

FEARLESSLY BE YOURSELF- BE YOU!

BEYOU CENTER



REGISTRATION PACKET



955 CONNECTICUT AVENUE. BRIDGEPORT, CT 06607
WWW.BEYOUCENTER.ORG



BE YOU CENTER

Be You Center Referral Packet

ALL ABOUT YOU:

Name (Last, First, Middle): _____

Address: _____

Youth's Home Phone: _____ Youth's Cell Phone: _____

Youth's e-mail Address: _____

Gender: Male Female DOB: _____

Youth's identified gender: Male Female

Citizenship Status: U.S. Citizen Legal Alien Undocumented Alien Prefer not to respond

How long has the youth lived in the United States? _____

Race/Ethnicity:

- Latino/Hispanic
- Black or African American
- White
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other (please specify): _____

Please Indicate child's availability to attend program:

DAY PROGRAM from 10 AM to 1 PM: M T W R F

AFTERSCHOOL PROGRAM from 3 PM to 7 PM: M T W R F

ENROLLMENT FEE: Semester 1 - **\$100.00** Semester 2 - **\$100.00**

TRAINING KIT FEE: Semester 1 - **\$200.00** Semester 2 - **\$200.00**



Mission Statement:

“Be You Center” aims to strengthen the confidence and esteem of individuals therapeutically through different lenses of educational, life-skill based, enrichment activities, while working towards enhancing the inner excellence of an individual by maintaining a safe space that promotes inclusion and awareness.

Thank you for your interest in the “Be You Center”! We are pleased and excited to have you as part of our wonderful family as we embark on this fun path of learning opportunities, freedom and most importantly, working towards finding YOU! We offer a wide range of services within our program such as hairdressing, cooking, make-up application and more! **Each trade class comes with a provided personal kit that the participants will keep valued at \$200.00, which is due at the time of registration.**

The “Be You Center” is a center for **complete inclusion** and we want you to be comfortable and open about what your talents/interest are. To best help you, please check off your interests below. ALL ideas/interests are welcome. Don't see something you're interested in? Write it down and let us know! Please keep in mind that providing your interest can help enhance our center.

- Hairdressing (sew in's, color treatment, blow drying, cutting etc.)
- Cooking
- Barber
- Eyelash Extension
- Makeup application
- Photography (editing, building portfolio etc.)
- Wellness (yoga, Zumba, etc.)
- Computers (graphic design, coding etc.)
- Fashion (designing, sewing etc.)
- Other: _____
- Other: _____
- Other: _____

SERVICE PROVIDER INFORMATION

DCF

Social Worker Name: _____

Social Worker E-mail: _____

Social Worker Office Phone: _____

Social Worker Cell: _____

DCF Area Office/Region: _____ (Bridgeport, Norwalk, Milford, etc.)

What is youth's primary language? _____

Secondary language _____

Youth Insurance carrier: _____ Youth Insurance #: _____

Youth LINK #: _____ Youth ID #: _____

EDUCATION:

Is youth currently enrolled in school? Yes No If yes: Full Time Part time

Name of school: _____ City: _____

PowerSchool ID: _____ Password: _____

Attends: Day Evening Grade: 9 10 11 12

Type of School:

- High School
- GED Prep classes
- Vocational/Tech
- College/University Associate's

Current grade status (passing, failing, retainment): _____

High school graduation date: _____

Has the youth been suspended or expelled during the current or previous school year?

Yes No

Are there issues that have a significant impact on the youth's functioning at school?
Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes: emotional issues |
| <input type="checkbox"/> Yes; academic issues | <input type="checkbox"/> Yes: Attendance |
| <input type="checkbox"/> Yes: social issues | <input type="checkbox"/> Yes: other, please explain |
| <input type="checkbox"/> Yes: behavioral issues | |

Is the youth eligible for Special Education Services? Yes No

Does the youth have a **LIST** Assessment from another provider? Yes No
If yes, name of provider? _____

Does the youth present with a service need that significantly impacts their functioning?

