



**West Side Community Services**

# **WELCOME TO WEST SIDE COMMUNITY SERVICES!**

**I am applying for (check one):**

Youth Program (ages 6-12)

Teen Program (ages 13-20)

**Youth Program Information:**

- Our Youth Program runs Monday – Friday from 3:00 – 5:30pm.
- Our Youth Program includes 1:1 homework assistance, snack, sports, arts and enrichment activities.
- Please arrange bus transportation to the center with your child’s school.
- Registering your child for our after-school programs requires that you join WSCS as West Side Family member and pay the annual membership fee. This membership allows everyone in the family to use the center!

**Teen Program Information:**

- Our Teen Program (age 13+) runs Monday – Friday from 5:30 – 8:00 pm.
- Our Teen Program includes sports, health and wellness programs and snack.
- Registering for our teen program requires that you join WSCS as West Side Individual member and pay the annual membership fee. This membership allows teen to use the center!

**Please return completed registration and membership packet to:**

**West Side Community Services  
161 Vermont Street  
Buffalo, NY 14213  
(716) 884-6616**





# West Side Community Services

**PLEASE ATTACH PROOF OF RESIDENCY AND A COPY OF THE CHILDS BIRTH CERTIFICATE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity: African-American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Native-American \_\_\_ Other \_\_\_

Hispanic/Latino? YES NO

**Parent/Guardian Information**

1) Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Emergency Contact**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



# West Side Community Services

## YOUTH SAFETY

Please check one:

- NO- My child does not have any current orders of protection regarding their safety**
- YES- My youth does have a related order of protection regarding their safety.**  
*If Yes- We MUST have copies of any current orders of protection that relate to your child. These documents must include a clear photo, full name and the license, make and model of vehicle for anyone named in the order and all persons not allowed to be near your child.*

**Who does the youth live with? (Circle One)**

- Mother and father    Mother    Father    Grandparents    Guardian

**Medical conditions we should know about:** \_\_\_\_\_

**Does your child have any of the following? (Circle all that apply)**

Prescription Medicine   Epinephrine Pen   Inhaler   Other \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT:

(Please initial)

\_\_\_\_\_ In the event of an emergency or injury, I give my permission to have my child treated by a medical professional at the nearest medical clinic or hospital.

## ALLERGY & DIETARY INFORMATION

We understand that there are many students with food based allergies as well as religious restrictions. To best ensure that we meet the needs of your youth, please answer the questions below thoroughly.

**Please check one of the following:**

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may eat and participate in all food-related activities.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may NOT participate directly in activities but he/she may work with a partner as long as the partner always handles the following items (please list below):

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please feel free to include additional information that will help us keep your child safe:*



# West Side Community Services

## FIELD TRIP CONSENT FORM

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
(Please print parent's name) (Please print child's name)

permission to participate in field trips, sponsored by West Side Community Services (Parents will be informed of the time and dates of each trip/special event). I also grant permission for my child to participate in special events or performances offered by the West Side Community Services.

Parent's signature (legal name please): \_\_\_\_\_ Date: \_\_\_\_\_

### YOUTH EXPECTATIONS

1. Youth will follow all directions given by the WSCS staff.
2. Youth will respect each other.
3. Youth will not fight.
4. Youth will not curse.

If your child cannot adhere to these expectations, the appropriate disciplinary measures will be taken. Please be aware that field trip participation is based on how well your child can adhere to these expectations. If your child continuously fails to adhere to these expectations, your child will be written up and you will be notified. Three write-ups could result in suspension from the program.

### PARENT EXPECTATIONS

1. Participants must provide proof of age (example) birth certificate and proof of address (example) phone bill.
2. Participants, ages 6-12 must remain in the building for the whole program (3:00 pm to 5:30 pm).
  - a. Children must be picked up promptly at 5:30 pm.
3. Participants, ages 13-20 must remain in the building for the whole program (5:30-8:00pm) once the participant leaves, they cannot return.
  - a. Teens must leave before/at 8pm.

*If your child has a SEVERE food allergy or medical condition, or if there is anything not covered in this application - please contact staff directly to discuss your child's needs:*

**Jesi Miller- Director of Education  
716-884-6616 ext.14**



# West Side Community Services

## RELEASE FORM

The undersigned enters into this Agreement with West Side Community Services. I have been informed and understand that West Side Community Services is recording my name, likeness, image, voice, appearance and performance.

1. I grant West Side Community Services and its designees the right to use my name, likeness, image, voice, appearance, and performance as embodied in the whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use in whole or part as West Side Community Services may elect. West Side Community Services or its designee shall have complete ownership in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership or its copyrights.
2. I also grant West Side Community Services and its designees the right to broadcast, exhibit, market, sell, and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution or any other purpose that West Side Community Services or its designees in their sole discretion may determine. This grant includes the right to use for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to third parties, and that West Side Community Services has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image, voice, appearance and performance embodied in the Product. I expressly release and indemnify West Side Community Services and its officers, employees, agents, and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted West Side Community Services herein are perpetual and worldwide.
4. In consideration of all the above, I hereby acknowledge receipt of reasonable and fair consideration from West Side Community Services.

