



*Registration Date _____

Merrick House Youth Member Information – Required

Please Print or Type

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Do we have permission to text this number? YES or NO

Date of Birth _____ Current Age _____ Email _____

Circle here if Youth Member has siblings in the program: YES or NO

Siblings Names: _____

How does the youth member identify? (Please Circle:)

Male Female Prefer Not to Identify Other (please describe) _____

How does the youth member identify? (Please check) Circle here if you: Prefer Not to Identify

<input type="checkbox"/> America Indian Or Alaska Native	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian/ White American	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Other
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If other, please describe here _____

What is the youth member's primary language: _____

Youth Member Medical Information – Required

Does youth member use any of the following? (Please circle)	EpiPen		Inhaler/Breathing Machine		Insulin	
	YES	NO	YES	NO	YES	NO

Please list any other physical, mental, or medical conditions or limitations. If none, please write "n/a"

Does the youth member receive additional support in school/other community programs? Circle all that applies

Individualized Education Plan (IEP) 504 (accommodation) Private or school counseling

Speech Therapy Other: _____ N/A

Please list ALL known Allergies in the space below, if none, write "N/A" – Please note – We are a Nut-Free Program

Please use this space to write in any other important information about the youth member that could be helpful for staff to know: (Optional)

Youth Member School Information – Required

*Youth Members must currently be enrolled in school to participate in youth programs

Current School Name _____

CMSD School? (Please circle) YES or NO

School Address _____

Will youth member attend this school next school year? YES or NO

If no, indicate potential new school here _____

Current Grade Level _____ Homeroom Teacher _____

***Primary Parent/Legal Guardian Information – Required**

Role in Household (Check one):

Mother _____ **Father** _____ **Legal Guardian** _____ **Foster Parent** _____ **Other (list here)** _____

Please Print or Type

First Name _____ **Last Name** _____

Initial here if address is the same as Youth Member _____ (you may skip the address section if initialed)

Street Address _____

City _____ **State** _____ **Zip Code** _____

Primary Phone _____ **Cell Phone** _____

Do we have permission to text this number? YES or NO

Date of Birth _____ **Email** _____

How do you identify? (Please Circle:)

Male **Female** **Prefer Not to Identify** **Other (please describe)** _____

How do you identify? (Please check) Circle here if you: **Prefer Not to Identify**

<input type="checkbox"/> America Indian Or Alaska Native	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian/ White American	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Other
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If other, please describe here _____

What is your primary language: _____

What is your household income level? (Please circle *one* income level.)

\$0 - \$12,060 \$12,061 - \$16,240 \$16,241 - \$20,420 \$20,421 - \$24,600

\$24,601 - \$28,780 \$28,781 - \$32,960 \$32,961 - \$37,140 \$37,141 - \$41,320

\$41,321 and up

How many people are in your household? ☐ **How many are over age 18?** _____

Please Indicate Your Military Status Below

Current/Former Military Service (Please circle) YES or NO Status (Please circle) Active or N/A

If yes, please circle which branch: Air Force Army Marine Navy Coast Guard

National Guard Veteran

***Secondary Parent/Legal Guardian Information – Optional**

Role in Household (Check one):

Mother _____ Father _____ Legal Guardian _____ Foster Parent _____ Other (list here) _____

Please Print or Type

First Name _____ Last Name _____

Initial here if address is the same as Youth Member _____ (you may skip the address section if initialed)

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Do we have permission to text this number? YES or NO

Date of Birth _____ Email _____

How do you identify? (Please Circle:)

Male Female Prefer Not to Identify Other (please describe) _____

How do you classify yourself? (Please check) Circle here if you: Prefer Not to Identify

<input type="checkbox"/> America Indian Or Alaska Native	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian/ White American	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Other
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If other, please describe here _____

What is your primary language: _____

Emergency Contacts – At least 1 is Required – cannot be Primary Parent

1. First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Do we have permission to text this number? YES or NO

Relation to Youth Member _____ Email _____

2. First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Do we have permission to text this number? YES or NO

Relation to Youth Member _____ Email _____

Additional Waivers & Releases

I, the parent/legal guardian of the minor youth member listed on this application (my "Youth Member"), on behalf of myself and my Youth Member and our parents, heirs, executors, representatives, administrators, and assigns, hereby release, acquit, waive, and forever discharge Merrick House Neighborhood Center ("Merrick House") and its officers, directors, employees, agents, volunteers, representatives, insurers, attorneys, successors, affiliates, partner programs, assigned persons/organizations, and any other official affiliates (collectively, the "Merrick House Released Parties"), from any and all liability, claims, demands, or causes of action that I or my Youth Member may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated, for any and all loss, damage, injury, or death resulting from the use of facilities owned or controlled by Merrick House, or from participation in activities of said organizations either at or away from said facilities. This Release constitutes a complete release, discharge, and waiver of any and all liability, claims, demands, or causes of action against Merrick House and the Merrick House Released Parties. I also agree to the following:

Medical Emergency

In the event that reasonable attempts to contact me have been unsuccessful, I give permission to Merrick House to seek emergency medical treatment for my Youth Member from a licensed physician or dentist or to transfer my Youth Member to any hospital reasonably accessible. I agree that I am responsible for any and all costs of medical attention, emergency transportation, and treatment. I release, acquit, waive, and forever discharge Merrick House and the Merrick House Released Parties from all liability, claims, demands, or causes of action arising from such treatment/medical attention.

Travel/Miscellaneous

I give my permission for my Youth Member to participate in Merrick House programs and events that require travel to or from Merrick House. These trips may include visiting parks, libraries, public institutions, or any area that Merrick House may take my Youth Member as part of its programs or events. I also acknowledge and agree that Merrick House is not responsible for lost or stolen items or devices my Youth Member brings to its facilities, events, or programs. While Merrick House will endeavor to place items, it finds in a designated place for reclamation by the rightful owner, I acknowledge that Merrick House does not guarantee the condition of any found items or devices.

School Information

I give my permission to Merrick House and the school district of my Youth Member to exchange information such as test scores, school attendance, I.E. P/504 Plans, and other information regarding my Youth Member. I acknowledge and agree that the purpose of this exchange is to better equip my Youth Member for academic success at Merrick House and in life in general and to assist Merrick House and its partner programs to better serve my Youth Member.

Data Collection and Sharing

I give my permission to Merrick House to collect information via paper or online surveys, questionnaires, interviews, and/or focus groups on my Youth Member. All information received will be kept strictly confidential and my Youth Member's name will never be used in the reporting of such data unless otherwise notified. Merrick House may share this data with its staff, board members, funders, and other community stakeholders to evidence program effectiveness, demonstrate the impact of its programs on youth members, and/or to improve its programs.

I also give my permission for Merrick House to share household data of my Youth Member with the Greater Cleveland Foodbank. I acknowledge and agree that the data will be used to provide information and statistics for the Foodbank to improve its programs and impact, and that all information received will be kept strictly confidential.

Technology

While Merrick House takes every preventative measure to ensure the well-being of youth members while using the Internet at Merrick House, I understand that it is possible that my Youth Member may be exposed to inappropriate images, content, and/or websites. I acknowledge and agree that Merrick House is not responsible for damage done to my Youth Member because of viewing/using such content.

Open Door Policy

I acknowledge and agree that Merrick House operates under an Open Door Policy for the Youth Program and that Merrick House is not responsible for the welfare or whereabouts of my Youth Member before my Youth Member arrives or signs in, and after my Youth Member signs out or leaves Merrick House. Also, I acknowledge and agree that Merrick House staff cannot force my Youth Member to stay inside Merrick House. I understand that if my Youth Member leaves Merrick House without my permission, all contacts on this application will be informed as soon as possible.

Programs

Merrick House and its partners and affiliates offer a variety of programming to youth members, covering a variety of topics, areas, etc. I understand that the programs offered to youth members are optional and that youth members and their families have the right to refuse participation in any program at any time. I understand that I have the right to instruct my Youth Member to participate in or to decline participation in any program offered. I understand that if I would like more specific information on programs, I should contact the Director of Youth Programs.

Damage/Theft of Property

I agree to immediately reimburse Merrick House and the Merrick House Released Parties if my Youth Member destroys, damages, steals, defiles, or mishandles any property owned by the above named if my Youth Member is proven to be responsible for such damage or theft of property.

By signing below, you agree to all waivers and release statements in this application. You also confirm that the information on this application is correct to the best of your knowledge.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name



Merrick House Youth Programs

Behavior Standards

To maintain a Fun, Inclusive, and Safe atmosphere for everyone, Youth Members of Merrick House must agree to the following behavior standards. Parents/Families must also agree to hold their children to these standards.

As Merrick House Youth Member I will NOT:

- X** Disrespect myself, my peers, staff, or visitors by using profanity/foul language, using obscene gestures, violating anyone in any way
- X** Touch other people, in an affectionate or non-affectionate way, including my relatives, I respect everyone's personal space because even if I may be playing, the other person may not like it
- X** Destroy or take anyone's property, this includes my peers, staff, visitors, or property of Merrick House
- X** Fight, under any circumstance, I am intelligent enough to work through my problems and disagreements and if I can't do it alone, I will notify a staff member. I understand that fighting will NOT be tolerated at all, and it is an automatic removal from the program (temporary or permanent)
- X** Dunk on rims, hang on or under bleachers or use equipment inappropriately, I could get hurt or hurt someone else
- X** Wear inappropriate clothing, I understand that while Merrick House staff celebrates individuality and welcome's everyone to express their personal style, this is also a program for children and members of Merrick House, staff, and families should dress appropriately for the young eyes watching
- X** Bring electronic devices, toys, gadgets, personal belongings to Merrick House, as a youth member I understand that I am here to be engaged, meet new people, learn, and have fun. There is a time and place for me to be on my phone but here is not it. If I must bring a cellphone with me, I will keep it secured in my locker. I understand that if I need to make a phone call, Merrick House has 20+ phones on site for me to use
- X** Use or promote the use of drugs, alcohol or any illegal or harmful substances

As a Merrick House Youth Member, I WILL:

- 😊 Try to show up as my best-self everyday
- 😊 Take my own mental, emotional, personal, and physical health seriously. If I am not feeling well in any way, I understand that I can talk to my family and to staff members whenever I want to, and they will try to help me with my problems. I understand that as a Merrick House Youth Member I am not alone in this world and it is ok for me to not feel "ok" all the time, but I may need a friend or a helping hand if I am not feeling "ok," all the time
- 😊 Come prepared to participate and be a positive addition to my environment
- 😊 Be a friend to others and discourage anyone from bullying or making others feel uncomfortable
- 😊 Immediately tell an adult if someone does or says anything to me that makes me feel uncomfortable
- 😊 Use encouraging language when talking to anyone else, I know that real confidence is not mean, "catty," or nasty and I become a better person whenever I am kind

- 😊 Wash my hands often, clean up after myself every time and help to keep Merrick House a clean, safe place
 - 😊 Realize that I am now a valuable member of the Merrick House community, and I will contribute to making this a better place
 - 😊 Only stay in areas with supervision, I know that wandering off alone or going in areas I am not supposed could put my safety in danger
 - 😊 Follow directions and rules set by staff members and program leaders because I know that they are only trying to keep me and everyone else here safe
-

To promote and demonstrate responsibility and accountability for one's actions the following disciplinary actions for violations of behavior standards may include, but are not limited to:

- Meditation/Reflection/Time-Out
 - Redirection
 - Phone call to Parent/Legal Guardian
 - Community Service Detail
 - Member/Parent Conference with Staff and/or Director of Youth Programs
 - Temporary Suspension (Could be a same day removal /immediate pick up from program. Parent/Legal Guardian must conference with Director of Youth Programs before a member can come back from a suspension)
 - Termination of membership
-

By writing your name below, you as the Youth Member (ages 6 – 17) are agreeing to the behavior standards of the Merrick House Youth Program.

Youth Member Printed Name

By signing below, you as the Parent/Legal Guardian of the above-named Youth Member are agreeing to make sure the Youth Member understands our behavior standards. You are also agreeing to hold the Youth Member accountable for upholding these standards and agreeing that if there is a problem, you will work with Merrick House staff for the best possible outcome for the safety and positive experience for all. You also acknowledge that Merrick House does have disciplinary procedures that range according to the violation and any egregious violation could result in the immediate and indefinite suspension of my child from they program.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date



Out-of-School Time Data Collection Form

Agency Name _____ Enrollment Date: _____

Youth Information

First Name: _____ Last Name: _____ MI: _____

☐ Male ☐ Female DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Household Members: _____

Primary Caregiver's Relationship to the Youth: _____

Secondary Caregiver's Relationship to the Youth: _____

School District: _____ or ☐ Private/Charter School

School Name: _____

Last Grade Completed: _____ Ethnicity: _____ Language: _____

☐ English Language Learner Status ☐ Foster Care ☐ IEP ☐ 504 School ID No. _____

Primary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: ☐ < 10K ☐ 10K -15K ☐ 15K-25K ☐ 25K-35K ☐ 35K-50K ☐ 50K-75K ☐ 75K-100K ☐ > 100K

Household Members: _____

☐ Male ☐ Female DOB: _____ Ethnicity: _____ Language: _____

Home Phone: _____ Cell Phone: _____

☐ Employed ☐ Unemployed Disability _____ ☐ Pursuing GED

Email: _____

Secondary Caregiver Information

First Name: _____ Last Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Education: _____

Income: _____ Household Members: _____

Home Phone: _____ Cell Phone: _____

☐ Male ☐ Female DOB: _____ Ethnicity: _____ Language: _____

☐ Employed ☐ Unemployed Disability _____ ☐ Pursuing GED

Email: _____

PARENTAL CONSENT TO RELEASE INFORMATION

PLEASE PRINT

Name of Child _____ Date of Birth _____
First Middle Last (month/day/year)
Child's Social Security Number _____
Name of Parent/Guardian _____ Date of Birth _____
First Middle Last (month/day/year)
Last Four (4) Digits of Parent's Social Security Number _____ (optional)
Address _____ Telephone () _____
Street City State Zip Code Home Work

Your child is being asked to participate in a study about Out-of-School Time (OST) services in Cuyahoga County. They have been selected to participate because you and/or your child's Out-of-School Time provider will receive assistance from a local community agency in order to provide your child with better services. Please read this form and ask any questions that you may have before agreeing to allow your child to participate in the research project below.

