

TEEN HAVEN: RESET REGISTRATION

Child's Full Name: _____ Age: _____ Male Female
 Home Address: _____ City: _____ Zip: _____
 Grade: _____ School: _____ Student ID #: _____
 Date of Birth: ____/____/____ Home Telephone: _____ Cell Phone: _____

Name of Parent/Guardian 1: _____
 Home Address (if different than child's): _____
 City: _____ State: _____ Zip Code: _____ Cell Phone: _____
 Home Phone (if different from child): _____ Work Phone: _____

Name of Parent/Guardian 2: _____
 Home Address (if different than child's): _____
 City: _____ State: _____ Zip Code: _____ Cell Phone: _____
 Home Phone (if different from child): _____ Work Phone: _____

Emergency Contact: This contact should not be the same as the previous information.

Name of Emergency Contact: _____
 Relationship to Child: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

Will your child be packing lunch? No Yes

Please circle the days your child will be attending Reset:

Monday	Tuesday	Closed on	Thursday	Friday
7:45am – 1:30pm	10:45am – 4:30pm	Wednesdays	7:45am – 1:30pm	10:45am – 4:30pm

Will your child be walking? No Yes

Who has permission to pick your child up?

Name: _____ Relationship to child: _____

Does your child receive additional supportive or therapeutic services that would need to be accommodated during programming? No Yes (fill in the following)

Service Provider's Name: _____

Frequency/duration: _____

Accommodations needed: _____

Medical Information:

Please indicate any allergies or other conditions the staff should be aware of (medical, medications, food allergies, etc.):

Name of Primary Physician/Clinic: _____

Phone # of Physician/Clinic: _____

Medical Insurance Company: _____

Policy #: _____

Covid-19 Precautions:

To help us ensure the safety of all students and personnel, we are asking all of families to take the following steps to screen your child before Reset each day. Please, check your child's temperature each day before arriving. If your child's temperature is over 100 degrees, we ask that you refrain from sending your child to Reset. Also please check in with your child for any symptoms typical of COVID-19, such as:

Cough

Shortness of breath

Difficulty breathing

Or combinations of the following symptoms:

Fever

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

Loss of taste or smell

If your child presents with these symptoms, we ask that you refrain from bringing your child to camp and highly recommend that you immediately call your family Doctor.

Carefully read our student expectations:

Students are expected to be on time

Students are expected to come prepared (laptop/tablet, charger, headphone/earbuds, books, etc.)

Students are expected to fully engage with their synchronous and asynchronous learning schedule

Students are expected to keep their work station tidy and sanitized

Students are expected to wear a mask upon entering Teen Haven and anytime they are walking throughout the building

Students are expected to wash hands often

Students are expected to abstain from engaging in illegal and violent activity while on Teen Haven property

Students are expected to be sober and to abstain from carrying drugs, alcohol, or weapons on Teen Haven property

Students are expected to adhere to Teen Haven's values of Respect:

Respect God

Respect Staff

Respect Property

Respect Others

I have read and agree to adhere to the student expectations listed above. I understand that incompliance to these expectations may result in being dismissed from the Reset program.

Student Name: _____ Date: _____

Parent/Guardian Initials: _____ Date: _____

Consent and Release Form:

As parent or legal guardian of the above named student, I give my permission for my child to attend Teen Haven programs. I do hereby release and indemnify Teen Haven and/or Water Street Mission of any and all responsibility resulting from injuries, which may be obtained by my child in route to or from, or while at Teen Haven programs.

I give my consent for a Teen Haven staff member to directly contact my child via text message or social media concerning Teen Haven activities and events.

I hereby give Teen Haven staff and/or volunteer's full permission and authorization to secure emergency medical treatment for my child at the hospital of their choice in the case of an emergency. I also authorized that hospital to provide any and all necessary treatments.

I understand the likeness of my child may appear in program/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.

I understand Teen Haven staff and volunteers must have an active role in the discipline of my child while he/she is involved in Teen Haven programs. I will support the staff and volunteers in their supervisory efforts.

Finally, I understand Teen Haven staff and volunteers are not liable for my child's grades and that my child is responsible for completing their own work. I will not hold Teen Haven staff and volunteers responsible for my child's absence or tardiness from online classes. I will communicate with a Teen Haven staff member if my child will be tardy or absent from the Reset program.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____