



Summer 2024 Project Pathways Registration Packet

Dear Parent/Guardian,

We are honored and excited that you and your teen are interested in participating in Project Pathways at West Side Community Services! Teens aged 13-19 who attend BPS, charter, and private schools are invited to join us. Each day, your teen will participate in various activities centered on different foci to promote essential skills and emotional, physical, and practical knowledge. Teen Peer Advisors will also be readily available to encourage participation and mentor fellow teens throughout the program.

Please carefully review, complete, and sign the following forms contained in this packet:

1. Project Pathways Program registration
2. Emergency medical consent
3. Health information
4. Teen release/pick-up authorization
5. Teen code of conduct agreement
6. Waivers and other authorizations
7. Client characteristic form 49 (not necessary if participated in West Side Teens during 23-24 school year)
8. Teen and Parent Handbook – available online at wscsbuffalo.org/programs/kids/summer#project_pathways.
9. Attendance Policy (for Summer Youth Employment Program participants only)

When completed and signed, these forms can be submitted in the following ways:

1. Scan and email to mfrias@wscsbuffalo.org.
2. Mail to West Side Community Services, Attn: Youth Dept., 161 Vermont St., Buffalo, NY 14213.
3. Fax to the attention of Marino Frias at 716-884-6639.
4. Drop-off in person to West Side Community Services during our hours of operation (**Non-summer hours: Mon-Fri, 1-6 p.m. // During summer: Mon-Thurs, 3-8 p.m.**)

If you ever have any questions—now, next week, or next year—please do not hesitate to call me. Also, if you'd like to take a tour of our center or schedule a time for us to meet to discuss anything that's on your mind, I welcome the opportunity to do so! Thank you!

Which of the following roles/situations are applicable to you. Please check all that apply to you below:

Teen (Participant) **SYEP (Peer Advisor)** **Attended West Side Teens '23-'24**

Marino Frias

Senior Program Manager, Youth Department

mfrias@wscsbuffalo.org (716) 884-6616 ext. 104

TEEN REGISTRATION FORM

West Side Community Services requires that each teen who participates in activities and events is registered by a parent or guardian (unless 18 or over). The following information should be provided by the parent or guardian and then updated annually/as necessary. All information will be kept confidential. *Please print clearly!*

Teen's Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female Non-binary Other: _____

School Attending: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Parent(s)/Guardian(s) Information

(This section is required for teens under 18.)

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to participant: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to participant: _____

EMERGENCY MEDICAL CONSENT FORM

I, _____, the parent/guardian of _____, recognize that medical emergencies may occur that require medical treatment, and further recognize that West Side Community Services Inc. personnel may potentially be unable to contact me for consent of emergency medical care. Therefore, I do hereby consent in advance to such emergency care including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Name (Printed)	Phone
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Signature of Parent/Guardian (if teen is under 18) OR signature of participant (if teen is 18+)	Date
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Emergency Contacts (in addition to parent/guardian)

Name (Printed)	Phone
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Name (Printed)	Phone
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Family Physician: _____ Phone: _____

Preferred hospital: _____ Phone: _____

HEALTH INFORMATION FORM

Please answer the questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

Does the applicant have any allergies? (Food, medication, etc.) No Yes, please describe:

Does the applicant have asthma? No Yes

Does the applicant have special health care needs? No Yes, please describe:

Does the applicant take medication for any condition or illness? No Yes, please describe:

Are there activities the applicant cannot participate in? No Yes, please describe:

Please provide any additional health information details: N/A

Please list any accommodation(s) you are requesting for yourself/the teen: N/A

Does your teen require an **EPIPEN**? (Please check one.)

- No
- Yes - stored on-site by WSCS
- Yes - carried by child daily

Does your teen require an **INHALER**? (Please check one.)

- No
- Yes - stored on-site by WSCS
- Yes - carried by child daily

Is your teen covered by family medical/hospital insurance? (Please check one.):

No Yes

Insurance Company Name: _____

Policy Number: _____ Contact Information: _____



TEEN RELEASE AUTHORIZATION FORM

Teen's Name: _____

Date of Birth: ____/____/____ Home Phone: _____

I understand that my teen will not be permitted to leave West Side Community Services via any other method or with anyone other than the authorized person(s) that I have listed below. ***These individuals (including you!) must bring a valid photo ID in order for a West Side Community Services staff member to release your child to their care. Once a teen has signed out of the program for the night they will not be allowed back in on the same day.***

My teen may leave on their own at any time without supervision.

My teen must be picked up and signed out by any of the following people:

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Does your teen have any current orders of protection regarding their safety? (Please check one):

NO, my child does not have any current orders of protection regarding their safety.

YES, my child does have a related order of protection regarding their safety.

If YES - please provide copies of current orders of protection that relate to your child. These documents must include a clear photo, full name, and license/make/model of vehicle for anyone named in the order and all persons not allowed to be near your child.

