

# 2019-2020 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)	
Parent/Guardian's First and Last Name(s)				
Parent/Guardian Phone #	( ) -			
Emergency Contact's Name & Relationship				
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 @ "H2OBolingbrook"	Instagram name:	Twitter name:	Facebook name:	
Do you want to be added to Remind?	Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

## For H<sub>2</sub>O Staff Use Only:

If 1<sup>st</sup> time, how heard about H<sub>2</sub>O: \_\_\_\_\_ Why coming to H<sub>2</sub>O: \_\_\_\_\_

Rules/Consequences Discussed & Signed     ID Checked     Added to Access    Staff Registrar: \_\_\_\_\_

Parent Phone Call Made \_\_\_\_/\_\_\_\_/\_\_\_\_    Staff Initials: \_\_\_\_\_     Added to Remind \_\_\_\_/\_\_\_\_/\_\_\_\_    Staff Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

# 2019-2020 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



201 Canterbury Lane, Suite C, Bolingbrook, IL 60440

### Parent/Guardian Permission and Release Form

Dear Parent/Guardian,

Heart Haven OutReach, better known as H2O, is a nonprofit youth mentoring and support organization for middle and 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 H2O 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 H2O harmless from any and all claims, demands, judgments, lawsuits, personal injury, or property damage of whatsoever nature 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 H2O to transport my child to and from H2O programs and activities.  
 Yes  No Initials: \_\_\_\_\_
- I give permission to H2O and anyone authorized by H2O 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 H2O, including but not limited to the H2O website, local or area newspaper press releases, H2O newsletters, H2O flyers and brochures, H2O social media postings, and H2O videos.  
 Yes  No Initials: \_\_\_\_\_
- In an effort to best mentor my child, I understand there may be times when H2O may need to contact or work with the staff at my child's school. I give permission for H2O 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 H2O staff.  
 Yes  No Initials: \_\_\_\_\_
- I consent to Olimene Counseling Services staff to share information to H2O staff regarding my child's behavioral health needs and recommendations.\*  
 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: \_\_\_\_\_

\* Olimene Counseling Services is onsite at H2O to provide crisis intervention on Tuesday evenings and optional counseling sessions on Thursday evenings. To learn more about this opportunity for counseling services for your child, please talk with an H2O staff member.