

# Edgewood Community Services



Edgewood Management Corporation Division of Community Services' mission is to enhance the lives of residents living in Edgewood Communities by providing structured services, activities and programs. In support of our mission, ECS' has established the following goals:

- Assist residents in the development and pursuit of their special interests.
- Conduct community-based activities that enrich the quality of life of all participants.
- Encourage participants in wholesome activities.
- Inform residents of worthwhile services available to them.
- Promote community empowerment while engaging in activities that stimulate self-industry and creative development.

PERFORMANCE.PEOPLE.PRIDE



# EDGEWOOD COMMUNITY SERVICES

Dear Resident:

Welcome to Edgewood Community Services! For more than two and a half decades our service has had an impact on the lives of residents living in Edgewood Management Corporation communities throughout the metropolitan Washington, DC and Baltimore, MD areas. Through our empowering programs and structured activities, ECS has provided educational, cultural and recreational opportunities to youth, teens and adults and seniors. It is our goal to enhance the quality of life of residents living in Edgewood Properties.

Edgewood Community Services provides opportunities for change and growth through the various, services and activities that we offer. We believe the strong sense of pride and self esteem of our residents is shown through their selection of high quality programs and services that they have asked us to implement. For example, our adult and seniors enjoy activities ranging from local trips to venues in our area to social events as well as opportunities to receive computer training.

Edgewood Community Services, also, prides our selves on the strong children, youth and teen programs we offer. These programs are the catalyst to our existence and provide educational and structured activities in a culturally enriched environment. Parent participation is mandated for all children and youth programs because our experience has taught us that parents are the key to the success of their children and as well as our programs.

Our office welcomes the input of our beloved residents. We encourage you to talk to your community center's Site Director or call our administrative offices at 301-925-4251 for more information. We look forward to hearing from you and working with you soon.



Sincerely,

Edgewood Community Services Staff

# Edgewood Community Services Registration Form

SITE NAME: \_\_\_\_\_

## Check Program

Children/ Youth Program (5 -10 yr)	Teen Program (10 – 17 yr)	Adult & Senior Program
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Please Print

Participant's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

## EDUCATIONAL / PROFESSIONAL INFORMATION

Name of School / Work: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(If applicable)

Principal / Employer's Name: \_\_\_\_\_ Teacher / Supervisor's Name: \_\_\_\_\_

## TUTORIAL INFORMATION

**Participant would like information or assistance in the following areas:**

ADHD	ESOL	Genealogy	Money Management	Social Studies
Anger Management	Establishing a Will	History	Nutrition Programs	Social Interest (local trips)
Arts and Craft	Food Programs	Job Readiness	Parenting Skills	Other, please list
Child Advocacy	GED Preparation	Math	Reading	_____
English	Geography	Mentoring Programs	Science	_____

## PROGRAM LIMITATIONS

Are there any activities that the participant cannot participate in? \_\_\_ Yes \_\_\_ No. If yes, please list below

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## CLASS PARTICIPATION

**If enrolled in classes, participant will provide a copy of progress report / report card    yes / no**

I give permission for \_\_\_\_\_ to participate in the Community Center Activities, and as legal guardian / adult participant I agree to assume the risk of any loss or injury. I will not hold Edgewood Management Corporation/ Edgewood Community Services or (Site Name) responsible in any way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Participant if over 18 or Parent/Guardian)    DC130054036V1

# Edgewood Community Services Health Form

## HEALTH CARE INFORMATION

Please Print

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Family Physicians Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Does the participant have any illnesses, allergies food or non-food? If so please check list.**

Illnesses	Allergies	Non – food
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Peanut butter	<input type="checkbox"/> Animals
<input type="checkbox"/> Heart Defect	<input type="checkbox"/> Seafood	<input type="checkbox"/> Medicines/ Drugs
<input type="checkbox"/> Medicine / Drugs	<input type="checkbox"/> Dairy / Soy Product	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures	<input type="checkbox"/> Tomatoes	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Fruit	<input type="checkbox"/> Skin
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Juice	<input type="checkbox"/> Extreme Heat
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Gluten	<input type="checkbox"/> Pollen
<input type="checkbox"/> Migraine	<input type="checkbox"/> Wheat	<input type="checkbox"/> Sun Light
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Chocolate	<input type="checkbox"/> Dust

Other: \_\_\_\_\_

Please explain: \_\_\_\_\_

**NOTE:** At your discretion, you may voluntarily provide us with medical information that may be useful in the event you need to receive medical treatment. In asking for this information, Edgewood Community Services is not implying it is a health care provider, nor does it assume any responsibility for providing health care.