- | | |
|---|---|
| <input type="checkbox"/> Cognitive limitations | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Other developmental disability | <input type="checkbox"/> Deaf or Hearing impaired |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Blind or visually impaired |
| <input type="checkbox"/> Behavioral Health Difficulty | <input type="checkbox"/> None of the above |

Does the youth have a Mental Health provider? Yes No

PLACEMENT INFORMATION:

Living arrangements **at time of referral:**

- FCT Foster Home
- TFC Foster Home (privately licensed)
- DCF Foster Home
- Private Residence
- Other _____

Is the youth currently pregnant/expecting a child? Yes No

Is the youth's current living situation stable, permanent housing? Yes No

Placement Home Address: _____

Apt. _____ Floor _____ Building _____

City: _____ State: _____ Zip: _____

Name of Caregiver _____ Relationship to youth: _____

Caregiver's cell phone: _____

Caregiver's primary language: _____

MORE ABOUT YOU:

Does the youth present with a service need that significantly impacts their functioning?

- | | |
|---|---|
| <input type="checkbox"/> Cognitive limitations | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Other developmental disability | <input type="checkbox"/> Deaf or Hearing impaired |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Blind or visually impaired |
| <input type="checkbox"/> Behavioral Health Difficulty | <input type="checkbox"/> None of the above |

Does the youth have a Mental Health provider? Yes No

Medical Provider Name: _____

Medical Provider E-mail: _____

Medical Provider Office Phone: _____

Current diagnosis:

DSM 5 Code(s) and description: _____

Use of any psychotropic medications: Yes No

If yes, please list (name, dosage, frequency): _____

Does the youth have any allergies? Yes No

If yes, what is he/she allergic to and what is the reaction?

EMERGENCY CONTACT:

Contact #1:

Printed name: _____ Relationship to participant: _____

Phone Number: _____ Date: _____

Authorized pick – up? Yes No

Contact #1:

Printed name: _____ Relationship to participant: _____

Phone Number: _____ Date: _____

Authorized pick – up? Yes No

Contact #1:

Printed name: _____ Relationship to participant: _____

Phone Number: _____ Date: _____

Authorized pick – up? Yes No



BEHAVIOR EXPECTATIONS AND GUIDELINES

We are pleased that you have decided to enroll your child into our Youth After School Program here at BE YOU CENTER, we believe that by bringing together children in a large group setting, we can help guide them in making successful behavioral choices, as well as help to develop them to become better individuals.

In our program, we expect our students to behave in a responsible manner at all times, whether it is at the facility or while we are offsite. We wish to ensure the safety of your child, as well as other students; and thus, we have developed the following behavioral expectations that we would like you to review with your child/children:

1. Inform an adult IMMEDIATELY if a problem arises. The safety and well-being of all students attending After School is of the utmost importance. For this reason, if at any time during After School an incident occurs that makes the student feel threatened or intimidated, he/she should tell a BE YOU CENTER staff member immediately.
2. Respect the rights and safety of others. Students that act irresponsibly or endanger the health, safety, or welfare of themselves, or any student as determined by the BE YOU CENTER, will be sent home immediately.
3. Respect the property of others. Students are not to take objects from the BE YOU CENTER facility or from other students. We ask that all students leave the locations cleaner than when they arrived. Students must take great care not to do any damage to the equipment and supplies they use during After School. Any student that breaks or destroys BE YOU CENTER property will be held financially responsible to replace that item.
4. Use of inappropriate behavior including profanity, disrespect to other students or staff members, destruction of property or equipment, physical injury to another child, or not following the safety rules and procedures explained in our bus and safety rules will result in immediate disciplinary action as deemed appropriate by BE YOU CENTER staff.
5. We are an Anti-Bullying facility. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated over time.



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Transportation Information

Please check one of the following:

My child will be picked up by one of the following authorized individuals:

Name: _____

Phone: _____

Name: _____

Phone: _____

Parents who pick up students from the after-school program must come into the school and sign- out their child with the site coordinator. Be prepared to show a photo I.D. Your child will only be released to the authorized individuals listed on this transportation form. If other arrangements need to be made, please send a note into the site coordinator that day.