My teen **MAY NOT** be picked up nor signed out by any of the following people:

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

-----Continue Teen Release / Pick-up Authorization Form----->



TEEN RELEASE AUTHORIZATION/ PICK-UP FORM (continued)

I authorize my teen to be released from West Side Community Services according to the information provided. Additionally, I have communicated with my teen the ways in which I permit my teen to leave the center. I understand that West Side Community Services assumes no responsibility for transportation to or from West Side Community Services' building, and that West Side Community Services is not responsible for my teen before they arrive at or after they sign out of program that night. Teens that sign out will not be readmitted to the center that day.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

TEEN CODE OF CONDUCT AGREEMENT

All teens that participate in West Side Community Services programs and activities, on- or off-site, are required to abide by the following code of conduct.

I, _____, agree to and will:

1. Be responsible for my own behavior.
2. Support and abide by West Side Community Services staff and volunteers and follow their directions.
3. Practice good citizenship, leadership, and have a positive attitude.
4. Be honest and trustworthy.
5. Show respect to others.
6. Use appropriate language.
7. Maintain acceptable noise levels inside WSCS.
8. Be free from the possession and consumption of drugs, alcohol, and/or tobacco (including vapes).
9. Leave all bikes and skateboards in their designated area.
10. Use the appropriate bathroom.
11. Keep my hands to myself and refrain from public displays of affection (PDA).
12. Respect the property of others and WSCS.
13. Clean up after myself and help staff pick up if necessary.
14. Report any problems or issues to the staff on duty.
15. Sign in with my correct name when I arrive and sign out when I leave.
16. Accept the consequences for inappropriate behavior (see handbook).

I have read, understand, and agree to follow these standards of behavior in order to make WSCS a safe, fun, and positive environment, for myself and for all of the teens at WSCS.

Teen Signature

Date

Parent/Guardian Signature

Date

SUMMER YOUTH EMPLOYMENT PROGRAM ATTENDANCE POLICY

(This page required for Mayor's/Erie County Summer Youth Employment Program participants only.)

Attendance

Participants are required to attend all scheduled days of the summer program unless excused for a valid reason. Failure to attend without a valid excuse may result in contacting your respective agency (Mayor's SYEP/ Erie County SYEP) and informing them we wish to terminate employment for the remainder of the summer.

Punctuality

Participants must arrive on time for all scheduled activities, including orientation sessions, training workshops, and work placements. Tardiness disrupts the flow of activities and reflects negatively on both the individual and the program.

Notification of Absences

In the event of an unavoidable absence, participants must notify the senior program manager or another WSCS staff member as soon as possible. Notification should include the reason for the absence and an estimated duration, if known.

Excused Absences

Excused absences include illness, family emergencies, or other legitimate reasons that prevent attendance. Participants must provide appropriate documentation for excused absences, such as a doctor's note or a family emergency contact.

Unexcused Absences

Unexcused absences are those without valid reasons or proper notification. Excessive unexcused absences may lead to disciplinary action, up to and including separation from the program at West Side Community Services.

Make-up Opportunities

Participants may be provided with opportunities to make up missed activities or assignments at the discretion of the senior program manager. Make-up opportunities are subject to availability and might not be during previously scheduled times.

Consequences for Non-compliance

Failure to comply with the attendance policy may result in disciplinary action, including verbal warnings, written warnings, probation, or termination from the program. Participants terminated from the program due to attendance may not be considered for future Mayor's or Erie County Summer Youth Employment Program positions.

Acknowledgment of Policy

By participating in the Project Pathways program, participants acknowledge that they have read, understood, and agree to comply with the attendance policy outlined herein. Failure to comply with the attendance policy may result in consequences as outlined above.

Teen signature: _____

Date: _____

Waivers & Other Authorizations

WSCS understands the importance of the involvement of parents/guardians in the life of their children. Please read carefully and indicate your decision followed by your initials for the consent you desire to give or not give. You and your teen must also sign the Waiver of Liability and Statement of Understanding on the next page.

Media Release: I give WSCS permission to use my teen's name and/or photo in the press/media when releasing information about the accomplishments and highlights of WSCS. I also give permission for pictures and/or videos that include my teen to be posted on WSCS social media accounts and/or website and/or used in print materials. Yes No Initials: _____

Viewing Agreement: I give permission for my teen to view PG/PG-13 movies and equivalent-rated TV shows at WSCS that have been previously viewed by staff and are deemed appropriate for teens. Yes No Initials: _____

Gaming Agreement: I give permission for my teen to play and watch video games rated T for teens or below that are deemed appropriate by WSCS staff. Yes No Initials: _____

Search Agreement: In order to ensure the safety and wellbeing of all teens, instructors, staff, and volunteers within the program, I understand that my teen is subject to having their bags and person searched by WSCS staff or a contracted security guard. Failure to consent or submit to inspection will result in denial of entry.

I have read the search agreement and agree to search of bags and persons in order to attend Project Pathways programs. Initials: _____

West Side Teen Parent Handbook: The parent handbook is on our website at wscsbuffalo.org/programs/kids/summer#project_pathways. Please review the handbook before completing this application.

