

Teens In Action

FREE After School Program



BENEFITS:

- * Academic Support*
- * Work Readiness Skills*
- * Internships*
- * College tours*
- * Financial Literacy Workshops*
- * Field Trips*
- * Healthy Snacks*

WHY JOIN?

- ◆ Be a Hero (Help the community)
- ◆ Put yourself on the right path for Your future
- ◆ Gain Community Service Hours
- Build your Job Skills

Open to 9th–11th Grades!!

ONLY 20 positions available.

Don't miss out on this great opportunity to be part of Teens in Action.

Program: MON-FRI 2:30pm - 5:00pm, FRI 1to 1 meetings or Field Trips!

Place: New London Youth Affairs — Martin Center

120 Broad Street, NL 06320

Contact person: *Cindy Alvarez and Laura Burfoot*

860-442-4994 Jalvarez@ci.new-london.ct.us or lburfoot@ci.new-lonodon.ct.us

Supported by: *Chelsea Groton Foundation, Palmer Fund, Shea Trust, NL Elks Club, NLPS*



NEW LONDON YOUTH AFFAIRS REGISTRATION FORM



Please type or print in ink to complete this form.

Participant's Name: _____ Date: _____
 Mailing Address: _____ Birthdate: _____
 Grade: _____ School: _____ Age: _____
 Parent/Guardian Name(s): _____
 Participant lives with: _____
 Home Phone: _____ Cell Phone: _____ Can you receive text messages? _____
 Email address: _____
 Emergency contact (EC): _____
 (EC) Relationship to child: _____ (EC) Phone: _____
 People authorized to pickup your child: _____
 Health concerns, limitations, chronic illness (including hyperactivity/behavior problems) _____

List all known allergies _____

Does your child use an Epi Pen? Yes _____ No _____ If yes, please explain _____
 Does your child use an Inhaler? Yes _____ No _____ If yes, please explain _____
 Does your child take any medication? Yes _____ No _____ If yes, please explain _____

I give permission for my child to walk home following registered activities: Yes___ No___

I give permission for my child to appear in any media coverage and social networking approved by Youth Affairs: Yes___ No___

Please complete the following information needed for Youth Affairs grant funding.

Ethnicity: Is parent Hispanic? Yes _____ No _____

Family Size: _____ (# of people in your family)

Youth's Racial Background (check all that apply):

<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Multiracial: _____
<input type="checkbox"/>	Caucasian/White

Check all that apply below:

- Two Parent _____
- Step & Birth Parent _____
- Single Parent (female) _____
- Single Parent (male) _____
- Grandparents _____
- Relative/Guardian _____
- DCF Guardianship _____
- Foster Parent(s) _____
- On Own _____
- Joint Custody _____
- Other _____

Circle ONE that best applies to your household

\$17,050	\$19,500	\$21,950	\$24,350	\$26,300	\$28,250	\$30,200	\$32,150
\$28,450	\$32,500	\$36,550	\$40,600	\$43,850	\$47,100	\$50,350	\$53,600
\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050

I give my child permission to participate in all programs and activities conducted by the New London Youth Affairs, including field trips. I am fully aware of the risks inherent and hereby release the New London Recreation Department, City of New London, its elected or appointed officials, or volunteers from any and all liability, claims and injuries which may be sustained by me or my minor children on account of his/her participation in said programs or associated activities and events. If I can not be reached in the case of an emergency, I hereby give my permission to the physician selected by the New London Recreation Department's authorized staff member to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Parent/Guardian or Adult Signature _____

Date _____

Mall to: New London Youth Affairs, 120 Broad Street, New London, CT 06320
 Main Office: 442-4994; Family Center: 447-0459; Fax Number: (860) 443-1795



120 Broad Street
New London, CT 06320

☎ (860) 442-4994
☎ (860) 447-0459 (Family Center/W Tales)
☎ (860) 442-1497 (NLCCC)
☎ (860) 443-1795 (Fax)
✉ nlya@ci.new-london.ct.us
www.newlondonyouthaffairs.org

Teens In Action Program Request for Release of Records

To be completed by student and parent/guardian:

I hereby give permission for _____ to release copies

Applicant's current school

of the school records of _____ to the

Applicant's name

Teens in Action program of New London Youth Affairs. Such records include, but are not limited to, verification of enrollment in school and student's current transcript. I understand that all records provided to the Teens In Action program will be maintained on a confidential basis.

Parent/Guardian Signature

Date

Applicant Signature

Date

positive opportunities for youth

Teens In Action! (T.I.A)

Please answer the following questions.

1. Why are you interested in joining T.I.A?
2. What are some goals you have for yourself for the next year?
3. What are some obstacles that might get in your way of you reaching your goals?
4. How are your grades? What's your favorite class?
What class is the hardest for you?
5. What profession do you want to persue after H.S?
Do you know what kind of training you need for that profession?
6. What kinds of community service projects would you like to do if you join T.I.A?

Teens In Action! (T.I.A)

Por Favor Contesta Las Siguietes Preguntas:

1. Porque estas interesado/a en participar en T.I.A?
2. Cuales son algunas metas que tienes para el proximo año?
3. Cuales son algunos obstaculos que te prevendrian en alcanzar tus metas?
4. Como estan tus grados? Cual es tu clase favorita?
Cual es tu clase mas dificil?
5. Que profesion te gustaria tener cuando te gradues H.S?
6. Que proyectos comunitarios te gustaria hacer con T.I.A?