Background Information and Procedures: The Cuyahoga County Out-of-School Time System and Starting Point for Child Care and Early Education are collaborating with Family and Children First Council (FCFC) to conduct an evaluation of the Out-of-School Time services in Cuyahoga County. Cuyahoga County Out-of-School System is a collaborative effort to promote and improve effective parenting, healthy youth, and quality Out-of-School Time services in order to assure the well being of all youth in Cuyahoga County. Starting Point is an organization that coordinates the Out-of-School Time strategy in Cuyahoga County. The purpose of this study is to learn about the effectiveness of the training and technical assistance provided to Cuyahoga County Out-of-School Time providers, and the impact of the provision of Out-of-School Time activities to youth and families.

By participating in the research, your child's progress will be monitored and assessed, and your child may be asked to complete a personal assessment and profile. If you agree to allow your child to participate in this research project, their contact information (written above) and information related to the assistance provided by the agency will be released from Starting Point to FCFC. Starting Point will continue to release this information for six months after the initiation of services or for as long as the agency provides assistance to you and/or your Out-of-School Time provider (whichever is longer). You may also choose to participate in another aspect of the study in which you will be contacted and asked about your experiences and opinions related to Out-of-School Time services.

Risks and Benefits of Being in the Study: There are no known risks to participate in this study and although there are no benefits to your child, their participation may have a positive effect on the services available to families and Out-of-School Time providers in Cuyahoga County.

Confidentiality and Voluntary Nature of Study: The records of this research will be kept private. It will not be possible to identify an individual participant in any report that might be published. Your child's participation is completely voluntary and their refusal to participate will not affect the services you, your child, or your Out-of-School Time provider receives from an agency. You may choose to end your child's participation at any time by requesting a Revocation Form from the agency that requested your consent.

Contacts: If you have any questions about this study, you can contact Starting Point's Out-of-School Time Department at 216-575-0061.

Please Circle YES or NO and Initial:

YES ☐ NO ☐ I agree to have information related to the assistance my child receives from the agency/agencies, as described in this consent form, released to FCFC by Starting Point.

YES ☐ NO ☐ I agree to be contacted to participate in a related study (e.g. survey, focus groups, etc.)

YES ☐ NO ☐ Check and initial here if you are granting Starting Point, FCFC and the Cleveland Public Library permission to use your child's image, name, photograph, video, likeness, voice and statements in connection with marketing, publicity, advertising, promotion and publication purposes in any type of media including, without limitation, print, videotape, CD/DVD, promotional materials, radio, television and Internet.

Signature of Parent/Guardian _____ Date _____

Community Agency Staff: I have reviewed the contents of this form with the person signing above.

Signature of Agency Staff/Representative _____ Date _____

Agency Name _____
(A copy of this signed consent is as valid as the original)

Original - Starting Point
Yellow Copy - Agency
Pink Copy - Parent/Guardian

REVISED 7/2014

STARTING POINT

4600 EUCLID AVENUE - SUITE 500
CLEVELAND, OHIO 44103
www.starting-point.org



MERRICK HOUSE MEDIA RELEASE FORM

I (Legal Parent/Guardian) _____ hereby grant Merrick House and/or its partners/affiliates permission to record the image, voice, and likeness of (Child's Name Here) _____ on photographs, films, audiotapes, videotapes, or other digital media ("Media") and to incorporate and use the Media in any and all publications and broadcasts, including web-based publications and broadcasts, whether for purposes of publicity, advertising, and promotion or otherwise, without payment or other consideration.

I understand and agree that Merrick House and/or its partners/affiliates exclusively own all rights to all Media regardless of the form in which it is produced or used and that the Media will not be returned to me.

I hereby irrevocably authorize Merrick House and/or its partners/affiliates to edit, alter, copy, exhibit, publish, or distribute the Media for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein the Media appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Media.

I hereby hold harmless, release, and forever discharge Merrick House and/or its partners/affiliates from all claims, demands, causes of action, losses or expenses of any sort arising from the making of such Media and its use which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have.

I HAVE READ AND UNDERSTAND THE ABOVE MEDIA RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Parent/Guardian Printed Name

Parent/Guardian Signature

Today's Date