k-12 Youth Education Program

Monday - Friday
September 1, 2021 to June 30, 2022

3:30 to 5:30 pm

Mohican Family Center

Crafts - Snacks - ATODA Lessons - Culture - FUN

The Family Service Youth Education Program will be open for after school fun. Limited space available. For more information please contact the Community Services Workers at 715-793-4085
**Youth Education Covid Safety**

**Social Distancing**

As recommended by the CDC, all youth will remain at a minimum of 6 feet apart during their participation with the Youth Education Program.

**Masks**

As recommended by the CDC, all youth will be required to properly wear masks, over their mouth and nose at all times during their participation with the Youth Education Program. With exception of snack and lunch time. Masks supplied in each youth clean up bins.

**Handwashing and Sanitizing**

As recommended by the CDC, all youth will be required to wash their hands for a minimum of 20 seconds before and after consuming food, during lunch or snack time, bathroom breaks, and if youth happen to touch other youths’ supplies.

Signs will be displayed in each classroom about the safety of masks, social distance, handwashing and sanitizing.

**Ventilation**

Window will be slightly opened in all classrooms. Doors will be left open. Safely secure fans will be placed in the windows to blow potentially contaminated air out and pull new air in through the other open windows and doors.

Air cleaners will be placed in each classroom to enhance air cleaning.

**Respiratory Etiquette**

1. Cover your mouth and nose with a tissue or your upper sleeve when you cough or sneeze
2. Do not cover your mouth or nose with your hands when you sneeze
3. Always place your used tissue in the waste basket
4. Frequently wash your hands with soap and water or clean with alcohol-based hand cleanser.
5. Use hand sanitizer every time you touch your mouth of nose.

**Screening Test**

Screening tests will be done every day, will follow up with the Stockbridge Munsee Health Wellness Center to get the correct questions.
Family Services Department

Youth Education Program Registration

I give my child: ___________________________ Grade: ________ Age: __________
Address: ________________________________________________________________
Phone Number: ______________________________

Permission to participate in the Family Services Youth Education Program. I understand that my child will be required to participate in daily exercise and prevention lessons on Alcohol, Tobacco, other drug abuse. And HIV, AIDS and or STD’s if child is in grades 6th-12th. I understand that my child will not be allowed to use cellphones or other electronic devices during lesson time. No transportation will be available at this time.

Daily Schedule:
- Wash and sanitize hands
- Daily Exercise
- Snack
- ATODA Lesson
- Craft
- Gym or outside time
- Light Snack
- Fun Activities
- Clean Up Time
- Parent Pick Up

PARENT/GUARDIAN INFORMATION:
Parent/Guardian Name: __________________________
Address: ________________________________________
Phone Number: ___________________________ Emergency Contact Phone #: ____________

Please provide the information requested below, as it may be needed in case of an emergency

Allergies: __________________________________________

Conditions requiring special consideration (medical/physical):

Does your student require: (A) Epipen Yes ☐ No ☐ (B) Inhaler Yes ☐ No ☐ (C) ANY MEDICATION CURRENTLY TAKEN: (Type of medication and time of administration):

I understand that if my child is sick or suggests to program staff that they are sick, they will be required to be picked up immediately: _________ Initials

Alternate Pick-Up Contacts:

Name: ____________________________
Relationship to youth: ________________
Phone Number: ______________________

Name: ____________________________
Relationship to youth: ________________
Phone Number: ______________________

I understand that if my child leaves the building without permission the S-M Youth Education Program is not responsible and will call you immediately: _________ initials

MY CHILD HAS PERMISSION TO WALK HOME
Yes ☐ No ☐ ______ initials
My child **does not** have permission to walk home, if my child leaves the building without permission Please call me at:

initials: __________

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<th>Other information you would like the staff to know:</th>
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I give the Youth Education Program permission to photograph or record my child for promotional purposes: Newspaper, newsletter, social media

Yes  No  _____ initials

| YEP Program starts September 1,2021 to June 30,2022 from 3:30pm to 5:30pm |
| Only 6 youth allowed in each group to help with COVID 19 safety precaution |

If your child is accepted to attend the Youth Education Program you will receive a copy of the MFC/FSP policies, Covid Safety Rules and additional rules to keep us safe. Your child will be put on a waiting list if the groups are full.

Parent/Guardian Signature: ________________________

Date: _______________

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SEPTEMBER

Virtual Youth Education Program

Join the fun on Youth Education Facebook Page
September 1-30, 2021

ATODA Lessons, HIV Lesson, Crafts,
Daily Exercise, Activity Alerts  Cultural Lessons
*Earn gift cards for participation*

Please sign up with any Family Services Staff
by email or 715-793-4085

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Rikki. Gulbronson @mohican-nsn