I verify that I/we have read the Parent Handbook and will adhere to all policies in it. By initialing below, I also verify and acknowledge that I have access to a copy of the West Side Community Services Teen Parent Handbook, which contains important information on WSCS policies and procedures. I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me. I understand that WSCS reserves the right to make changes to its policies or procedures at any time at its discretion. I further understand that WSCS reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate. I have received the WSCS Parent Handbook. I have read (or will read) and agree to abide by the policies and procedures contained in the handbook.

Initials: _____



COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

The undersigned, in my capacity as parent, legal guardian, or teen, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while in the care of West Side Community Services.

As such, and in consideration for teen programs to be provided by West Side Community Services, the undersigned, for myself and my minor children enrolled in the program fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN OR 18+ TEEN PARTICIPANT, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child (if participant is under 18) and that my signature binds each other person having authority to make decisions on behalf of the child.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Teen's Signature (if 18 or older) _____

Date _____

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 49
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: **10/1/23**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="checkbox"/> Under 5 years	<input type="checkbox"/> 10-15 years	<input type="checkbox"/> 21-24 years	<input type="checkbox"/> 45-54 years	<input type="checkbox"/> 62 years and older
<input type="checkbox"/> 5-9 years	<input type="checkbox"/> 16-20 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
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4. Please check **one** from the below which best describes your (the participant) race.

<input type="checkbox"/> White	<input type="checkbox"/> Asian and Black or African American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native and Black or African American
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> Other/Multi Racial
<input type="checkbox"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="checkbox"/> \$19,500 or less	<input type="checkbox"/> \$22,300 or less	<input type="checkbox"/> \$25,100 or less	<input type="checkbox"/> \$27,850 or less
50% median (VL)	<input type="checkbox"/> \$32,500 or less	<input type="checkbox"/> \$37,150 or less	<input type="checkbox"/> \$41,800 or less	<input type="checkbox"/> \$46,400 or less
80% median (LI)	<input type="checkbox"/> \$52,000 or less	<input type="checkbox"/> \$59,400 or less	<input type="checkbox"/> \$66,850 or less	<input type="checkbox"/> 74,250 or less
81-100% median	<input type="checkbox"/> \$54,400 or more	<input type="checkbox"/> \$62,100 or more	<input type="checkbox"/> \$69,900 or more	<input type="checkbox"/> \$77,600 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="checkbox"/> \$30,100 or less	<input type="checkbox"/> \$32,350 or less	<input type="checkbox"/> \$34,550 or less	<input type="checkbox"/> \$36,800 or less
50% median (VL)	<input type="checkbox"/> \$50,150 or less	<input type="checkbox"/> \$53,850 or less	<input type="checkbox"/> \$57,500 or less	<input type="checkbox"/> \$61,250 or less
80% median (LI)	<input type="checkbox"/> \$80,200 or less	<input type="checkbox"/> \$86,150 or less	<input type="checkbox"/> \$92,100 or less	<input type="checkbox"/> \$98,050 or less
81-100% median	<input type="checkbox"/> \$83,900 or more	<input type="checkbox"/> \$90,100 or more	<input type="checkbox"/> \$96,300 or more	<input type="checkbox"/> \$102,500 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____

Summer Project Pathways Daily Sample Schedule

(Schedules to be posted at front desk.)

Project Pathways Sample Day Summer Teen Schedule			
Time	Location	Activity Type	Activity Offered
3:00pm - 3:30pm	Front Desk	Teen Dinner/ Check in	Teen Dinner/ Check in
3:30pm - 4:00pm	Gym	Rec it Up	Basketball 3on3 Tournament
4:30pm - 5:00pm	Computer Room	You Better Work-	Microsoft 360 Skills
5:00pm - 5:30pm	Computer Room	You Better Work-	Resume Builders
5:30pm - 6:00pm	Fitness Room	Treat Yo Self	Yoga
6:00pm - 6:30pm	Cafeteria	BMOB-	Strategic Thinking Session
6:30pm - 7:00pm	Computer Room	Adulting 101	Health insurance 101
7:00pm - 7:30pm	Computer Room	Rec it Up	Esports - Switch
7:30pm - 8:00pm	Front Desk	Dismissal/Snack	Dismissal/Snack

Project Pathways Activity Types

- **Adulting 101** focuses on basic, essential skill building (financial literacy, navigating healthcare/insurance, establishing retirement savings).
- **You Better Work** focuses on college and career exposure. Teens will learn different skills to gain employment (resume development, job searching, interview skills).
- **Be My Own Boss** focuses on entrepreneurialism, maintaining a growth mindset, networking, accepting and acting on feedback, and basic finance skills.
- **Treat Yo'Self** focuses on physical and mental wellness and includes NYS OASAS-funded prevention curricula focused on substance use and violence prevention, as well as social-emotional skill building.
- **Rec It Up** focuses on sports and team-based games, including activities such as tabletop games (i.e. Dungeons & Dragons), basketball, and esports.