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ENTERING OUR 8TH YEAR OF PROGRAMMING IN THE SOUTH LINDEN COMMUNITY



AFTER SCHOOL PREVENTION INTERVENTION RECREATION EDUCATION

LOCATION: 1400 Brooks Ave, Ohio 43211

When: MONDAY- THURSDAY Hours: 3:00 PM-5:30 PM

Ages: 5-14

October 7, 2019-May 1, 2020

A.S.R.I.R.E. offers:

- **HOMEWORK ASSISTANCE/ACADEMIC INVESTMENT**
- **RECREATION**
- **FREE AFTER SCHOOL MEAL SERVICE**
- **MENTORING (PERSONAL DEVELOPMENT/VIOLENCE AND DRUG PREVENTION)**
- **FIELD TRIPS**
- **ART**
- **LIFE-SKILL BUILDING (SOCIAL EMOTIONAL LEARNING)**
- **YOUTH LED PREVENTION (LEADERSHIP SKILLS)**
- **EVEN MORE FUN THAN WE HAD LAST YEAR!**

“Free Registration

On the Back”



UMADAOPFC is working with CMHA and ADAMH to bring family programs to Rosewind

FOR MORE INFORMATION, CONTACT LAWRENCE CALLOWAY JR (DIRECTOR OF YOUTH PROGRAMMING) 614.452.2998 OR SHEILA WHITEHEAD-EVANS (FAMILY PREVENTION SPECIALIST) 614.935.0776 or CONTACT 614.227.9694 (MAIN OFFICE)

A.S.P.I.R.E REGISTRATION FORM

Participant Information

Full Name: _____ Nickname _____

Birth Date: _____ Grade Completed: _____ Age: _____

T-Shirt Size (circle one): Child S M L Adult M L XL XXL

Parent/Guardian's Name: _____

Address: _____

Day Time Phone: _____ Cell: _____ Work: _____

Email Address: _____

Emergency Contact Information

Full Name: _____ Relationship to Participant: _____

Phone Number: _____

Full Name: _____ Relationship to Participant: _____

Phone Number: _____

Code of Conduct

In order to maintain a safe environment, we require parents/guardians and participants to read, comprehend and abide by the following code of conduct.

I will follow the A.S.P.I.R.E. program schedule and rules. I will bring only the listed items to program activities (no weapons, drugs, alcohol, electronic games, and only registered electronic devices). I will respect counselors, directors, and other participants by not using foul language, name calling, or fighting. I will follow all safety rules used by the A.S.P.I.R.E. program.

I (Print Parent/Guardian Name) _____ give (Print Child's Name) _____ permission to attend the A.S.P.I.R.E. program. By attending the program, I give permission for my child to be transported for A.S.P.I.R.E. program activities. I understand that in order to participate in the program, my child cannot use drugs, tobacco, and alcohol or engage in unhealthy behavior. I also understand assessments and pictures or video taken during programming will be used for program promotion only (flyers, brochures, posters, etc.).

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