I have read the forgoing and understand its terms and stipulations and agree to all of them:

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature (If 18 or older): \_\_\_\_\_ Date \_\_\_\_\_

(If the person signing is under age 18, a parent or legal guardian must sign below.)

I hereby certify that I am the parent or legal guardian of the youth named above and I give my consent without reservation to the foregoing on behalf of him or her.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)



# West Side Community Services

## Release of Information

Child's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher Name (Homeroom):  
\_\_\_\_\_

I give permission to West Side Community Services (WSCS), 161 Vermont Street, Buffalo NY 14213 to obtain copies of my child's quarterly and end-of-year report card for the purpose of providing academic support to my child in the WSCS Afterschool Enrichment Program.

**WSCS Director of Education: Jesi Miller, 716-884-6616**

Print guardian/parent name: \_\_\_\_\_

Signature of guardian/parent: \_\_\_\_\_

Date: \_\_\_\_\_

## Sign-Out Process (Ages 6-12 only)

Parents/guardians/family members **MUST** come into WSCS & sign their child out from after-school care.

**Please list below exactly which parents/guardians/family members are allowed to sign your child out.**

Print name of parent/guardian/family member	Relationship to student
1.	
2.	
3.	
4.	

**Do you allow your student to walk home from the center at 5:30pm?** \_\_\_\_\_

## CLIENT CHARACTERISTIC FORM - YEAR 43

### Public Services - Limited Clientele Activities

PLEASE COMPLETE SECTIONS 1 THROUGH 6 ON THIS FORM. THIS INFORMATION FOR STATISTICAL PURPOSES ONLY.

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

**i. Household income: Circle one income level** Based on number of members living in your household, including yourself.

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
XL	\$14,350 or less	\$16,400 or less	\$18,450 or less	\$20,450 or less
VL	\$23,900 or less	\$27,300 or less	\$30,700 or less	\$34,100 or less
80%	\$38,200 or less	\$43,650 or less	\$49,100 or less	\$54,550 or less
81-100% median	\$38,201 or more	\$43,651 or more	\$49,101 or more	\$54,551 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
XL	\$22,100 or less	\$23,750 or less	\$25,400 or less	\$27,000 or less
VL	\$36,850 or less	\$39,600 or less	\$42,300 or less	\$45,050 or less
80%	\$58,950 or less	\$63,300 or less	\$67,650 or less	\$72,050 or less
81-100% median	\$58,951 or more	\$63,301 or more	\$67,651 or more	\$72,051 or more

**2. Race: Check box most closely describing your race and ethnicity**

1	White	6	American Indian or Alaskan Native <i>and</i> White
1 A	White <u>AND Hispanic, Latino, or Puerto Rican</u>	6 A	American Indian or Alaskan Native <i>and</i> White <u>AND Hispanic, Latino, or Puerto Rican</u>
2	Black or African American	7	Asian <i>and</i> White
2 A	Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>	7 A	Asian <i>and</i> White <u>AND Hispanic, Latino, or Puerto Rican</u>
3	Asian	8	Black or African American <i>and</i> White
3 A	Asian <u>AND Hispanic, Latino, or Puerto Rican</u>	8 A	Black or African American <i>and</i> White <u>AND Hispanic, Latino, or Puerto Rican</u>
4	American Indian or Alaskan Native	9	American Indian or Alaskan Native <i>and</i> Black or African American
4 A	American Indian or Alaskan Native <u>AND Hispanic, Latino, or Puerto Rican</u>	9 A	American Indian or Alaskan Native <i>and</i> Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>
5	Native Hawaiian or other Pacific Islander	10	Other Multi Racial ( <u>Hispanic, Latino, or Puerto Rican are not RACES</u> )
5 A	Native Hawaiian or other Pacific Islander <u>AND Hispanic, Latino, or Puerto Rican</u>	10 A	Other Multi Racial: <u>AND Hispanic, Latino, or Puerto Rican</u>

**3. Age of Program Participant: (check one)**

1	Under 5 years	4	16-20 years	7	45-54 years
2	5-9 years	5	21-24 years	8	55-64 years
3	10-15 years	6	25-44 years	9	Over 64 years

**4. Gender?**

1	Female
2	Male
3	

**5. Who do you live with (check one)**

Mother  Both Parents   
 Father  Other  Who \_\_\_\_\_

**6. Do you consider yourself with a severe disability?**

1	Yes
2	No

**CERTIFICATION:** [For youth programs, this form must be signed by a parent or guardian.]

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE MAINTAINED FOR SEVEN YEARS FOR GOVERNMENT VERIFICATION.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