My child is allowed to walked home alone

My child will ride the van home

On the line below, following the bus routes listed, write the intersection where you will meet your child or if the van route passes your house, write your house number and street name:

Intersection or House Address: _____

I agree to the methods of transportation listed above and will notify “Be You Center” of any changes:

Parent Signature

Date



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CODE OF CONDUCT

- I will not interfere with the teaching and learning of others.
- I will respect the personal space, rights, and property of others.
- I will follow directions from BE YOU CENTER staff, volunteers and trainers.
- I will be respectful of myself and my fellow students.
- I will listen quietly while others are speaking.
- I will be polite, courteous, and respectful at all times.
- I will keep my hands and feet to myself.
- I will practice self-control.
- I will practice proper bathroom etiquette when using or changing in the bathrooms.
- I promise to use a low speaking voice and use appropriate language when

I understand that violating this code of conduct will result in taking a timeout/cool-down from a privilege or activity that I have scheduled for that day. If my misbehavior continues, it will be necessary to notify my parents/guardians and schedule a conference to determine a plan of action for me. Misbehavior that may cause injury to myself, other students, or create safety issues may result in my leaving the program.

Parent Signature/Date

Participant Signature/Date



DISCIPLINE POLICY:

We encourage positive actions through positive reinforcement and close supervision. Our main goal here at BE YOU CENTER is to keep the children safely involved in activities that are providing growth in enrichment, leadership and teamwork skills. The following steps will be followed if inappropriate behavior occurs, along with a written student counseling statement:

- The child is spoken to privately in a firm, but gentle manner regarding their unacceptable behavior.
- If the inappropriate behavior continues, the child is removed from the activity for a cool down/timeout until both the staff and the child feel the child is ready to return.
- If the inappropriate behavior still continues to occur, the child's parent will be called or spoken with before departing for the day.
- Further incidents will result in the child having to be picked up from the facility and a parent conference will be held to determine an effective disciplinary plan, which requires the participation of the program director and the parents. A probationary period may be designated to determine if the program can effectively meet the needs of the particular child, or if the child's needs would be better served in a different program.
- An incident report will be filed when there is evidence of property destruction, injury to an individual or physically touching an individual. Accrual of multiple behavior reports, and other inappropriate behavior is grounds for dismissal from the program.

EXPULSION POLICY:

BE YOU CENTER has a **ZERO TOLERANCE** for acts of inappropriate behavior. Issues that may result in expulsion of enrollment with or without notice depending on the seriousness of the behavior, include, but are not limited to any of the following actions:

1. Striking another individual, counselor or staff person with intent to harm or injure another individual.
2. Causing harm to another individual with intent, requiring medical attention
3. Displaying violent or uncontrollable behavior that puts others or themselves at risk
4. Bullying. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated or has the potential to be repeated over time.
5. Repeated disregard for our Behavior Expectations and Guidelines

Behavior incidents will never be dealt with in a demoralizing, humiliating or abusive manner. No child shall be subject to abuses of neglect, cruel, unusual, severe, or corporal punishment. This includes but is not limited to: punishments which subject a child to verbal abuse, ridicule, humiliation, denial of food/use of bathroom facilities. I agree to refrain from violating the BE YOU CENTER rules and expectations. I understand what is expected of me and understand that violation of these rules will result in appropriate action.

Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



BE YOU CENTER

PERMISSION TO PHOTOGRAPH:

I, _____, give permission for "BE YOU" CENTER to
(Parent or Guardian name)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment:

(Parent or Guardian signature)

(Date)



ARE YOU READY TO BECOME A PIECE OF BE YOU CENTER?

PARTICIPANTS UNDER AGE 18 MUST HAVE THE CONSENT OF A PARENT/GUARDIAN:

My signature below certifies that I am a parent/guardian for the minor on this enrollment form and that I consent to the minor's participation.

Parent/Legal Guardian

Printed name: _____ Relationship to participant: _____

Signature: _____ Date: _____

Referral Source (if not legal guardian)

Printed name: _____ Relationship to participant: _____

Signature: _____ Date: _____

Participant:

My signature below certifies that all information provided on this enrollment form is accurate and complete to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

