

# CEO of M.E. (My Experience) Spring Break Camp March 20-24, 2017

## PROGRAM OVERVIEW:

The middle school years are a critical time of personal growth and development for girls. CEO of M.E. Spring Break Camp gives girls ages 11-14 years old a chance to be, explore and do things for the week that are gender-responsive, strengths-based and incorporate best practices in youth development. The program is a week-long camp that will focus on leadership, STEAM, and art-related activities.

## EXPERIENTIAL LEARNING:

Girls will engage in instruction on S.T.E.A.M. (Science, Technology, Engineering, Art & Math), attend Microsoft classes, learn about other essential life skills in Leadership, Career Exploration, Health & Wellness, Prevention Education and Racial Justice. The daily themes will help keep girls excited about what's next!

## ENRICHMENT:

Girls will participate in team building challenges, educational and cultural field trips to museums, academic institutions, business tours and more.

## ENCOURAGEMENT:

Interactive group mentoring sessions with professional women from diverse industries will provide the opportunity to network and glean tips on college, career and life choices.

Our goal is to encourage the development of young women who are independent thinkers, have a strong sense of self, can build and maintain positive friendships with their peers, experience a sense of belonging and are confident leaders.

**PROGRAM DATES:** March 20-24, 2017

## PROGRAM LOCATION:

YWCA Phyllis Wheatley Heritage Center  
2711 Locust Street  
St. Louis, MO 63103

**PROGRAM HOURS:** 9:00am – 4:30pm, M-F

**REGISTRATION DEADLINE:** March 10, 2017

**PROGRAM FEE:** \$100, per person; a \$25 non-refundable deposit is due at time of enrollment. Full and partial scholarships are available on a limited basis.

**SCHOLARSHIP REQUEST DEADLINE** March 10, 2017

## CLIENT/PARTICIPANT INFORMATION

NAME: Last First Middle Initial

Age Birth Date (month/day/year) Grade 2017

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

PHONE NUMBER (With area code) Home Phone Cell Phone

EMAIL

## PARENT/GUARDIAN INFORMATION

NAME (Parent/Guardian 1): Last First Relationship to Applicant

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

HOME PHONE (With area code) CELL PHONE EMAIL

EMPLOYER OF PARENT/GUARDIAN 1 POSITION

NAME (Parent/Guardian 2): Last First Relationship to Applicant

ADDRESS: Street/P.O. Box

ADDRESS: City State Zip Code Country

HOME PHONE (With area code) CELL PHONE EMAIL

EMPLOYER OF PARENT/GUARDIAN 2 POSITION

## SCHOOL INFORMATION

SCHOOL NAME:

SCHOOL ADDRESS: Street/P.O. Box

SCHOOL ADDRESS: City State Zip Code

## ADDITIONAL INFORMATION

Please indicate your household annual gross income:

- \$0 to \$9,999     \$10,000-\$14,999     \$15,000-\$19,999     \$20,000-\$29,999  
 \$30,000 to \$49,999     \$50,000 to \$99,999     \$100,000 and Greater

Please indicate your race/ethnicity. (Please check all that apply):

- African-American     Asian     Bi-Multi-Racial     Caucasian  
 Hawaiian/Pacific Islander     Hispanic/Latino     Native American/Alaskan Native  
Other: \_\_\_\_\_

Religion Preference:  Catholic     Jewish     Muslim     Protestant  
 Mormon Latter Day Saints     Non-Denomination     Other     N/A

Preferred Language:  English     Spanish     Other

Unique Attributes/Special Accommodations: \_\_\_\_\_

How did you learn about the program? (Please check all that apply):

- School Counselor/Teacher     Friend/Peer     Parent/Guardian     YWCA Staff  
 YWCA Website     Internet/Google Search     Facebook     Twitter     Other: \_\_\_\_\_

**YWCA CEO of M.E. (My Experience) Spring Break Camp**



**Release and Authorization for Liability, Transportation, Representation, and Medical Emergency**

**Disclaimer and Release from Liability**

I understand that as a participant in the YWCA Metro St. Louis CEO of M.E. (My Experience) Spring Break Camp the nature of activities may involve physical activity, contact with unfamiliar people, and other potential risks. As the parent/guardian of the above named, I hereby assume the risk for any accident or injury, to person or property, which my child may sustain in conjunction with her participation in the program. In addition, I hereby release and discharge the YWCA and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for such action or injury. I understand that this release applies to all aspects of my child's participation during program hours, including but not limited to: time spent in transit to and from program-related activities, during program hours, field trips, excursions, and other program activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Permission and Release**

I understand that in an effort to provide the most valuable learning experience for participants, and to support the fulfillment of the expectations of this program, the YWCA Metro St. Louis will be providing transportation within the scope of the program for my child. I understand that transportation methods may include but are not limited to: riding with program staff and other staff/participants in an organizationally owned and operated vehicle, riding with staff/participants in chartered busses or vans, and/or accompanying staff in a publicly operated vehicle (i.e. metrolink, city busses). I understand that all staff responsible for driving students are required to have a valid Missouri Driver's license and proof of current insurance on file. In addition, I acknowledge that every YWCA employee undergoes annual background checks and clearances to ensure the safety of its employees and the individuals served.

