

Akron-UMADAOP, Inc.



Application

Community and Education Services Department

665 West Market Street
Akron, OH 44303
Phone: (330) 379-3467



Dear Parent or Guardian:

On behalf of the Board of Trustees, the staff and myself, I would like to take this opportunity to welcome your child[ren] to our Community and Education Services Department After School Youth Program. The staff has taken great pride in developing a program that will provide your child[ren] with various activities and topics that will hopefully continue the enrichment of your child[ren]'s development.

The Community and Education Services Department Youth After-School Youth Programs/Groups will be held Tuesdays and Thursdays [unless otherwise noted] from 4:00 p.m. to 7:00 p.m. with pick-ups scheduled between 2:30 p.m. and 3:30 p.m. and a return time of no later than 7:00 p.m. give or take the activity and the weather conditions.

In the event your child is unable to attend the programs/groups, please call our office as soon as possible at (330) 379-3467x135 and leave a message.

Thank you for your continued support of the Akron-UMADAOP, Inc. Community and Education Services After- School Youth Program. Should you have any questions or concerns, please feel free to contact my office at (330) 379-3467 and speak with Mrs. Jennifer Moree-Brown or Mrs. Adrienne Lopp.

Again, it is our pleasure to serve your child[ren].

Sincerely,

Janice Mercier Wade

Janice Mercier Wade, Ph.D., OCPS II

President and Chief Executive Officer

JMW:sk



Akron-Urban Minority Alcoholism Drug Abuse Outreach Program, Inc.
665 West Market Street - Akron, Ohio 44303 - 330.379.3467
www.akronumadaop.com

**COMMUNITY AND EDUCATION SERVICES DEPARTMENT
YOUTH PROGRAM INTAKE FORM**

First & Last Name	Nickname	Birthday
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Street Address	City/State	Zip Code
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Parent(s) Name: _____

Work Telephone Number: (____) _____

BROTHERS AND SISTERS – NAMES & AGES

- | | | |
|----|-------|-----------|
| 1. | _____ | DOB _____ |
| 2. | _____ | DOB _____ |
| 3. | _____ | DOB _____ |
| 4. | _____ | DOB _____ |

LIST YOUR SCHOOL ACTIVITIES

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 3. | _____ |
| 2. | _____ | 4. | _____ |

YOUTH EMPLOYMENT

Company Name: _____
Type of Work: _____
Hours of Work: _____
Length of Employment: _____



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TO: Parents of Teens on the Move/Kids With a Vision

FROM: Jennifer Moree-Brown, Program Director

RE: Report Cards

Akron-UMADAOP, Inc. Community and Education Services Department is requesting your permission to obtain your child's report cards for each grading period for the school year. This information helps the staff working with your child to know when they are having problems, if any, in school or if they need help in any subject.

If you have any questions, please call (330) 379-3467.

I hereby give Akron-UMADAOP, Inc. Community and Education Services Department permission to receive _____'s Report card from the _____.

Participants School

Parent/Guardian

Date



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PARENT AGREEMENT LETTER

Dear Parent(s) or Guardian(s): _____
(Parent/Guardian's Name)

The Akron-UMADAOP, Inc. Community and Education Services Department would like to have family involvement at all levels of the youth program. For every child in the program, we ask that the parent or guardian sign a Parent Agreement Letter. This Agreement is a commitment that the parent or guardian will be part of their child's activities while in the Akron-UMADAOP, Inc. Community and Education After School Youth Program. The following is a list of parent/guardian agreements and commitments:

1. Support the code of conduct for young people in our Youth Program.
2. Annual physical is required.
3. Volunteer for task you are willing to undertake.
4. Authorization to Obtain Student Report Card from their school.
5. Help plan long-range goals and objectives for the youth program.
6. Commit yourself to encouraging your child's participation.
7. Attend Akron-UMADAOP, Inc. Community and Education Services Department semi-annual parent meetings.

If you approve of these programs and if you approve of these above statements and are willing to make this commitment, please sign this letter on the line below.

Thank you!

