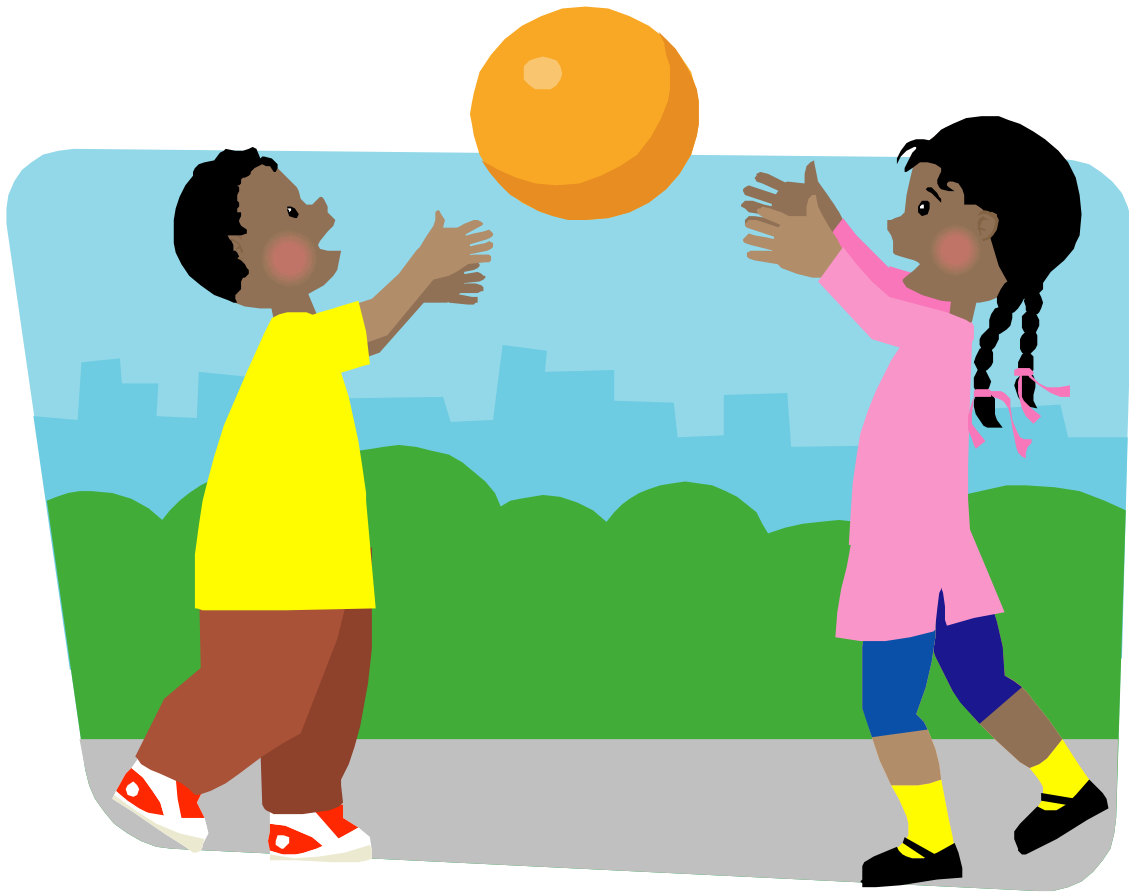


Urban Village/Hubbard Place After School Program 2010



The Urban Village Community Center Association's goal is to bring community service programming onto the property to address the social, cultural, and educational needs of the residents and to empower residents in the decision-making process.

The immediate goals of our programs are the following:

- To improve academic achievement for those in school
- To provide job skills for those capable of entering the job market
- To improve the quality of life for those who are retired or disabled
- To provide social service referrals to those who suffer from abuse, neglect, drug addiction, or other dependencies
- To assist residents in the development and pursuit of their special interests
- To conduct community building activities
- To inform residents of worthwhile services available to them



Urban Village Community Center Association



Dear Resident:

Welcome to Urban Village and the After School Program 2010! The program is open to all Urban Village and Hubbard Place residents ages 5 -14 years old. The After School Program is an academic enrichment program that assists young people with their homework while providing, hands-on enrichment activities.

The After School Program will begin on August 23rd at 3:00pm. **The program runs Monday – Friday from 3:00 pm -6:00 pm. Classes will be held at Hubbard Place and Urban Village community centers. Children should be dropped off and picked up at Hubbard Place each day.** We follow the DCPS holiday schedule. When there are Parent/Teacher Days, or students have a half day, the program is open from 12pm -4pm. On the first day of programming your child will receive the October and November calendars.

Through our programs and activities, we strive to provide 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 our properties.

We pride ourselves 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 Director for more information. We look forward to hearing from you and working with you soon.

Sincerely,

Urban Village Community Center Association

Registration Form

SITE NAME: Urban Village Community Center

Please check the appropriate ethnic culture

	African American		African		Asian		Ethiopian		Hispanic
	Korean		West Indian		Russian		Caucasian		Other

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

Please Print

Participant's Name: First _____ Middle _____ Last _____

Date of Birth: _____ / _____ / _____ Age _____ Gender: M _____ F _____

Address: _____ Apt. _____ City _____ State _____ Zip _____

Parent/ Guardian Name: _____ Work # _____ Phone# _____ Cell# _____
(If applicable)

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 the legal guardian / adult participant I agree to assume the risk of any loss or injury. I will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP), or any affiliates, officers, or employee agents of these entities liable (whether financial, legal, or otherwise) for any losses, sickness, damages or injury.

Signature: _____ Date: _____
(Participant if over 18 or Parent/Guardian)

Addendum to the Registration 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"/> Sunlight
<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, Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP) do not imply that they are health care providers, nor do they 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.

Addendum to the Registration Form

Feeding Program Distribution Release Form

Center Name: Urban Village Community Center

I _____ (*name of participant*) understand that some or all of the food items that I receive at _____ are donated by various community organizations. I receive this food willingly and will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP) or any affiliates, officers, or employee agents of these entities liable (whether financial, legal, or otherwise) for any sickness, injury, or adverse conditions resulting from its consumption.

Print Participant's Name

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

Date

Addendum to the Registration Form

Photo Release Form

I hereby grant Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP) and Somerset Development Company (the managing member of the general partner of UV, LP), permission to use my/ my child's 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 Eagle Point Companies, the Urban Village Community Center, and Somerset Development Company; and will not be returned.

I hereby authorize Eagle Point Companies, Urban Village Community Center, and Somerset Development Company to edit, alter, copy, exhibit, publish or distribute this photo for the purpose of publicizing programs and activities or for any other lawful purpose. I waive the right to inspect or approve the finished product, any right to royalties or other compensation arising or related to the use of the photograph.

Participant's Name

For Youth Participants:

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.

- Yes, I give permission for my photo or my child's photo to be taken
 No, I do not give permission for my photo or my child's photo to be taken

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on the behalf of this person.

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

_____ Date

Addendum to the Registration Form

After School/Tutorial Program

Name: _____

Address _____ Apt: _____

City _____ State _____ Zip Code _____

Phone: _____ Cell No. _____ Date of Birth: _____

Parents Name: _____

School: _____ Grade: _____ Phone: _____

Teacher: _____

I give permission for _____ to participate in the after school program, and as legal guardian / adult participant I agree to assume the risk of any loss or injury. I will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP), or any affiliates, officers, or employee agents of these entities liable (whether financial, legal, or otherwise) for any losses, sickness, injuries, or damages.

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 improves scholastically. I give permission for the school to release information, which would be relevant to my child's participation in this program.

I understand that, in order to enroll my child/children in the after school program, they must have a parent/legal guardian attend several scheduled conferences throughout the year to review the child's progress and participation of the 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: _____

Addendum to the Registration Form

Participants Release Agreement

I give permission as the legal guardian for my child _____ (children) to be released from the Urban Village Community Center to the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I agree to be responsible for contacting the Community Center director or staff when releasing my child or children to someone other than myself or those listed on this form. I assume responsibility for the release of my children / child to the adult(s) listed. I will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP), or any affiliates, officers, or employee agents of these entities liable in any way (whether financial, legal, or otherwise) for any losses, sickness, injuries, or damages.

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

Participant Name: _____ Date: _____

Parent Signature: _____ Date: _____

I give permission for my child to walk home after the conclusion of a program.

Parent/Guardian Signature _____ Date: _____

Permission Slip

Children / Youth Program (5 – 10 yrs)	Teen Program (10 – 17 yrs)	Adult And Senior
---------------------------------------	----------------------------	------------------

Check Program

Site: **Urban Village Apartments & Community Center**

Participant Name _____

Activity: _____

Time: _____ Date: _____

I give permission as the legal guardian for _____ to participate in the above activity hosted by Urban Village Community Center, and as legal guardian / adult participant I agree to assume the risk of any loss, damage, or injury. I will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association (UVCA), Urban Village Apartments (UV, LP), or any affiliates, officers, or employee agents of these entities liable in any way (whether financial, legal, or otherwise) for any losses, sickness, injuries, or damages.

In case of emergency, (Parent/Guardian) I can be reached at phone number _____

Or Emergency Contact Name: _____ Relationship _____ Phone number: _____

Any noted medical conditions that we should be aware of, please list _____

Are you taking any medication? Yes _____ No _____

Please provide any special information, names of medicines or instructions that could help medical personnel to assist you in case of an emergency. In asking for this information, Eagle Point Companies and employees are not implying that it is a health care provider, and neither entity assumes any responsibility for providing health care.

Participant Signature: (If over 18 yrs) _____ Date: _____

Parent Signature: _____ Date: _____

Addendum to the Registration Form

Exercise Program Liability Waiver Form

Please consult your physician before participating in our physical exercise program.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Are you 18 years or older?

- Yes**
- No**

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

I, the undersigned, being mindful of my age, represent that I am in good health and physical condition to participate in the exercise program and that I have been advised by my doctor that I am able to participate. I will not hold Eagle Point Companies, Urban Village Community Center, the Urban Village Community Center Association, Urban Village Apartments (UV, LP), or any affiliates, officers, or employee agents of these entities responsible (whether financial, legal, or otherwise) for any injury, accident, illness, damages, or death that may occur during or by reason of participating in the program and I hereby assume these risks.

Signature: _____ **Date:** _____
(Participants over 18)

Signature: _____ **Date:** _____
(Parent/Guardian for participants under 18)