

Middle School Youth Center / BLAST Program 2017-18 School Year

Providing quality after school programming for students and families to strengthen the foundation required for life-long learning and productive citizenship.

Safe, structured, supervised activities will once again be offered for youth in grades 6-8 through the Middle School Youth Center (MSYC) which includes the BLAST program (similar to PLUS at the elementary schools) sponsored by the Northfield School District. Licensed teachers will lead clubs that include engaging, hands-on activities that strengthen reading, math and social skills. Homework help is available daily and enrichment opportunities include sports, arts and crafts, music, guest speakers, and more! The program is offered at no cost to students and includes an afternoon snack.

Program dates and times:

Northfield Middle School / Room #153 Monday – Thursday 3:00 – 5:00 pm September 25, 2017 – May 10, 2018

In order to enroll, please complete the registration form and return it to any of the places listed below:

- Middle School Office
- TORCH Office, Room #166
- Middle School Youth Center, Room# 153

Orientation

September 25
September 26
September 27
September 27
September 28 and after
September 28 and after

The Middle School Youth Center will be closed Thursday, October 12 and Monday, October 16 - Thursday, October 19 due to MEA and Parent/Teacher conferences.

This is a Minnesota Department of Education program in which students must meet (Minnesota Statutes, section 124D.68, Subdivision 2) criteria as well as the following. Please note the following criteria students must meet in order to enroll in the BLAST program:

- able to follow verbal instructions and directions provided by BLAST Program staff and supervisors;
- able to work independently without disturbing others when assigned individual tasks;
- able to safely and successfully transition from one activity to another, and from one location to another with minimal adult supervision and;
- refrain from hitting, kicking, biting, and other forms of physical aggression toward other students and staff.

REGISTRATION – Middle School Youth Center / BLAST Program 2017-18

<u>Student</u>			
Student Name:		Grade:	Date of Birth:
Address:		City:	Zip:
Please provide any additional information you			
Parent/Guardian Name(s):			
Home Phone:	Work Phone:_	C	Cell:
Other Emergency Contact:		P	hone:
Yes () No () Permission to use photo/vide website? Periodically, during the course of the MSYC order for your child to attend these field trip. I grant permission for my child, supervised field trips for the MSYC program dates and hours, as well as non-program da Signature of Parent/Legal Guardian:	program, studer ps, we will need n. I understand ys.	its may have opportunitie the following information(student nanothers these field trips may take	es for supervised field trips. In completed and signed. me - print clearly) to attend place during MSYC program
<u>Transportation</u>			
Method of transportation (please choose one):	walk	parent will pick up	bus
If BUS has been selected, please choose one of	of the following s	tops:	
Viking Terrace Jefferson S	Square	Northfield Estates	Ensley / Summerfield Apts
If someone other than a parent will be providing giving permission to transport:	ng transportation	home from the site, please	list the name of the person you are
Name:	R	elationship to Child:	
Parent/Guardian Signature - REOUIIRED		 Date	

Northfield Community Services Division DOES NOT provide accident insurance for participants in any of its programs or activities. Participants retain all inherent risk of injury resulting from their involvement in programs or activities.

Middle School Youth Center 2017-2018 Behavior/Conduct Agreement

(Please read and sign)

The Middle School Youth Center (MSYC), operated by the Community Services Division, is a free after-school drop-in program, dedicated to providing safe programming that engages youth with their school and community, while developing individual strengths and talents. Our strategy is to engage youth by offering access to resources during out-of-school time such as homework assistance, skills workshops, computer labs, physical recreation, cultural enrichment, field trips, opportunities to engage in community service, and fellowship with peers and caring adults.

About the MSYC:

Hours of Operation: Monday – Thursday, 2:50-5:00 pm

Dates of Operation: September 25, 2017 – May 10, 2018 (on most school days)

Behavior and Conduct:

To create and maintain a successful program, we need students, parents/guardians, and staff to communicate with one another and work cooperatively. The actions of youth, both positive and negative, affect individual students as well as the overall climate of the MSYC.

- Students and parents/guardians are expected to follow the behavior policy of the Northfield Public Schools (in the District's Student Citizenship Handbook).
- All Northfield Middle School rules and policies are in effect at MSYC.
- All students must complete the Behavior Agreement and Registration Form.

Additionally as a MSYC participant, you are expected to:

- Be an engaged member, participating in Brain Time and all other programming
- Sign in by 3:00 PM unless participating in a NMS activity with permission
- Always sign in and sign out; once you sign out, you cannot return that day
- Respect self, peers, and staff with appropriate language, gesturing and touching
- Respect the space of the Northfield Middle School and all MSYC equipment

The MSYC is not responsible for an items to the program.	ny lost or stolen ite	ms, and we advise that participants do not l	oring any valuable
By signing this form, we acknowled these guidelines	dge that we have re	ead the Behavior/Conduct Agreement and a	gree to abide by
 Signature of parent/guardian	——————————————————————————————————————	Signature of student	 Date



MSYC/BLAST 2017-18

HEALTH INFORMATION/MEDICATION PERMISSION

Student Name	Bir	th date	Grade
Please check any medical conditi	on(s) that apply to yo	ur student.	
☐ No known health concer	()		
\square ADD/ADHD			
□ Asthma			
	c food/medication:		
Please list any physical restrict Please list any daily medication			
•	o give my student th nen Antacid	G	lications as needed (please circle): Benadryl
and accompanied	e-counter medication l by a parent/guardiar tions – please contact	permission note	
PARENT/GUARDIAN SIGNATU	JRE:		DATE:
PARENT/GUARDIAN (1) NAME):		
CELL PHONE:			
HOME PHONE:		WORK PHON	E: