

# 2018-2019 Heart Haven OutReach (H<sub>2</sub>O) Registration Form

Please PRINT clearly using black or blue ink.

Today's Date	/ /	First Time at H <sub>2</sub> O?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, I'm re-registering.
First and Last Name				
Name You Prefer To Be Called			Student ID	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate	/ / Age
Street Address				
City, State, Zip Code				
Home Phone #	( ) -	Cell Phone # (optional)	( ) -	
E-Mail Address (optional)				
School		Current Grade Level	(Based on ID/Credits)	9 10 11 12
Parent/Guardian's First and Last Name(s)				
Emergency Contact Name				
Emergency Contact's Relationship To You				
Emergency Contact's Phone #s ( ) - ( ) -				
Who do you live with <u>most</u> of the time? (check all that apply)				
<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Brother(s)—How Many? _____ <input type="checkbox"/> Sister(s)—How Many? _____ <input type="checkbox"/> Other Relative(s): _____ <input type="checkbox"/> Other: _____				
What is your race/ethnicity? (check all that apply)				
<input type="checkbox"/> Asian or Indian <input type="checkbox"/> Black/African American (non-Hispanic) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian (non-Hispanic)				
Can we communicate with you through social media? Find us as "H2OBolingbrook" & "H2ORomeoville"		Instagram name:	Twitter name:	Facebook name:

*Thank you! Welcome to H<sub>2</sub>O!*

<b>For H<sub>2</sub>O Staff Use Only:</b>				
If 1 <sup>st</sup> time, how heard about H <sub>2</sub> O: _____		Why coming to H <sub>2</sub> O: _____		
<input type="checkbox"/> Rules/Consequences Discussed & Signed	<input type="checkbox"/> ID Checked	<input type="checkbox"/> Photo Taken	Staff Registrar: _____	
<input type="checkbox"/> Parent Release Received ____/____/____	Staff Initials: _____	<input type="checkbox"/> School Verified ____/____/____	Staff Initials: _____	
Notes: _____				

# 2018-2019 Heart Haven OutReach (H<sub>2</sub>O) Rules

## We show up.

Examples:

- Arrive on time (no more than 30 minutes before the start of program), and stay to completion.
- If you sign up for an activity or make an appointment with a staff member, follow through on your commitment.

## We dress right. We speak right.

- No provocative clothing.
- No foul language or inappropriate racial or sexual language.
- Use an appropriate voice level at all times.

## We participate and cooperate.

- Stay on task during program.
- Listen when someone else is talking. Raise your hand if you would like to speak.
- Follow the instructions of staff members and leaders.
- No cell phone or headphone use during program. Cell phones will be collected on Tues & Thurs nights.
- Limit bathroom and vending machine visits to before or after program.

## We respect people and property.

- Keep the vans, facility, and grounds clean.
- No loitering outside the building.
- Treat others as you would want to be treated.
- Honor people's privacy with confidentiality. (If someone's safety is a concern, talk to a staff member.)
- No putdowns, hurtful teasing, gossip, bullying, threats, or fighting.
- No romantic displays of affection or sexual behavior.

## We tell the truth.

## We make safe and healthy choices.

- Ride home in an H<sub>2</sub>O vehicle or with the person you came with unless you have permission to do otherwise.
- No drugs, alcohol, or weapons allowed.
- No smoking on H<sub>2</sub>O property.
- No gang behavior.
- Tell a staff member or trusted adult if your or someone else's safety is at risk.

## We care.

- Help new people feel welcome by introducing yourself.
- Be kind to others. Contribute to H<sub>2</sub>O and the Bolingbrook community by giving the best of yourself.

.....  
I have read and agree to follow all of the above rules. I understand that breaking any of these rules will result in consequences as deemed appropriate by H<sub>2</sub>O Staff or Representatives.

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# WELCOME TO H<sub>2</sub>O!

We want to get to know you. Please tell us about yourself. It's okay to brag. ;)

Name: \_\_\_\_\_

If you could meet anyone, who would it be?

\_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods that gross you out: \_\_\_\_\_

Favorite TV show: \_\_\_\_\_

Favorite thing(s) to do in your free time: \_\_\_\_\_

What three words would you use to describe life at home?

\_\_\_\_\_

Do you like school? Why or why not? \_\_\_\_\_

Favorite subject: \_\_\_\_\_

Least favorite subject: \_\_\_\_\_

Do you have a favorite teacher or school staff member? \_\_\_\_\_

What's something you dream of doing someday? \_\_\_\_\_

\_\_\_\_\_

Biggest fear: \_\_\_\_\_

Biggest challenge in life: \_\_\_\_\_

Are there any adults in your life, other than your parents, that you feel comfortable talking to when you need help (e.g. teacher, coach, counselor)? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_



201 Canterbury Lane, Suite C, Bolingbrook, IL 60440

### Parent/Guardian Permission and Release Form

Dear Parent/Guardian,

Heart Haven OutReach, better known as H<sub>2</sub>O, is a nonprofit youth mentoring and support organization for high school age youth in the greater Bolingbrook and Romeoville communities. We offer a variety of programs and activities, most at no cost, including recreation, character building programs, support groups, service projects, mentoring, and more. We also offer free transportation to and from most of our programs and activities. A complete listing of our services can be found on our website at [www.HeartHavenOutReach.org](http://www.HeartHavenOutReach.org).

In order for your child, \_\_\_\_\_, to participate, we need your permission. Please read the following and indicate your permission or lack thereof for each item. Then please return this form either by postal mail (address above), fax to 630-226-8507, e-mail to [Info@HeartHavenOutReach.org](mailto:Info@HeartHavenOutReach.org), or through your child. If you have any questions or concerns, please do not hesitate to give us a call at 630-226-8403.

Sincerely,  
The Staff of Heart Haven OutReach

- I give permission for my child to participate in regularly scheduled H<sub>2</sub>O programs. I certify that my child is in good health and free from communicable disease. I give permission to treat my child for routine medical care (cuts, scratches, etc.) and to seek emergency care if necessary. Furthermore, on my own behalf and on behalf of the above named child, I hereby release, defend, and hold H<sub>2</sub>O harmless from any and all liability, loss, costs, causes of actions, demands, attorneys fees, expenses, claims, suits and judgments of whatsoever kind and character, including without limitation, all possible costs of responding to demands occurring, arising from, or related to the participation of the above named child.  
 Yes    No   Initials: \_\_\_\_\_

Please list any special precautions/health conditions/allergies we should be aware of. \_\_\_\_\_

- I give permission for H<sub>2</sub>O to transport my child to and from H<sub>2</sub>O programs and activities.  
 Yes    No   Initials: \_\_\_\_\_
- I give permission to H<sub>2</sub>O and anyone authorized by H<sub>2</sub>O to use my child's name, likeness (photo, video clip, rendering, etc.), and/or voice, either as an individual or as part of a group, in informational, promotional, or educational materials relating to H<sub>2</sub>O, including but not limited to the H<sub>2</sub>O website, local or area newspaper press releases, H<sub>2</sub>O newsletters, H<sub>2</sub>O flyers and brochures, and H<sub>2</sub>O videos.  
 Yes    No   Initials: \_\_\_\_\_
- In an effort to best mentor my child, I understand there may be times when H<sub>2</sub>O may need to contact or work with the staff at my child's school. I give permission for H<sub>2</sub>O to contact my child's teachers, counselors, or dean for information, which may include grade, discipline, and/or attendance reports. I also give permission for my child's school to release such information to H<sub>2</sub>O staff.  
 Yes    No   Initials: \_\_\_\_\_
- My child is eligible for the Free and Reduced Lunch Program (*optional*)  
 Yes    No   Initials: \_\_\_\_\_

Parent/Legal Guardian's Name (please print) \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Best Phone Number at Which to Contact You: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Comments: