



“Belong, Be Strong”

2023 Summer Youth Program

Online Registration

Welcome to Holy Cross Services “*Belong, Be Strong*” Summer Youth Program On-line Registration. To qualify, your student must be currently in or formerly in foster care, age 14 or older, and enrolled in high school for the 2023-2024 school year. The on-line registration must be completed in its entirety to be accepted into the Summer Youth Program. Registration is due by June 5th. Please email Online Registration to hcs-syp@hccsnet.org

Demographics

Name of Student:

Age:

Date of Birth:

Ethnicity:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ African American/Black
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic/Latin American
- ☐ Other

To which gender identity do you most identify?

- ☐ LGBTQ
- ☐ Male
- ☐ Female
- ☐ Prefer to describe self as (non-binary, gender fluid, agender): Click or tap here to enter text.
- ☐ Prefer not to say.



Address:

Phone Number:

Name of Parent/Legal Guardian:

Address:

Email:

Phone Number:

Is the student currently in Foster Care? ☐ Yes ☐ No

Name of Foster Parent:

Address:

Email:

Phone Number:

Name of Foster Care Worker:

Address:

Email:

Phone Number:

Emergency Contact #1

Name:

Address:

Phone Number:

Relationship to Foster Parent/Legal Guardian:

Emergency Contact #2

Name:

Address:

Phone Number

Relationship to Foster Parent/Legal Guardian:

Safe Adults with whom, the student can be released should early release be needed:



1. Name: Relationship:

2. Name: Relationship:

***The Foster Parent/Legal Guardian will need to secure daily transportation arrangements to and from the Summer Youth Program. The Summer Youth Program will not be responsible for the student upon dismissal each day so should special circumstances exist where there is a need for additional safety oversight, please identify if additional measures are needed. The Program Manager will contact you to make further arrangements.**

Additional measures are needed to ensure safety of the student: Yes: ☐ No: ☐

Education Information

Does your student qualify for special education services? If yes, identify special education eligibility as reflected on the IEP:

Does your student have a 504 Plan? Yes: ☐ No: ☐

Current Grade Level:

Name of school the student is currently enrolled:

Name of Academic Advisor:

Phone Number:

Grade your student will be entering for the school year 2023/2024:

Name of school the student will be attending for the school year 2023/2024:

Safety Needs

Has your student been identified as a risk for self-harm? If yes, please explain:

Has your student been identified as a risk of running away? If yes, please explain:



Has your student been identified as a risk for sexualized behavior? If yes, please explain:

Has your student been identified as a risk for sexual victimization? If yes, please explain:

Are there specific safety risks staff should be aware of to ensure the safety of your student and/or others (e.g., Internet restrictions to prevent unsafe contact, risk from a community-based member)? If yes, please explain:

Medical Information

Does your student have medical issues we should be aware of? If yes, please explain:

Does your student require medication administration during summer school hours? If yes, identify the medication, time(s) and dose to be administered:

Medication #1:

Dose:

Time to be administered:

Medication # 2:

Dose:

Time to be administered:

Any known allergies (i.e., bees, specific foods):

Breakfast, snacks, and lunch will be provided. Does your student have food restrictions: If yes, explain:

Does your student require special accommodation? If yes, explain:

- **Mobility assistance:**
- **Interpretation:**
- **Visual aid:**
- **Hearing:**
- **Other:**

Does the student have restrictions from participating in recreational physical activity? If yes, explain:

Enrollment

It is expected that students will attend full day programming unless prior arrangements are made with the Program Manager. *Please rank in order, 1 being your first choice of the classes offered for each Block- One, Two, and Three.*

Monday - Thursday

8:30 - 8:50: Breakfast/Daily Registration

9:00 -10:30: Block One

- Math Credit Recovery
- Literacy Instruction
- Leadership Skill Development

10:30 - 10:45: Class Transfer/

Break 10:45 - 12:15: Block Two

- Science Credit Recovery
- Literacy Instruction
- Leadership Skill Development

12:15 - 12:55: Lunch

1:00 - 2:30: Block Three

- Art Therapy
- Music Therapy
- Recreation Therapy

2:30 - 2:45: Convene/Dismiss



Friday

8:30 - 8:50: Breakfast/Daily Registration

Please rank in order, 1 being your first choice of the skill-based health education classes the student would like to attend.

9:00 - 10:30: Skill Based Health Education

- Healthy and Safe Relationships
- Botvin Life Skills Substance Use Avoidance
- Money Habitudes 2 -Financial Literacy
- Taking Pride in Prevention- Making Proud Choices

10:30 - 10:45: Class Transfer/Break

10:45 - 12:15: Recreation/Game Day

12:15 - 1:00: Lunch/Dismiss

Would you like your student to be considered for the Youth Advisory Committee that will be held every Friday from 1:00 -2:00? Yes: ☐ No: ☐

Thank you for completing the “Belong Be Strong” Online Registration. Upon receipt, the Program Manager will be contacting you for additional enrollment information.

Please email Online Registration to hcs-syp@hccsnet.org.