



2024-2025 School Year West Side Teens Registration Packet

Dear Parent/Guardian,

We are honored and excited that your teen (we consider anyone currently in grade 7 up to age 19 as a “teen”) is interested in participating in West Side Teens at West Side Community Services! Teens who attend BPS, charter, and private schools are invited to join us. Each day that your teen arrives, they will have access to our fitness facilities, College/Job Readiness Lab, arts program, and other seasonal and exclusive programs centered around our core values of innovation, co-creation, empathy and belonging, inclusion, and impact.

This year’s program starts on Tuesday, September 24, 2024. The program operates on Tuesday, Wednesday, and Thursday evenings from 5-8:30 p.m. through June 26, 2025.

Your teen’s safety and our clear communication with everyone are both high priorities. As such, this registration packet must be completed before your teen can attend and participate at West Side Community Services each year.

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

- West Side Teens registration
- Emergency medical consent
- Health information
- Teen release/pick-up authorization
- Teen code of conduct agreement
- Waivers and other authorizations
- Client characteristic form 49 (not necessary if participated in West Side Teens during 23-24 school year or Project Pathways 2024)
- Teen and Parent Handbook – available online at wscsbuffalo.org/programs/kids#teens.

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

1. Scan and email to mfrias@wscsbuffalo.org OR fax to Marino Frias at 716-884-6639.
2. Mail to West Side Community Services, Attn: Youth Dept., 161 Vermont St., Buffalo, NY 14213.
3. Drop-off in person to West Side Community Services during our hours of operation (M-Th, 10 a.m.-5:30 p.m., Fri 10 a.m. - 2 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!

Please check all that apply to you/your teen: **Teen (Participant)** **YEP (Peer Advisor)**
 Attended West Side Teens ‘23-‘24 **Attended Project Pathways 2024**

Marino Frias
Director, 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



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

West Side Teens programs. Initials: _____

West Side Teen Parent Handbook: The parent handbook is on our website at wscsbuffalo.org/programs/kids#teens. 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: _____

-----Waiver of Claims continued----->

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 _____

Project Title: Cullen Foundation Afterschool Program Evaluation
 Principal Investigator: Colleen Schlecht
 IRB Protocol #: 21-1701

Parent/Guardian Consent – Evaluation Process

West Side Community Services offers a high-quality out-of-school time program for young people. We are partnering with Chapin Hall at the University of Chicago to better understand the skills of young people who come to West Side Community Services and to improve our program. This is part of a grant from the Cullen Foundation to support our program(s).

This form asks for permission for West Side Community Services and Chapin Hall to gather information about your child’s skills and program experiences while they attend this program at any time from August 2024 through July 2025.

Purpose and Activities

The goal of the evaluation process with Chapin Hall is to understand **how youth skills grow this year** and **what it’s like to be in our program**. West Side Community Services is doing 4 activities this year:

To understand	Activity	How often
How youth skills grow this year	1. Youth complete a reading/math assessment, WRAT: about 45 minutes	2 times
	2. Based on getting to know your child, West Side Community Services staff fill out a short development observation tool (DESSA-mini)	2 times
What it’s like to be in our program	3. Youth age 8+ fill out a short survey about the program (10 minutes)	1 time
	4. A researcher visits to observe regular program activities (not more than 2 hours)	2 times

Measures to Protect Confidentiality

Chapin Hall will receive youth information from the 4 evaluation activities. **The law requires everyone that is part of evaluation activities to protect your child’s privacy.** They will always keep your child’s name and information private. The Chapin Hall evaluation report will not include any child names. The tools used to understand how youth skills grow this year automatically create summaries about youth skills for the program and for individual youth. These summaries will include an identifier but not your child’s name. West Side Community Services staff may use the summaries to plan for the program.

Risks

Evaluation activities have minimal risks. Many schools and afterschool programs use the academic and healthy development tools. The survey and program observation do not collect

names or information that is identifying. There is a small chance that other youth could learn if your child is or is not taking part.