**I further understand that it is the responsibility of each participant and her parent or guardian to arrange for transportation to and from the program. The Program is located at the YWCA Phyllis Wheatley Heritage Center, 2711 Locust Street, St. Louis, MO 63103.**

As such, I give my permission for my child to be transported as needed to support the fulfillment of the program as well as to support a quality experience. In addition, I hereby release and discharge the YWCA and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for such action or injury as may result from any transportation provided in relationship to her participation with the YWCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Persons to Transport Permission and Release**

My child has my consent to drive, carpool, use public transportation and/or walk to/from the Emerging Entrepreneurs Summer Institute.

Yes  No Parent/Guardian Initials: \_\_\_\_\_

Persons authorized to transport your child to/from the program other than Parent/Guardian.

Name	Phone Number	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

**Representation Release**

I further agree that my child's picture, name and/or representation may be used for promotional media including participant and volunteer recruitment efforts, program and agency promotion, and any other agency related purpose.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Emergency/Health Authorization & Release**

In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to YWCA staff and/or other agents of the YWCA to take the necessary actions to respond appropriately to the emergency. I understand that I am responsible for any medical expenses that may be incurred.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (Name/Address): \_\_\_\_\_

Does your child have any health conditions (medical, physical, etc.) that we should be aware of?

Yes  No If yes, please explain: \_\_\_\_\_

Does your child have any known allergies?  Yes  No If yes, please explain: \_\_\_\_\_

List any medications: \_\_\_\_\_

Does your child have any special dietary needs?  Yes  No If yes, please explain: \_\_\_\_\_

**Emergency Contact Information**

Name	Phone Number	Relationship to Participant
1. _____	_____	_____
2. _____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YWCA YW-Teens Programs

### Participant Rights and Responsibilities



As a Participant, you have the ***right*** to:

- Receive services in a non-discriminatory manner.
- Consistent enforcement of program rules and expectations.
- Express and practice religious and spiritual beliefs freely.
- Be treated with courtesy and respect at all times.
- Request to review your file.
- Refuse any service and be informed about the consequence of such refusal, which can include discharge.
- Receive information regarding program fees prior to service.
- Contact program staff with any questions or concerns.

As a Participant you have the ***responsibility*** to:

- Provide relevant information as a basis for receiving services and participating in service decisions.
- Treat others (peer, staff, and volunteers) with courtesy and respect at all times.
- Attend scheduled program classes/sessions.
- Communicate to program staff if you are unable to attend.
- Participate in program activities, discussions, etc.
- Complete assignments; individual and group.
- Comply with dress code, when required for special events.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YWCA Program Staff Signature

\_\_\_\_\_  
Date

## YW-Teens Program - Informed Consent



I, \_\_\_\_\_, hereby apply for and give consent to receive services provided by the staff/volunteers of the YWCA St. Louis YW-Teens Program. I understand that the focus in YW-Teens Programs is to provide educational, supportive, and preventive services to improve emotional well-being, promote self-sufficiency, personal growth, and development. I agree to the following conditions:

1. **Voluntary Participation/Discontinuation of Services:** My participation in services is voluntary and I can stop at any time without penalty. You will be expected to participate in services to the best of your ability. You may refuse to participate in any activity or discussion without penalty. If the program staff decides to terminate services, an explanation will be given. The first few classes/sessions may be used to determine whether the YWCA is the most appropriate program for the client to receive services. In some cases, program staff may recommend that another agency or provider may better suit the clients' needs.
2. **Program Outcomes:** Program staff cannot guarantee results. Progress during classes/sessions is related to client efforts, such as consistency of attendance, motivation for learning and attention to information, lessons, and recommendations focused on reaching desired program goals.
3. **Confidentiality:** Information shared in classes/sessions between the client and program staff is confidential and will not be discussed by program staff with anyone without your written consent except under the following situations:
  - If I tell program staff that I intend to harm or kill myself or anyone else, the staff has a duty to report to the authorities and warn any person or persons that I said I plan to harm.
  - If you disclose abuse/neglect, program staff are by law required to report the abuse to the proper authorities. Persons working with vulnerable populations such as children and youth are mandated by Missouri State Statute to report all forms of suspected abuse or imminent danger of harm to self or others.
  - Your situation may be discussed with other professional staff or with the supervisor of the program staff. Consultation is considered a benefit to you and program staff to get the opinion of other professionals to ensure quality of care and services. Supervisors and other professionals are bound by ethics codes and rules of confidentiality.
  - If the program staff is under court order to disclose information.
  - If you sign a release of information form for another party to receive information.
  - Periodically, files may be reviewed by an external entity performing audits on our services. These reviewers are obligated to respect confidentiality procedures on any participant data they review.
4. **Fees:** All YW-Teens Programs (Girls Circle, Future Leaders and Emerging Entrepreneurs) are provided at no charge to clients with the exception of the Summer Institute and Young Women's Leadership Conferences. The registration fees for Summer Institute and Young Women's Leadership Conferences is \$115/per person per week and \$10/per person respectively. A limited number of full and partial scholarships are available upon request on a first come first serve basis. Funding through the United Way of Greater St. Louis, foundations, and community make it possible to offer our services at low cost or no charge.
5. **Dismissal:** Any client who, after attempts have been made to meet the client's individual needs, demonstrates the inability to benefit from the provision of services, or whose presence is detrimental to self, others and staff, may be dismissed from the YW-Teens Program.
6. **Grievance Policy:** Questions or concerns that I or my parent/guardian have about services should be discussed with program staff. If after discussing the concerns or issues with program staff you still are not satisfied, you may submit a complaint to the youth division director. The client or parent/guardian can file a grievance with the youth division director at (314) 531-1115, ext. 5277 or [sford@ywcastlouis.org](mailto:sford@ywcastlouis.org) or YWCA Metro St. Louis, Attn: Youth Division Director, 3820 West Pine Boulevard, St. Louis, MO 63108.
7. **HIPAA:** The Health Insurance Portability and Accountability ACT (HIPAA) is a federal law on health information privacy protections, effective 4/14/03. HIPAA provides additional privacy protections for medical records and establishes patient rights with regard to the use and disclosure of your protected health information. HIPAA requires that we provide you with a notice of privacy practices. Written copies will be given at your request. The law requires that we obtain signatures acknowledging that the YWCA has provided you with this information. Your signature below acknowledges that you have reviewed our policy and have had the opportunity to receive a written copy.

