

2020-2021 Heart Haven OutReach (H₂O) Registration Form

Please PRINT clearly using black or blue ink.

Today's Date	/ /	First Time at H ₂ 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				
Cell Phone #	() -	Home Phone # (optional)	() -	
E-Mail Address				
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"/> 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)		
How did you hear about H ₂ O?				

Thank you! Welcome to H₂O!

2020-2021 Heart Haven OutReach (H₂O) 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 H₂O vehicle or with the person you came with unless you have permission to do otherwise.
- No drugs, alcohol, or weapons allowed.
- No smoking on H₂O 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 H₂O and the Bolingbrook community by giving the best of yourself.

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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 H₂O 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.

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, 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.



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Parent/Guardian Permission and Release Form

Dear Parent/Guardian,

In addition to the permission and release form you filled out earlier this year, we are asking you to give permission at this time for your child to participate with our in-person support programs as we reopen in accordance with Governor JB Pritzker’s Restore Illinois guidance. We will keep you updated as we enter new phases of Restore Illinois and how it affects our programing. A complete listing of our services at this time can be found on our website at 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, 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-person with H₂O programs. I certify that my child is in good health and free from communicable disease. If my child is experiencing any of the following symptoms I will keep them home from program: fever, abnormal cough, abnormal sore throat, difficulty breathing or a shortness of breath, abnormal muscle aches, unusual or abnormal headaches, loss of taste or loss of smell, abnormal chills, gastrointestinal concerns, or any symptoms of COVID-19. Also, if my child, or anyone in our household, does come into close contact with anyone who has tested positive for COVID-19, we will follow all recommendations from health officials before joining back with in-person programs. 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: _____

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: _____