



HON. RICHARD THOMAS
Mayor

DR. DAMIA HARRIS- MADDEN
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
[HTTP://YOUTH.CMVNY.COM](http://youth.cmvny.com)
FACEBOOK.COM/MVYOUTHBUREAU
PH: (914) 665-2344 - (914) 665- 2346 FAX: (914) 665-1373

2017 – 2018 SAFE HAVEN AFTER-SCHOOL PROGRAM
PARKER ELEMENTARY SCHOOL

September 11, 2017

Dear Parents/Guardians:

The Mount Vernon Youth Bureau would like to welcome you and your child to the 2017-2018 Safe Haven After-School Program. Program participants must be between the ages of 7-12 as of September 2017 in order to attend. Attached, you will find a registration package which must be completed prior to your child's enrollment into the program. **Deadline for enrollment is Friday, October 6, 2017 or once the program is full. Please note acceptance is on a first come first served basis. Applications should be returned to Parker Elementary School main office.**

In order for your child to be fully enrolled in the 2017-2018 Safe Haven After-School Program, you must provide the following documents:

1. A completed 2017-2018 Safe Haven After-School application
2. Proof of residence (i.e. utility bill/driver's license, etc.)
3. Last report card

The Safe Haven After-School Program will begin on Monday, October 2, 2017 and will conclude on Friday, December 15, 2017 for the Holiday break. Safe Haven will resume on Monday, January 8, 2018. **Safe Haven follows the school calendar for closings with the exception of no programming the week of the Thanksgiving Holiday. Operating hours are Monday – Friday from 3:00 PM – 5:00 PM. 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 PM.**

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 waiting list an opportunity to attend. In addition, if your child presents a behavioral 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 parents/guardians. If you have any questions regarding our program, please contact the Youth Bureau's office at (914) 665-2344.

Sincerely,

Keisha Kendley

Keisha Kendley
Program Coordinator
Mount Vernon Youth Bureau



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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 the program site by 5:00 PM **SHARP – NO EXCEPTIONS!**
2. **Two or more late pick ups** will result in the **immediate dismissal of the participant.**
3. Sneakers must be worn on fitness days. **NO EXCEPTIONS!**
4. Participants must respect directors, counselors, fellow participants and their property.
5. There will be no usage of bad language at anytime.
6. There will be no hitting, fighting or name calling at anytime.
7. When participants are assigned a buddy, they must stay together at all times.
8. Participants must stay with their groups when on field trips.
9. All participants must be accompanied by Safe Haven staff member when going to the bathroom.
10. When a whistle is blown or a hand signal is used all participants must stop what they are doing and listen to directions.
11. We will not be responsible for lost or stolen property.
12. Parents/participants must 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 SCHOOL YEAR. YOUR COOPERATION WILL BE GREATLY APPRECIATED.



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MOUNT VERNON YOUTH BUREAU RELEASE AND CONSENT FORM

Participant Name: _____

Age: _____ Sex: Male _____ Female _____ Date of Birth: _____

Ethnicity: White: _____ Black: _____ Hispanic: _____ Amer. Ind.: _____ Asian: _____ Other: _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055 _____

Parent/Guardian Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

****Email:** _____

Participant Physician Name: _____ Physician #: _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

****CHECK ALL THAT APPLY**

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

****ARE YOU RECEIVING PUBLIC ASSISTANCE?** _____
Yes No

If yes, what kind are you receiving? _____

****YOU MUST ANSWER THIS QUESTION IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS PROGRAM.**

I hereby grant my child permission to participate in all activities and agree not to hold the City of Mount Vernon, its program site, officers, employees and agents from any and all loss and liability for injury or results of any injury received by my child during regular program participation. I further agree that my child was examined by a qualified physician and found to be in good health and able to participate in all program activities.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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2017 – 2018 SAFE HAVEN AFTER-SCHOOL PROGRAM
PARKER ELEMENTARY SCHOOL
FIELD TRIP PERMISSION SLIP

Name of program child attends: **Safe Haven After-School – Parker Elementary School**

Destination: **Various**

Time of Departure: **N/A**

Anticipated Return Time: **N/A**

Participant Name: _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055____

Parent/Guardian Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

I, _____, hereby grant my child _____ permission to attend the field trips sponsored by the Mount Vernon Youth Bureau. I further understand and agree that I am aware that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any injuries or accidents, which may occur due to my child's negligence. I further understand and agree that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any physical or emotional disorder, which I failed to mention. I understand that there **will not** be any administering of medication given to my child for any ailment that he/she might have.

CHECK THE FOLLOWING

DAILY MEDICATION NEEDED? YES _____ NO _____
ANY ALLERGIES? YES _____ NO _____
GLASSES/HEARING DEVICE? YES _____ NO _____

If the answer is yes, please state special needs _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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2017 – 2018 SAFE HAVEN AFTER-SCHOOL PROGRAM
PARKER ELEMENTARY SCHOOL
RELEASE & EMERGENCY MEDICAL INFORMATION FOR FIELD TRIPS

Date: 2017 – 2018 School Year

Destination: Various

Participant Name: _____

Age: _____

1. Does your child have any illnesses that will prevent them from taking part in daily activities? Explain.

2. Does your child experience seizures? If so, how often?

3. Does your child carry medication, an Epi-Pen, asthma pump and/or any other medical devices we should be aware of? Please list and identify purpose.

**** PLEASE NOTE THE MOUNT VERNON YOUTH BUREAU SAFE HAVEN AFTER SCHOOL PROGRAM DOES NOT ADMINISTER MEDICATION****

4. Does your child have any drug, food or insect allergies? Explain.

5. Has your child had a tetanus shot in the last five (5) years? When?

Participant Physician Name: _____

Physician #: _____

In case of injury, I hereby authorize chaperones in their discretion to call 911 should my child need the care of a doctor/hospital for emergency treatment or whatever service is deemed necessary.

In case of injury, please call:

Name: _____ Relationship: _____ Contact Phone #: _____

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.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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PERMISSION TO SIGN-OUT CHILD

I, _____ **HEREBY GIVE**
(Parent/Guardian’s Name)

PERMISSION FOR MY CHILD, _____, TO BE PICKED UP BY
_____ **FROM THE MOUNT VERNON YOUTH BUREAU’S**

SAFE HAVEN AFTER-SCHOOL PROGRAM. I UNDERSTAND MY CHILD MUST BE
PICKED-UP AT 5:00 PM SHARP, UNLESS NOTIFICATION IS GIVEN 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.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Additional pick up names:

1. _____
2. _____
3. _____
4. _____
5. _____



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PHOTO/VIDEO RELEASE FORM

I, _____ HEREBY GRANT PERMISSION TO THE CITY OF
(Parent/ Guardian's Name)

MOUNT VERNON YOUTH BUREAU TO PHOTOGRAPH AND/OR VIDEO MY CHILD,
_____.

I UNDERSTAND PHOTOGRAPHS AND/OR VIDEOS MAY BE USED IN, BUT NOT
LIMITED TO, BROCHURES, NEWSLETTERS, PRESS RELEASES, WEBSITES, MEDIA
PROGRAMS OR ANY OTHER TYPE OF PROMOTIONAL MEDIUM EXISTING NOW OR
IN THE FUTURE.

I FURTHER UNDERSTAND THAT BY GRANTING THIS PERMISSION, I AM
IRREVOCABLY GIVING UP ALL RIGHTS AND CLAIMS TO MONETARY
COMPENSATION FOR ANY FUTURE USES OF THIS MATERIAL BY THE CITY OF
MOUNT VERNON YOUTH BUREAU.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____