



YOUTH REGISTRATION FORM

The IFCS L.I.F.E Program

Youth Information

Please complete the form below in its entirety

First Name _____

Last Name _____

Date of Birth (MM/DD/YYYY) _____

School Attending in Fall 2022 _____

Grade Level in Fall 2022 _____

School (Student) ID Number (required)

Gender: Female Male Non-binary

Race: Check all that apply

Asian American Indian/Alaskan Native

Black White

Hawaiian/Pacific Islander

Hispanic/Latino Yes No

Has your child's school identified your child as an English Language Learner?

Yes No

Family Information

Parent/Guardian #1

Name (First Name and Last Name)

Relationship to Youth

Preferred Language for Communication?

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Address _____

Apt/Unit# _____

City _____ State _____ Zip _____

Parent/Guardian #2

Name (First Name, Last Name)

Relationship to Youth

Preferred Language for Communication?

Home Phone _____

Work Phone _____

Mobile Phone _____

Email Address _____

Address _____

Apt/Unit# _____

City _____ State _____ Zip _____

Emergency Contact:

Name (First Name, Last Name)

Relationship to Youth

Preferred Language for Communication?

Home Phone _____

Work Phone _____

Mobile Phone _____

Household Income

We ask for this information to get a better understanding of the families we serve and to ensure that resources are equitably distributed across the City of Richmond. Your personal information will not be reported.

Total Household Income? Please circle a range.

Less than \$10,000	\$10,000 to \$19,999	\$20,000 to \$29,999	\$30,000 to \$39,999
\$40,000 to \$49,999	\$50,000 to \$59,000	\$60,000 to \$69,999	\$70,000 to \$79,999
\$80,000 to \$89,999	\$90,000 to \$99,999	\$100,000 to \$149,000	\$150,000 or more

Total Number of Adults in Household (Over 18 years of Age) _____

Total Number of Children in Household _____

Transportation

Yes No Child will be picked up at the school/center at the end of the day

Yes No Child will walk home alone from school/site

Medical Information

To provide a fun and safe afterschool experience for your child, we would like to know if they are currently taking any medication(s) that need to be administered during program hours or have any allergies. This information will allow our staff to better attend to your child's needs. Except as necessary in the event of a medical emergency, this information will not be shared with third parties.

Medicine needed during program hours

Yes No

If yes, please list medications and dosages here:

Allergies Yes No

If yes, please list allergies here:

Does your child have any special needs that we should know about?

Special Needs Yes No

If yes, please explain:

Is there anything else that you like the program staff to know about your child?

Consent to Disclose Student Records for Record Sharing

This program, *The IFCS L.I.F.E Program* is funded by the City of Richmond's Positive Youth Development and Youth Violence Program. The goal of the City of Richmond's Positive Youth Development and Youth Violence Program is to promote positive youth development and prevent youth violence and help your child reach his or her full potential—socially, emotionally, and academically. To help the City of Richmond achieve that goal, we may need to share certain information about your child with the City of Richmond and NextUp RVA. The City of Richmond has contracted NextUp RVA to distribute funds to programs, provide technical assistance to programs and evaluate programs' impact on youth outcomes. In turn, they may need to share certain information about your child with us. NextUp RVA is committed to ensuring all youth have a positive, quality learning experience, and sharing this information can help us better serve your child(ren). Additionally, this information will help us understand whether or not this program is having a positive impact on your child's academic, social, and emotional well-being.

Also, to improve the program and make sure it meets the needs of youth, schools, and the community, we may conduct surveys to ask questions about the kinds of programs students would like to see, what they are learning from their participation in the programs and how they view themselves as learners and how they relate to their peers and adult staff. The answers to the surveys will be used to evaluate and improve the City of Richmond's Positive Youth Development and Youth Violence Program.

By signing below, you consent to have RPS release your child's student record to a data management system operated by a third-party partner, Cityspan Technologies (cityspan.com), and NextUp RVA. The student record has information such as your child's attendance, grades, scores on SOL, NWEA MAP, and Imagine Learning assessments, types of services they may receive, discipline history, and demographic information. Having this information helps us better understand how our services work and how we can improve them to help your child be more successful.

Yes, I give my permission to allow RPS to disclose my child's school records to NextUp RVA.

No, I do not give my permission to allow RPS to disclose my child's school records to NextUp RVA.

Parent/Legal Guardian's First and Last Name _____

Parent/Legal Guardian's Signature _____

Date _____

Media Release

Sometimes, *The IFCS L.I.F.E Program* may use photos of participants in publicity and marketing materials, such as on the program's website and social media.

Yes, I give permission to allow photos of my child to be used *by The IFCS L.I.F.E Program* and NextUp RVA media and marketing materials.

No, I do not give my permission to allow photos of my child to be used by *The IFCS L.I.F.E Program* and NextUp RVA.

Parent/Legal Guardian's First and Last

Name _____

Parent/Legal Guardian's

Signature _____

Date _____

DeJuana Ponton-Artis, Impacting Futures Community Services

Phone: 804-924-7471 Email: info@ifcsllc.com