I have read and understand the above conditions of services at the YWCA St. Louis YW-Teens Program. I do voluntarily consent to participate in the provision of services under the conditions explained on this form.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**YWCA CEO of M.E. (My Experience) Spring Break Camp**

Are you applying for financial assistance or a scholarship from the YWCA?  Yes  No If no, skip to payment section below.

Have you ever applied for financial assistance or a scholarship with the YWCA?  Yes  No

Number of dependents \_\_\_\_\_

**FINANCIAL DATA (Check appropriate box)**

Yearly Income (Check the box that applies)			
<input type="checkbox"/> \$ 0 – 4,999	<input type="checkbox"/>	<input type="checkbox"/> \$ 20,000 – 29,999	<input type="checkbox"/> \$ 50,000 – 59,999
<input type="checkbox"/> \$ 5,000 – 9,999	<input type="checkbox"/>	<input type="checkbox"/> \$ 30,000 – 39,999	<input type="checkbox"/> \$ 60,000 – 69,999
<input type="checkbox"/> \$ 10,000 – 19,999	<input type="checkbox"/>	<input type="checkbox"/> \$ 40,000 – 49,999	<input type="checkbox"/> \$ 70,000 and above

Are there any other circumstances that you wish us to be aware of in considering you for a scholarship? (Please support with additional documentation if you think it would be helpful.) You may attach a separate sheet if needed.

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**AGREEMENT**

1. I/we declare that the information on this scholarship application, to the best of my/our knowledge and is true, correct and complete.
2. I/we also understand that if my child is accepted in the program and awarded a scholarship, I/we may be required to submit updated financial information as required by the YW-Teens Programs.
3. I/we understand that I am required to pay the difference of the total program fee if I receive a partial scholarship, and if our payments become delinquent, my child's scholarship may be revoked and this may affect further consideration for future scholarships.
4. I/we understand that if all required information is not submitted, my child will not be considered for a scholarship.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*All forms must be submitted together. If you are applying for a scholarship, registration and scholarship applications must be submitted by the scholarship application deadline of March 10, 2017.**

**For Office Use Only**

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_  Approved  Not Approved  
 Scholarship Award: \_\_\_\_\_ Subsidized Amount: \_\_\_\_\_ Program Fees Due: \_\_\_\_\_

**Payment Method**

- Cash  Check (Payable to YWCA YW-Teens Program)  Money Order  
 Credit Card Payment:  MasterCard  Visa  Debit Card

Name of Card Holder: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**YWCA CEO OF M.E. (My Experience) Spring Break Camp**



**APPLICATION CHECKLIST**

*All of the following items must be completed for consideration. Incomplete applications will not be accepted. All information will be kept confidential. Please be sure to type or print your answers legibly. You may use additional paper if needed.*

**Please check to ensure that you have completed and included all of the following items in your application packet.**

- COMPLETED APPLICATION FORM**
- COMPLETED SCHOLARSHIP FORM, IF APPLICABLE**

**CERTIFICATION:**

I/we certify that the information provided on this application is complete and correct to the best of my/our knowledge.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian 1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian 2 \_\_\_\_\_ Date: \_\_\_\_\_

Please submit all completed materials together in one complete application package to:

**YWCA Metro St. Louis  
Attn. Ida Casey, YW-Teens Program  
3820 West Pine Blvd.  
St. Louis, MO 63108**

**COMPLETED APPLICATION PACKAGES ARE DUE with deposit of \$25 per participant on FRIDAY, March 10, 2017.**

**If you have questions or concerns, please contact Ida Casey via  
Office: 514-531-1115 | Email at [icasey@ywcastlouis.org](mailto:icasey@ywcastlouis.org) | YWCA Program Cell Phone: 314-580-2940**