



****Please return form as soon as possible****

2021-2022 West Las Vegas Schools TOP Program Monday – Thursday 3:15pm-5:30pm

Student's Name: _____

Address: _____

City, State, Zip: _____

For Office Use:	
Student ID Number:	
School Name:	
Date Received:	

If Student is 18 or younger, please complete the following:

Sex: Male Female Age: _____ Date of Birth: _____ **CLUB #** _____

Grade: _____ Teacher: _____ School: _____

Telephone Daytime: _____ Evening: _____

Numbers: Cell Phone: _____ Work: _____

Parent / Guardian: _____ (Please Print)

Parent / Guardian: _____ (Please Print)

Ethnicity: African American Asian American Caucasian American
Hispanic American Native American Other: _____

Student's Primary Language: English Spanish Other: _____

The staff will be providing students with tutoring/homework help. Please keep in mind that our main focus is the program curriculum. Students will be given approximately 45 minutes for homework time per day. We will also provide/incorporate Physical Fitness Activities to our students for a short time during our day. Some of the activities include the following areas: Walk for Fun, Running, Bicycle Riding, DDR, In-line Skating and more.

I understand that the physical activities involve some risk of injury and I will stress the importance of following the class rules when we discuss this activity at home.

I _____ give permission for my child to participate in the above activities. Yes No
(parent/guardian signature)

Please list any medical or health issues your child may have:

Physical Limitations: Yes No

If yes, please list: _____

Does your child have any allergies/food allergies? Yes No

If yes, please list: _____

Does your child have asthma? Yes No

If Yes, does he/she require an inhaler? Yes No

(If your child has asthma we request that they bring their inhaler in order to participate in these events.)

Insurance Yes No

If yes, please list: _____

Your child may at times be photographed or video taped for documentary purposes to be used in flyers, newspaper articles and program reports.

I _____ give permission for my child to be

(parent/guardian signature)

photographed or filmed. Yes No

Siblings Attending the Program: (Please print name and grade)

Please provide the name of the Person other than the parent who will be responsible for the student's pick-up and the relationship to the Student. PLEASE MAKE SURE PHONE NUMBERS ARE UPDATED!!!!

Name: _____ Relationship: _____

Phone number: _____

Name: _____ Relationship: _____

Phone number: _____

List any person **NOT ALLOWED** to pick up your child: (Please provide legal documentation.)

Name: _____ Name: _____

Does your child have permission to walk home after program? YES _____

NO _____

Address where student will be walking to: _____

Phone # _____

Please sign if you marked YES: _____

Please do not send valuables with your child (such as: cell phones, iPods, MP3 players, Kindles, IPADs, wallets, money, etc.). We are not responsible for lost or stolen items.

PARTICIPANTS WILL BE ALLOWED IN TO PROGRAM ON A FIRST COME FIRST SERVE BASIS. ALL APPLICATIONS WILL BE TIME STAMPED.

Thank you for your cooperation.

*****IMPORTANT NOTE*****

AS PER OUR GUIDELINES FROM THE DEPARTMENT OF HEALTH AND WYMAN:

- 1. STUDENTS MUST REGISTER WITHIN THE FIRST 4 WEEKS OF PROGRAM START DATE.**
- 2. ONLY STUDENTS REGISTERED WITHIN THE FIRST 4 WEEKS ARE ELIGIBLE FOR THE STIPENDS!!**
- 3. STUDENTS MUST COMMIT TO PROGRAM AND ATTEND ON A REGULAR BASIS. 4 LESSONS AND 3 HOURS OF COMMUNITY SERVICE PER MONTH MINIMUM.**

NO EXCEPTIONS WILL BE MADE!!!! THANK YOU

CONSENT TO PHOTOGRAPH

Name _____

I hereby authorize: New Mexico Department of Health to photograph me and/or my child and agree that he/she may use or permit other persons to use the negatives, prints and video images prepared there from only for the following purpose(s) and in such manner and at such times as are specified herein: during any activity associated with my and/or my child's participation in Wyman's Teen Outreach Program (TOP) activities and/or events.

I release the New Mexico Department of Health and its personnel from any responsibility or publicity that may result from the taking of such photographs.

I CERTIFY all of the following:

This form has been explained to me and/or I have read the contents of this form or the contents have been read to me.

I understand the contents of this form and/or the explanation of the contents of this form.

All blanks or statements requiring insertion or completion were filled in and all items not applicable were stricken before I signed.

Signature/Parent or Guardian

Date

Teen Outreach Program® (TOP®) Consent Form

Your son or daughter has been chosen to participate in the Teen Outreach Program®, replicated at **West Las Vegas Schools** and owned by Wyman Center, Inc (Wyman). During the time your child will spend in the Teen Outreach group, young people will explore their own growth and development, their goals for the future, and their goals for close and productive relationships with others. This program has been evaluated nationally and has shown very positive results for young people. This unique program will involve your child in volunteer work in the community. This work may occur off **West Las Vegas Schools** grounds. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

Please initial all consents and sign at the bottom.

Consent to Participate in the Teen Outreach Program® I, the undersigned, am the Parent or Legal Guardian of the child named below who is to participate in programs provided by **West Las Vegas Schools** during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned above to participate in all aspects of the program (including field trips and transportation) under the supervision of **West Las Vegas Schools** staff. School/agency staff will accompany off site activities. I agree to hold harmless and indemnify **West Las Vegas Schools**, its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.

_____ **Yes** _____ **No**

Consent to visit a Public Health Office or School Based Health Center I understand that each TOP® Club will visit a Public Health Office or a School Based Health Center that provides reproductive health services during the 9 month program period. I give my consent for my child named below to participate.

_____ **Yes** _____ **No**

Consent to Use Photographs I give my consent to **West Las Vegas Schools** to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she will only be identified by first name.

_____ **Yes** _____ **No**

Consent to Participate in Surveys & Data Collection I give my consent for my child to participate in Wyman surveys. In compliance with Children's Online Privacy Protection Act (COPPA), Wyman provides the following information to survey participants. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program®.

Wyman collects the following types of information directly from TOP® participants through confidential, paper surveys:
Opinions about their experience in TOP®
Demographics - Name, date of birth, home zip code, ethnicity, gender, most frequent guardian, parents' education level
School records - Grade in school, absences, truancy, suspension, course failure, graduation and schooling plans
Health information - Pregnancy, parenting

I understand Wyman and **DOH/West Las Vegas Schools** uses the participants' responses to improve Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose not to participate at any point in the process without risk of losing TOP® services. I am also aware Wyman will not require my child to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware that survey responses may be shared responses with third parties to market Teen Outreach Program® to increase awareness and funding, but that your child's identifying information will not be disclosed except in the case where online access is unavailable and therefore paper survey data is entered by a third party or employee under a strict non-disclosure of confidential information agreement. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

_____ **Yes** _____ **No**

Child's Name

Parent or Guardian Signature
Contact Information

Print Name

Date