

**BELIEVE IN YOURSELF**

DA WEEKEND  
**SPOT**

**BEYOU**  
CENTER



**REGISTRATION PACKET**



955 CONNECTICUT AVENUE. BRIDGEPORT, CT 06607  
[WWW.BEYOUCENTER.ORG](http://WWW.BEYOUCENTER.ORG)



**BE YOU**  
CENTER

## Be You Center Weekend Application Packet

<http://www.beyoucenter.org/>

### 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: \_\_\_\_\_ (MUST BE BETWEEN AGES 13 – 17)

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:

**WEEKEND PROGRAM HOURS:** 9 AM to 5 PM: SAT  SUN

**ENROLLMENT FEE:**  Semester 1 - \$50.00  Semester 2 - \$50.00

**TRAINING KIT FEE:**  Semester 1 - \$100.00  Semester 2 - \$100.00

**\* TRANSPORTATION AVAILABLE UPON REQUEST \***



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.**

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Thank you for your interest in the Be You Centers “Da Weekend Spot”! 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! This weekend program is a time to just focus on your craft and BE YOU! We offer a wide range of services within our weekend program so trust and believe you will be thrilled!

Listed below are the classes offered during our weekend program.

**Each trade class comes with a provided personal kit that the participants will keep valued at \$100.00, which is due at the time of registration.**

- Hairdressing** (sew in’s, color treatment, blow drying, cutting etc.)
- Culinary** (nutrition awareness, expanding recipe knowledge)
- Barber** (scissor/clipper use, layering styles, facials)
- Nails** (hand massages, acrylic application, paint/gel/shellac application)
- Makeup** application (identifying skin tones, face shape, contour etc.)
- Photography** (editing, building portfolio, softening etc.)
- Wellness** (yoga, Zumba, etc.)
- Computers** (graphic design, coding etc.)
- Fashion** (designing, sewing etc.)



**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.

No

Yes; academic issues

Yes: social issues

Yes: behavioral issues

Yes: emotional issues

Yes: Attendance

Yes: other, please explain

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?

Cognitive limitations

Other developmental disability

Learning disability

Behavioral Health Difficulty

Medical problems

Deaf or Hearing impaired

Blind or visually impaired

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 Weekend 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 the weekend program is of the utmost importance. For this reason, if at any time during the weekend program 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 the weekend program. 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.

BE YOU CENTER offers children a variety of age appropriate activities. You have registered for a program in which a large portion of the schedule is spent indoors. If necessary, inappropriate behavior will be addressed by our Youth Development Staff using the disciplinary procedures that are in alignment with the policies of the BE YOU CENTER Program.

### **Conduct Van Safety Reports**

A van conduct report is issued and written by the driver when a safety rule has been broken. Please advise your child/children of the following van safety rules: use a low voice when speaking, stay seated and buckled at all times, use appropriate language. Students are to keep their hands and feet to themselves at all times. There will be NO eating, drinking, or chewing gum on the van at any time. Respect to the van driver is paramount.

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Parent Signature

Date

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Student Signature

Date



## 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 weekend 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



## Walker Permission Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

By my signature below, I hereby give permission for the above-named student to walk home after participation in a **BE YOU CENTER** Weekend Program without adult supervision.

Please release my student at \_\_\_\_\_ P.M. in order to walk home alone.

I hereby give permission for the program staff to sign my child out of the center at the above time. In signing this form, I understand that the weekend staff is not responsible for my child's safety after he or she has been signed out of the program by staff.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Coordinator Signature

\_\_\_\_\_  
Date



**BE YOU**  
CENTER

**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:** \_\_\_\_\_