Parent or Guardian Signature

Date



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PERSONALITY PROFILE

Name _____ Date _____

COMPLETE THE FOLLOWING STATEMENT

1. I was born in the City of _____ and the State of _____
2. My favorite food is _____, and my favorite color is _____
3. One thing I'm good at is _____
4. Something I have difficulty with is _____
5. The kind of music I listen to is _____
6. A movie I really liked was _____
7. One thing I really like about school is _____

8. The one thing about school that I don't really like is _____

9. The career I'm most interested in pursuing is _____

MARK AN (X) NEXT TO THE WORDS THAT BEST DESCRIBE YOU

I am: Shy _____ Average _____ Outgoing _____

I am: Affectionate _____ Friendly _____ Social _____

CIRCLE THE MOST APPROPRIATE WORD FOR EACH OF THE FOLLOWING STATEMENT

I am more: (a leader) or a (follower)

I am more: (laid back) or (on the go)



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YOUTH ASSESSMENT

1. OF THE PROBLEMS THAT ARE SEROUSLY AFFECTING THIS COMMUNITY, WHICH FIVE DO YOU CONSIDER THE MOST IMPORTANT TO YOUTH?

A. _____

B. _____

C. _____

D. _____

E. _____

2. WHICH ONE OF THE FIVE YOU JUST MENTIONED DO YOU CONSIDER THE MOST IMPORTANT?

3. GENERALLY, WOULD YOU SAY ALCOHOL OR DRUG ABUSE IN YOUR NEIGHBORHOOD IS:

A. NOT AN IMPORTANT ISSUE.

B. SOMEWHAT IMPORTANT.

C. VERY IMPORTANT.

4. DO YOU KNOW ANY OF YOUR TEEN FRIENDS THAT ARE USING ALCOHOL AND/OR DRUGS? YES _____ OR NO _____

5. DO YOU THINK ANYTHING SHOULD BE DONE ABOUT ALCOHOL AND DRUG USE AMONT TEENAGERS IN OUR COMMUNITY? YES _____ OR NO _____

6. WHAT ACTIVITIES WOULD BE HELPFUL IN ALCOHOL AND DRUG PREVENTION TARGETING TEENAGERS? _____



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PARTICIPANT CODE OF CONDUCT

1. Youth agrees to refrain from the use of all drugs and alcohol, inclusive tobacco.
2. The use of profanity is unacceptable and will not be tolerated.
3. Youth will respect themselves and others.
4. Youth will not engage in fighting or horseplay.
5. To participate in this program, you must attend school.
6. Youth will remain seated in the Agency vehicle at all times unless otherwise instructed.
7. Electronic devices, such as cell phones, MP-3 Players, I-Pods, etc., are not permitted at the Community and Education Services Department Youth Prevention Program.
8. Youth agrees to dress appropriately for all events.

By signing this Code of Conduct means that you have read, understand and will follow all expectations. Violation of any of these rules is grounds for suspension and/or dismissal from the Akron-UMADAOP, Inc. Community and Education Services Department After School Youth Program.

Parent/Guardian Signature

Youth Signature

Date

Date



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PARENT CONSENT FORM

I, _____ [parent/guardian] do hereby give my permission for _____ [son/daughter] to participate in the Akron-Urban Minority Alcohol Drug Abuse Outreach Program, Inc. [Akron-UMADAOP, Inc.] Community and Education Services Department After School Youth Program. Programs/groups will be held Tuesdays and Thursdays [unless otherwise noted] from 4:00 p.m. to 7:00 p.m.

In case of an emergency during the above-mentioned dates and times, please call me at _____ or another responsible relative, _____ [name] at _____ [phone].

In case of an emergency, I hereby request and authorize any physician, hospital and healthcare provider to provide medical treatment promptly for my child whether or not I am contacted and informed. Should any injury occur during or as a result of participation in the Akron-UMADAOP, Inc. Community and Education Services Department Youth Prevention Program, I agree to indemnify and hold harmless Akron-UMADAOP, Inc. and all its employees, staff, instructors and volunteers. I further relinquish Akron-UMADAOP, Inc. and all its employees, staff, instructors and volunteers of all obligations toward finances incurred by the hospital/doctors.

MEDICAL INFORMATION

Please list any medications and describe the medical condition:

Three horizontal lines for listing medications and medical conditions.

Please list any allergies to food, insects, medication, etc.:

Two horizontal lines for listing allergies.

Physician's Name: _____ Phone: _____

Healthcare Provider Insurance Name: _____ ID #: _____

I UNDERSTAND AND ACCEPT ALL RESPONSIBILITIES REGARDING MY CHILD'S SAFETY AND RELEASE AKRON-UMADAOP, INC. FOR ANY LIABILITY FOR MY CHILD.

Parent/Guardian Signature

Date



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COMMUNITY AND EDUCATION SERVICES DEPARTMENT AFTER SCHOOL PROGRAM YOUTH APPLICATION CHECK LIST

- INTAKE FORM**
- PARENT AGREEMENT LETTER**
- PARENT CONSENT FORM**
- PARTICIPANT CODE OF CONDUCT**
- PERSONALITY PROFILE**
- PERMISSION TO OBTAIN REPORT CARDS**
- YOUTH ASSESSMENT**

PREVENTION SPECIALIST/COACH SIGNATURE

DATE