Benefits

Your child will not benefit directly from taking part in the evaluation activities. West Side Community Services may use the information to improve the program.

Incentives

Your child will not receive an incentive from Chapin Hall for taking part in the evaluation.

How Information Will Be Used

Chapin Hall will use this information to prepare a report about West Side Community Services for the Cullen Foundation, which will include organization-level results and not include individual's information or results. The researchers will not share data outside of this evaluation. West Side Community Services staff may also use this information to improve the program.

Taking Part is Voluntary

Your child doesn't have to be part of the evaluation. Your choice will not affect the program or your child's experience. They can stop taking part in evaluation activities at any time.

Questions

If you have questions about the study, please contact Colleen Schlecht at cschlecht@chapinhall.org or 202-422-4130. If you have questions about your child's rights as a participant, you may contact the Biomedical Research Alliance of New York Institutional Review Board at (516) 318-6877 or <https://www.brany.com/concerns-about-research>.

I, _____ [name of parent/guardian], understand the description above. I am satisfied with the answers to my questions. I agree for my child to take part in the evaluation for West Side Community Services. I have a copy of this form.

_____ Signature of Child's Parent/Legal Guardian	_____ Date
_____ Child's Full Name	_____ Age/Grade
_____ Signature of Child for Assent (if 12-17 years old)	_____ Date

- Yes, I give permission for my child to take part in evaluation activities.
- No, I do not give permission for my child to take part in evaluation activities.

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 50
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: **10/1/24**

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"/> \$20,350 or less	<input type="checkbox"/> \$23,250 or less	<input type="checkbox"/> \$26,150 or less	<input type="checkbox"/> \$29,050 or less
50% median (VL)	<input type="checkbox"/> \$33,950 or less	<input type="checkbox"/> \$38,800 or less	<input type="checkbox"/> \$43,650 or less	<input type="checkbox"/> \$48,450 or less
80% median (LI)	<input type="checkbox"/> \$54,250 or less	<input type="checkbox"/> \$62,000 or less	<input type="checkbox"/> \$69,750 or less	<input type="checkbox"/> \$77,500 or less
81%+ median	<input type="checkbox"/> \$54,251 or more	<input type="checkbox"/> \$62,001 or more	<input type="checkbox"/> \$69,751 or more	<input type="checkbox"/> \$77,501 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="checkbox"/> \$31,400 or less	<input type="checkbox"/> \$33,700 or less	<input type="checkbox"/> \$36,050 or less	<input type="checkbox"/> \$38,350 or less
50% median (VL)	<input type="checkbox"/> \$52,350 or less	<input type="checkbox"/> \$56,250 or less	<input type="checkbox"/> \$60,100 or less	<input type="checkbox"/> \$64,000 or less
80% median (LI)	<input type="checkbox"/> \$83,700 or less	<input type="checkbox"/> \$89,900 or less	<input type="checkbox"/> \$96,100 or less	<input type="checkbox"/> \$102,300 or less
81%+ median	<input type="checkbox"/> \$83,701 or more	<input type="checkbox"/> \$89,901 or more	<input type="checkbox"/> \$96,101 or more	<input type="checkbox"/> \$102,301 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: _____

DEFINITION FOR REPORTING TABLE RACE AND ETHNICITY

Racial Categories:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnic Categories:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, " Spanish origin," can be used in addition to "Hispanic or Latino."

Not Hispanic of Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Data Collection Information for Race and Ethnicity:

All Public Services Subrecipients must use a two-question format, meaning that separate questions for race and ethnicity should be used. Race and ethnicity are not the same thing. Both questions must be answered. The ethnicity question should precede the race question. Self-reporting or self-identification, rather than observer identification is the preferred method for collecting race and ethnicity data. Self-identification for race and ethnicity means that responses are based on self-perception.