



TEEN CLIMATE JUSTICE PROGRAM APPLICATION SUMMER 2024

Requested session for enrollment:

Session 1: July 8-25 ____ **or** **Session 2: July 29-August 15** ____

Program days/times are Mondays -Thursdays, 10am-3pm.

Select both if available for both session dates. Please note: If accepted, Teens will be selected for only one of two sessions.

Student Name (Legal First & Last): _____

Gender Pronouns: _____ **Age & Grade:** _____ **DOB:** _____

School Name & School Address: _____

Full Home Address: _____

Student Email: _____ Student Cell: _____

Available means of contact: Call/Text ____ Email ____ Other ____

Parent/Guardian Name: _____

Parent Email: _____ Parent Phone Number: _____

Available means of contact: (Check all that apply): Call ____ Text ____ Email ____

2nd Parent/Guardian Name (optional): _____

2nd Parent Email: _____ 2nd Parent Cell Number: _____

Emergency Contact(s):

1st Emergency Contact First & Last Name: _____

Relationship to Student: _____ Phone Number(s): _____

2nd Emergency Contact First & Last Name: _____

Relationship to Student: _____ Phone Number(s): _____

Other Information:

Does the student have an IEP? Yes: ____ No: ____

If there is an IEP, please share more: _____

Has your teen received the COVID19 vaccine? Y__ N __

Allergies/Dietary/Medical Needs: _____

Is there anything else you would like us to know? _____

Sixth Street Community Center Emergency Medical Care Authorization 2024

In the event of a medical emergency, every effort will be made to contact the parents, guardians, and emergency contacts of the student. I hereby give permission to the medical personnel selected by the program director to act in the best interest of my teenager in the case of an emergency and guardians cannot be reached.

Required Signature of Parent/Guardian: _____ **Date:** _____

Sixth Street Teen Program Liability Disclaimer and Notices—Please read carefully:

I _____ (parent and/or guardian first and last name) of the minor _____ (teen's first and last name), hereby acknowledge the following notices and grant to Sixth Street Teen Program and Sixth Street Community Center the following release from liability:

- a. I acknowledge and fully understand that my teen will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Sixth Street Community Center, Teen Climate Justice Program, its owners, officers, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my child's participation in Sixth Street Teen Program.
- b. I understand that this program includes on and off campus activities within the neighborhood. This includes but is not limited to different rooms, outside areas within the community center, local gardens, local parks, partner organizations, local establishments and businesses.
- c. I understand that Sixth Street Teen Program and Sixth Street Community Center is not responsible and is not held responsible for any damage or loss of money, jewelry, equipment, clothing or other personal articles. I understand that valuable items are brought to Sixth Street Community Center at one's own risk.
- d. I agree to give Sixth Street Community Center and Sixth Street Teen Program permission to use student work, photographs, videos or audio recordings of my teen for any Sixth Street Community Center or Sixth Street Teen Program promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.
- e. If it is necessary, in the judgement of Sixth Street Community Center or Sixth Street Teen Program personnel, to use outside medical aid for the student's health, we hereby permit and authorize him/her to do so.
- f. I understand that Sixth Street Community Center is taking serious precautions to reduce the spread and risk of children, teens, families, and staff becoming sick with COVID-19. I agree to having my teen wear a mask on during program hours and to practice social distancing as best as possible. I will not hold Sixth Street Teen Program liable if my child, self, or family member becomes sick with COVID-19. I will let the Teen Program Director know if someone in the household has come down with COVID-19 like symptoms and ensure my teen stays home until it is safe to return to the program.

Authorization to Engage in Sixth Street Community Center Teen Program Activities

I have read the Teen Program Liability and Activities Notices above and authorize that my child has permission to engage in Sixth Street Teen Program activities:

Teen's Printed Full Legal First & Last Name: _____

Parent/Guardian Full Legal First & Last Name: _____

Required Signature of Parent/Guardian: _____

Date of Signature: _____

General Program Notices— Please read carefully and note:

- The Sixth Street Teen Program will operate Monday through Thursday, 10am-3pm.
- Students and families are responsible for their own transportation to Sixth Street Community Center to and from the Teen Program. The program begins at 10am, and students must stay until 3pm to be counted as present for the day unless excused in advance.
- If your Teen is not attending program on days they are scheduled, please notify us by 9 am via email for each day that the program is scheduled. If Teens do not show up and we were not notified by parents, SSCC staff may reach out to parents to check in.
- Students and parents will be notified in event of any cancelled program days or modifications to the schedule.
- **In order to be eligible for the stipend, Teens much attend every scheduled day of the session.**
- Teens may not participate in any program activities until their completed forms, consents and waivers have been received and processed by Sixth Street Community Center.
- SSCC Program Directors reserve the right to dismiss a participant if they judge that the participant’s behavior interferes with the rights of others, disrupts the smooth functioning of a group or activity, or violates the participants expectations for conduct.

Stipend / Community Service Hours

Our program offers students a choice between working towards a monetary stipend for participation or fulfilling requirements for community service hours. The summer program stipend is typically \$250 per session.

Which goal would you like to work towards?

Stipend: _____ Hours: _____

Please note, we will honor requests for stipends only as funding allows. For students enrolling late, stipends aren't guaranteed.

I have read and understand the General Program Notices and understand the requirements for stipends:

Printed First & Last Name of Student: _____

Required Signature of Student: _____

Required Signature of Parent/Guardian: _____ Date: _____

Please return this completed application to anna@sixthstreetcenter.org

If you have any questions, please contact:

Sixth Street Teen Program Director, Anna Tsomo anna@sixthstreetcenter.org
929-220-3014

Priority Deadline: April 30, 2024. Enrollment will be rolling until filled.