Taking Medication YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what are they? (Optional)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

For any items that are checked, please provide any information that may be useful to staff in relation to any of these health conditions. Also indicate any activities to be encouraged or restricted.

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Should your child's / adult's medical condition change during the time they are participating in the program, it is the responsibility of the participant or his/her parent/ guardian to inform the staff.

\_\_\_\_\_  
(Participant if over 18 or Parent/Guardian)  
DC130054036V1

\_\_\_\_\_  
Date

# ADDENUM

## Edgewood Management Community Services Food / Feeding Program Distribution Release Form

**Center Name:** \_\_\_\_\_

I \_\_\_\_\_ (*name of participant*) understand that some or all of the food items that I receive at Name of Community Center are donated by various community organizations. I receive this food willingly and do not hold community center name or any individual associated with the center liability for any adverse condition resulting from its consumption.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature (if over 18 or Parent/Guardian)

\_\_\_\_\_  
Date

**ADDENUM**

**Edgewood Management Community Services Photo Release Form**

I hereby grant Edgewood Community Services (ECS) permission to use my/ child likeness in a photograph in any and all of its publications, including websites entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Edgewood Community Services and will not be returned.

I hereby authorize Edgewood Community Services to edit, alter, copy, exhibit, publish or distribute this photo for the purpose of publicizing ECS programs and activities or for any other lawful purpose. I waive the right to inspect or approve the finish product, any right to royalties or other compensation arising or related to the use of the photograph.

**I am, at least, 21 years of age and am able to sign this release on my behalf or on behalf of my child. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.**

I do not give permission for my or my child's photo to be taken

I here by certify that I am the parent or guardian of \_\_\_\_\_, and do hereby give my consent without reservation to the forgoing on the behalf of this person.

Signature: \_\_\_\_\_  
(Participant if over 18 or Parent/Guardian)

\_\_\_\_\_  
(Date)

**ADDENUM**  
**Edgewood Community Services Tutorial Program**

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

Address \_\_\_\_\_ Apt: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

I give permission for my child to participate in the \_\_\_\_\_

Tutorial Program. I understand that he/ she will receive assistance with homework and will be given academic enrichment exercise to compliment homework.

I further understand that my child's school and teacher will be informed of his/ her participation in this program As a means of helping my child improve scholastically. I give permission for the school to release information, which would be relevant to my child's participation in this program.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Tutorial Contact**

While your permission as a parent is a primary consideration we believe that your child's understanding of these issues is very important.

Therefore, we are also requesting your child signature.

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

# ADDENUM

## Edgewood Community Services Participants Release Agreement

I give permission as the legal guardian for \_\_\_\_\_ for my child (children) to be released from the community center by the following:

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

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

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

I agree to be responsible for contacting **Community Center Name (Brookland Manor Apartments)** director or staff when releasing my child or children to someone other than myself. I assume responsibility for the release of my children / child to the adult listed. I will not hold Edgewood Management or Edgewood Community Services responsible in any way.

My children and I understand that under the agreement that they can only be released to the specified persons named above.

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

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

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

## Edgewood Community Services Permission Slip

	Children / Youth Program (5 – 10 yrs)		Teen Program (10 – 17 yrs)
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### Check Program

Activity: \_\_\_\_\_

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

I give permission as the legal guardian for \_\_\_\_\_ to participate in the above activity.

I agree be responsible for any possible loss or injury that could occur during activity. I will not hold Edgewood Management, Edgewood Community

Services or **Community Name (Brookland Manor Apartments)** or any directors, officers, employee agents of these entities responsible in any way.

In case of emergency I can be reached at phone number: \_\_\_\_\_

Or Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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

If you consent for Edgewood Community Services to have information that may be useful in case of emergency, please list any medical conditions or use of medications that the director should be aware of in case of any emergency. In asking for this information, Edgewood Community Services is not implying that it is a health care provider, nor does it assume any responsibility for health care.

#### Health Care Information

(Optional)

Illnesses: \_\_\_\_\_ Medication: \_\_\_\_\_