Initial: \_\_\_\_\_ The program will be closed on **all** holidays. Please be aware that the Safe Haven After-School Program is a **DROP IN PROGRAM**.

Accordingly, I agree to voluntarily waive, release and discharge from any and all liability, The City of Mount Vernon, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law and in equity, resulting from the negligence of The City of Mount Vernon, its elected and appointed officials, officers, agents and employees, or otherwise resulting from my child's participation in the **Safe Haven After-School Program**. This agreement is to be binding on my heirs, and personal representatives, next of kin, spouse and assigns. Parent Initial: \_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY OF MOUNT VERNON FROM ALL LIABILITY RESULTING FROM MY CHILD'S PARTICIPATION IN THE MOUNT VERNON YOUTH BUREAU- SAFE HAVEN AFTER-SCHOOL PROGRAM.

SIGNATURE OF PARENTS/GUARDIANS \_\_\_\_\_ DATE: \_\_\_\_\_



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**SAFE HAVEN AFTER SCHOOL PROGRAM**

**RELEASE & EMERGENCY MEDICAL INFORMATION**

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

MEDICAL INFORMATION:

1. Does your child have any illnesses that will prevent them from taking part in daily activities?  
\_\_\_\_\_No \_\_\_\_\_Yes

If yes, please explain medication and medical problem. \_\_\_\_\_

2. Drug, food or insect allergies: \_\_\_\_\_  
Please explain: \_\_\_\_\_

3. Will your child be bringing any medication to the program? \_\_\_\_\_No \_\_\_\_\_Yes  
Name of medication: \_\_\_\_\_ Purpose \_\_\_\_\_

4. Has your child had a tetanus shot? \_\_\_\_\_No \_\_\_\_\_Yes Date \_\_\_\_\_

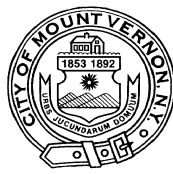
5. Does your child experience seizures? \_\_\_\_\_No \_\_\_\_\_Yes If so, how often? \_\_\_\_\_

In case of injury, I hereby authorize chaperones in their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary.

**In the event that the minor, \_\_\_\_\_, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.**

\_\_\_\_\_  
*Parent or Legal Guardian*

\_\_\_\_\_  
*Minor's (Name)*



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**PERMISSION TO SIGN-OUT CHILD**

I, \_\_\_\_\_ **HEREBY GIVE**  
(PARENT/LEGAL GUARDIAN'S NAME)

**PERMISSION FOR MY CHILD, \_\_\_\_\_, TO BE PICKED UP BY**

\_\_\_\_\_ **FROM THE MOUNT VERNON YOUTH BUREAU'S SAFE HAVEN**

**SUMMER PROGRAM. I UNDERSTAND MY CHILD MUST BE PICKED-UP AT 5:00 P.M. SHARP,**

**UNLESS OTHERWISE NOTIFIED BY THE PROGRAM DIRECTORS AND COUNSELORS THE DAY**

**BEFORE. I ALSO UNDERSTAND THAT IF MY CHILD IS NOT PICKED UP ON TIME FOR TWO OR**

**MORE DAYS, HE/SHE WILL BE DROPPED FROM THE ROSTER AND WILL BE REPLACED WITH A**

**CHILD ON THE WAITING LIST.**

\_\_\_\_\_

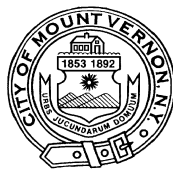
\_\_\_\_\_

*PARENT OR GURADIAN*

*DATE*

**Additional pick up names:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



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**PHOTO/VIDEO AND REPORT CARD  
RELEASE FORM**

I, \_\_\_\_\_ HEREBY GIVE PERMISSION FOR  
(PARENT/GUARDIAN'S NAME)

MY CHILD \_\_\_\_\_, TO BE PHOTOGRAPHED/ VIDEOTAPED.  
(NAME)

HIS/HER PHOTOGRAPH OR VIDEO MAY BE USED FOR PUBLICITY PURPOSES BY THE CITY OF MOUNT VERNON, THE MOUNT VERNON YOUTH BUREAU AND THE CITY SCHOOL DISTRICT.

**ALSO, IN AN EFFORT TO ASSIST WITH ACADEMIC IMPROVEMENT AND TRACK PROGRASS, I ALSO GRANT PERMISSION FOR STAFF TO COLLECT MY CHILDS REPORT CARDS.**

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE