



# Golden Gate Youth Services

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

*\*How did you hear about us? Return \_\_\_ Pass by \_\_\_ Referred/Friend \_\_\_ Website/Social Media \_\_\_*

Name of Parent/Guardian: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail address(s): \_\_\_\_\_

*\*Ethnicity (Optional): \_\_\_\_\_ \*Race: \_\_\_\_\_ Family Size (#) \_\_\_\_\_*

*\*Annual Income: \_\_\_\$10,000-\$19,000 \_\_\_\$20,000-\$29,000 \_\_\_\$30,000-\$39,000 \_\_\_\$40,000-\$49,000 \_\_\_\$50,000+*

Name of Parent/Guardian: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

E-mail address(s): \_\_\_\_\_

*\*Ethnicity (Optional): \_\_\_\_\_ \*Race: \_\_\_\_\_ Family Size (#) \_\_\_\_\_*

*\*Annual Income: \_\_\_\$10,000-\$19,000 \_\_\_\$20,000-\$29,000 \_\_\_\$30,000-\$39,000 \_\_\_\$40,000-\$49,000 \_\_\_\$50,000+*

*\*Is anyone in the household eligible for AHCCCS? Yes \_\_\_ No \_\_\_ I don't know \_\_\_*

*\*Is anyone in the family eligible for DES Child Care? Yes \_\_\_ No \_\_\_ I don't know \_\_\_*

**Confidentiality:** Requested information is for our records and for the funding received by Wesley Community and Health Centers. Information you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary. **Please be aware** that Wesley Community and Health Centers is a mandated reporting site. This means that any time we suspect physical or sexual abuse or neglect of a child, by law, we must report to the AZ Department of Child Safety. We also have a 'duty to warn' which means that if someone is a danger to him/herself or others, we must report to Law Enforcement, or another appropriate agency.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#1 Participant's (child's) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Grade Level: \_\_\_\_\_  
Participant's School: \_\_\_\_\_ Free/Reduced Lunch? Yes \_\_\_ No \_\_\_  
\*Ethnicity (Optional): \_\_\_\_\_ Membership Type: \_\_\_ Youth \_\_\_ Volunteer  
**Environmental allergies, food allergies, asthma, behavioral health issues, medical/mental health conditions, etc.?**

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#2 Participant's (child's) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Grade Level: \_\_\_\_\_  
Participant's School: \_\_\_\_\_ Free/Reduced Lunch? Yes \_\_\_ No \_\_\_  
\*Ethnicity (Optional): \_\_\_\_\_ Membership Type: \_\_\_ Youth \_\_\_ Volunteer  
**Environmental allergies, food allergies, asthma, behavioral health issues, medical/mental health conditions, etc.?**

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#3 Participant's (child's) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Grade Level: \_\_\_\_\_  
Participant's School: \_\_\_\_\_ Free/Reduced Lunch? Yes \_\_\_ No \_\_\_  
\*Ethnicity (Optional): \_\_\_\_\_ Membership Type: \_\_\_ Youth \_\_\_ Volunteer  
**Environmental allergies, food allergies, asthma, behavioral health issues, medical/mental health conditions, etc.?**

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#4 Participant's (child's) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Grade Level: \_\_\_\_\_  
Participant's School: \_\_\_\_\_ Free/Reduced Lunch? Yes \_\_\_ No \_\_\_  
\*Ethnicity (Optional): \_\_\_\_\_ Membership Type: \_\_\_ Youth \_\_\_ Volunteer  
**Environmental allergies, food allergies, asthma, behavioral health issues, medical/mental health conditions, etc.?**

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#5 Participant's (child's) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Grade Level: \_\_\_\_\_  
Participant's School: \_\_\_\_\_ Free/Reduced Lunch? Yes \_\_\_ No \_\_\_  
\*Ethnicity (Optional): \_\_\_\_\_ Membership Type: \_\_\_ Youth \_\_\_ Volunteer  
**Environmental allergies, food allergies, asthma, behavioral health issues, medical/mental health conditions, etc.?**

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**Note: If any of the above information changes, please notify Golden Gate Youth Services staff immediately.**

**EMERGENCY CONTACT INFORMATION**

List two emergency contacts (other than parents/guardians):

#1) Name _____	Relationship _____
Address _____	Apt# _____
Cell Phone #: _____	Work#: _____
#2) Name _____	Relationship _____
Address _____	Apt# _____
Cell Phone #: _____	Work#: _____

**EMERGENCY MEDICAL RELEASE**

If emergency medical care is necessary and I cannot be reached, I authorize Wesley Community Center to act in my behalf in granting permission for Participant to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOLD HARMLESS RELEASE**

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Wesley Community Center, Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named Participant in any and all activities whether the result of negligence or for any other cause of Wesley Community Center. I individually, and as a parent/guardian for Participant, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDANCE / PAYMENT POLICY**

You will be charged on a per week basis for each week that the Participant(s) attends. Invoices will be sent out every Friday and need to be paid by Monday the following week. **Weekly fees will not be pro-rated for absent days.** Please notify Program Staff if you are unable to make weekly payments.

**\*Failure to pay on-time can result in a \$10 late fee (This does not apply if on payment plan). There will be no refunds for services.**

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AFTER-SCHOOL/ SUMMER PROGRAMS

The After-School Program will operate when school starts in August, until school ends in May. We follow the Isaac School District Schedule and will remain open for programming during the Isaac School District closures for Fall, Spring, and Summer breaks.

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- Hours of operation are
  - **2:30 – 6:30 p.m. Monday/Tuesday/Wednesday**
  - **1:00 – 6:30 p.m. Thursday (Isaac early release)**
  - **1:30 - 6:30 p.m. Friday (Vista early release)**
  - We will be open for other days that the school district releases early or has closures
  - **If youth misses school for any reason, youth cannot attend our after school program**
  - Summer hours are 8:00 a.m. – 6:30 p.m.
- **\*\*YOUTH MUST BE PICKED UP NO LATER THAN 6:45 P.M. or parent/guardian(s) will be assessed \$10 at 6:45pm and every 15 minutes thereafter.**
- During school closures and summer programming-breakfast/snack will also be provided
- Lunch will be provided by Kids Café

## CODE OF CONDUCT

Guidelines all participants are expected to follow:

- Positive attitude
- Respect self, peers, guests, and staff
- Respect property of Wesley/Golden Gate and others
- No cursing, horseplay, or teasing
- Youth may not participate in program if suspended, expelled, or unexcused absence
- Must always have valid membership (parents **must** pay weekly fees)

**CONSEQUENCES**

- 1<sup>st</sup> warning: Verbal Warning
- 2<sup>nd</sup> warning: 5 minute time-out
- 3<sup>rd</sup> warning: parent called and youth sent home for the day

**Continued – CONSEQUENCES**

If behavior continues, the following action(s) will be taken:

- 1<sup>st</sup> incident - \*3 day suspension
- 2<sup>nd</sup> incident - \*1 week suspension
- 3<sup>rd</sup> incident - \*1 month suspension
- 4<sup>th</sup> incident - \*Expulsion from program

**ZERO TOLERANCE**

- Disrespecting Staff
- Leaving Premises
  - Fighting
  - Stealing
  - Bullying
- Any form of Harassment

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS**

I hereby voluntarily, and without compensation, authorize the Wesley Community and Health Centers, Inc. to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student and/or parent (the Material). This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or Program promotion. I understand Wesley Community and Health Centers Center, Inc. and its employees will not use these materials for compensation.

Wesley Community and Health Centers will own the Material. The Material will not be loaned or sold to any other entities and will only be used for the purposes stated above.

I hereby release Wesley Community and Health Centers from all claims for damages or any claim based on the use of photograph, video tape, audio tape, digital and/or written materials.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the Executive Director of the Wesley Community Center, Inc. This consent shall remain in effect, unless revoked.

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of Disclosure will be maintained at:

**Wesley Community and Health Centers  
at Golden Gate  
1625 N. 39<sup>th</sup> Ave.  
Phoenix, AZ 85009  
Office: 602-233-0017  
Fax: 602-269-1234**

**Wesley Community and Health Centers  
at Central City  
1300 S. 10<sup>th</sup> St.  
Phoenix, AZ 85034  
Office: 602-252-5624  
Fax: 602-252-5768**

## PARENT PERMISSION TO WALK

\_\_\_ I **DO** give permission for Participant(s) to

\_\_\_ Walk \_\_\_ Take the bus

To/ and from Wesley Community and Health Centers/Golden Gate Community Center

Expected Time In: \_\_\_\_\_ Expected Time Out: \_\_\_\_\_

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\_\_\_ I **DO NOT** give permission for Participant(s) to

\_\_\_ Walk \_\_\_ Take the bus

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Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Participant(s) Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECK-OUT AUTHORIZATION FORM

**1<sup>st</sup> Participant's Name:** \_\_\_\_\_

The following individuals are authorized **ONLY** to pick-up/check-out the above named participant(s) from Wesley/Golden Gate After-School, Fall Session, Spring Session, and Summer Session.

#1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

*Note: Add additional names if needed. Program Staff will keep copy of IDs to keep in Participant's file.*

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following individuals are **PROHIBITED** (not allowed) from contacting or checking-out the student:

Specify the individual(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHECK-OUT AUTHORIZATION FORM

**2<sup>nd</sup> Participant's Name:** \_\_\_\_\_

The following individuals are authorized **ONLY** to pick-up/check-out the above named participant(s) from Wesley/Golden Gate After-School, Fall Session, Spring Session, and Summer Session.

#1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

*Note: Add additional names if needed. Program Staff will keep copy of IDs to keep in Participant's file.*

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following individuals are **PROHIBITED** (not allowed) from contacting or checking-out the student:

Specify the individual(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHECK-OUT AUTHORIZATION FORM

**3<sup>rd</sup> Participant's Name:** \_\_\_\_\_

The following individuals are authorized **ONLY** to pick-up/check-out the above named participant(s) from Wesley/Golden Gate After-School, Fall Session, Spring Session, and Summer Session.

#1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

*Note: Add additional names if needed. Program Staff will keep copy of IDs to keep in Participant's file.*

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following individuals are **PROHIBITED** (not allowed) from contacting or checking-out the student:

Specify the individual(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHECK-OUT AUTHORIZATION FORM

**4<sup>th</sup> Participant's Name:** \_\_\_\_\_

The following individuals are authorized **ONLY** to pick-up/check-out the above named participant(s) from Wesley/Golden Gate After-School, Fall Session, Spring Session, and Summer Session.

#1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

*Note: Add additional names if needed. Program Staff will keep copy of IDs to keep in Participant's file.*

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following individuals are **PROHIBITED** (not allowed) from contacting or checking-out the student:

Specify the individual(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHECK-OUT AUTHORIZATION FORM

5<sup>th</sup> Participant's Name: \_\_\_\_\_

The following individuals are authorized **ONLY** to pick-up/check-out the above named participant(s) from Wesley/Golden Gate After-School, Fall Session, Spring Session, and Summer Session.

#1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

#3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

*Note: Add additional names if needed. Program Staff will keep copy of IDs to keep in Participant's file.*

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following individuals are **PROHIBITED** (not allowed) from contacting or checking-out the student:

Specify the individual(s) below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Separate form to be used only if Medication assistance is requested by Parent:*

**MEDICAL & MEDICATION INFORMATION with PARENT/GUARDIAN RELEASE FORM**

Does participant(s) have any medical/mental health conditions, asthma or allergies, ADHD, ADD, Food Allergy or other?

**Check \_\_\_\_\_ if does not apply.**

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby request that the staff administer the following medication to my child. (Include inhalers.)

_____	_____	_____
Name of Medication	Amount to be given	When to medicate

_____	_____	_____
Name of Medication	Amount to be given	When to medicate

All medication given must be presented to the staff in the original pharmacy container and must contain all the prescription information as listed above. Please list any possible medicine reactions:

Person to call/phone # if any reaction occurs: \_\_\_\_\_

I release and forever hold harmless Wesley Community and Health Centers and all persons connected, from any and all liability for reactions my child may suffer from the administration of this medication while on the campus and/or involved in any activities on the premises or on a field trip.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Note: if additional participant requires medication, please request additional form.***