SUMMER REGISTRATION

REGISTRATION OPENS: Monday, March 20th
REGISTRATION ENDS: Monday, April 17th
HOURS OF REGISTRATION: 10:30 AM-6:00 PM

NOTE: Each parent/guardian must complete the packet attached and attend an orientation.

Dear Parents/Guardians,

ICAN requires ALL parents/guardians to register their child with ICAN on a semester basis (we follow the Chandler Unified School District calendar). This includes both **new and current** ICAN members.

As we head into another summer, ICAN is using this registration cycle to improve our process and our programs. ICAN's mission is to provide free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community. Under this mission, our goal is to have quality, impactful programs. To accomplish this goal, our class must be correctly sized to obtain optimal results. Beginning with this registration, our enrollment will be limited per grade level with total enrollment capped at 290.

REGISTRATION STEPS

Step 1: Complete and return completed registration packet to the Front Desk

Step 2: Select an orientation date (****Note:*** if your child is turning in the application, they will receive a save the date for the orientation you selected.)

Step 3: Please select an orientation

- ☐ Tuesday, May 9th @ 6:30 pm
- ☐ Thursday, May 18th @ 6:30 pm
- ☐ Wednesday, May 17th @ 6:30 pm
- ☐ Tuesday, May 23th @ 6:30 pm

If you do not complete ALL of the steps, your child WILL NOT be registered.

NOTE: If ICAN's registration has closed or the roster is full, families will be placed on a wait list. If you are placed on the waiting list, you will be notified when an opening becomes available.

Dear Parent or Guardian:

ICAN is proud that you have chosen to enroll your children in our after school and/or school-based programs! With over 20 years' experience in serving Chandler's youth, ICAN is committed to providing safe, quality, and caring programs for youth that are currently in school and between the ages of 5 and 18.

FREE Youth Membership Benefits:

- Age appropriate and culturally relevant programs and activities that meet the needs of Chandler area youth
- A nutritious snack, dinner after school, and lunch during school breaks
- Daily homework help and computer classes
- Programs that help prevent juvenile delinquency, drug use, and gang activity among youth
- Field trips, where youth are exposed to a variety of community businesses, recreational and educational activities, sporting events and much more
- Opportunity to be invited to the ICAN annual holiday party and other special events.
- Transportation to and from ICAN (for youth living within transportation boundaries)

FREE Parent/Caregiver Benefits:

ICAN also offers benefits to parents/caregivers of our youth members that include:

- Monthly family activities (including child care and food)
- Classes for parents to learn new information on preventing drugs and violence with their child/ren
- Volunteer opportunities
- Monthly newsletters with updates on youth programs and activities.
- Community resources and referrals

Participant Rights:

ICAN ensures that all ICAN participants are afforded the following rights:

- To be treated with dignity, respect, and consideration;
- To receive after school programming and prevention services without discrimination based upon race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, legal status, or method of payment;
- To submit grievances without restraint or retaliation and have grievances considered in a fair, timely: and impartial manner;
- To have information and records kept confidential;
- To have privacy in correspondence and communication within program guidelines;
- To review the member's own record by a parent or guardian within 5 business days of a written request to the Chief Program Officer
- To be free from abuse and exploitation; and
- To associate with individuals of the members choice and to make emergency telephone calls as approved by the Chief Program Officer (i.e. sickness, injury etc.)

Behavior Support Management:

ICAN utilizes positive reinforcement with youth to set a tone and culture of caring, cooperation, and respect which reinforces positive youth behavior as the norm. ICAN rules include:

- Keep ICAN safe and violence-free
- Respect ICAN property
- Respect others (regardless of race, gender, income, sexual orientation, religion, or ability)
- Participate in ICAN programs and activities while being attentive and responsive

Should a youth member not follow the rules and guidelines for behavior, appropriate consequences are delivered accordingly by the adult staff observing the behavior. Consequences may include redirection of inappropriate behavior, loss of privileges, behavior contracts, warnings and/or suspensions.

Behavior Support Management works best when it is used consistently at ICAN and at home. Parents are encouraged to participate in our parent and family programs.

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.

Transportation: ICAN provides transportation from the following schools when school is in session:

- Andersen Jr. High
- Bogle Jr. High
- Bologna Elementary
- Chandler High School
- Hamilton High School
- Hartford Elementary
- Frye Elementary
- Galveston Elementary
- San Marcos Elementary
- Willis Jr. High

ICAN drops off at assigned bus stops following programs for youth living within the ICAN boundaries (Ray Rd south to Pecos; Alma School east to McQueen).

Pick-ups are provided from assigned bus stops during intersession for youth living within the boundaries.

Parent Orientation: A parent and/or guardian must participate in a parent orientation before their youth starts ICAN programs. The Parent Orientation occurs during each registration period. Please contact the Front Office Administrator about the next Parent Orientation.

Environmental Safety: ICAN provides a safe environment to members served. To ensure the safety, health and welfare of members, ICAN maintains that the facility, storage areas, and its furnishings are in good repair, clean, and free of odors, insects and rodents, accumulation of garbage, and hazards.

Mandated reporting: ICAN is required to notify Arizona Department of Child Safety, the police or other authorities in the event of physical and/or sexual abuse or neglect of a minor, potential danger to self and/or others, etc.

Release of Member Records: Copies of member records are released only in instances where applicable state or federal law mandates or where the parent or guardian provides a signed, written authorization. Written authorization in a language understood by the parent or guardian is obtained prior to the Chief Program Officer releasing the record and is maintained in the member file.

Grievance Process: If a parent or youth member believes the program failed to provide professional services which can be reasonably expected or has a concern about the way services were provided, the parent or youth member may discuss the issue with the Program Director. If the parent or youth member feels that a satisfactory resolution was not reached, a grievance may be filed with the President & Chief Executive Officer. Information on the grievance process is provided in writing upon request to the Chief Program Officer.

Emergency Situation: In the event of a facility closure related accident, disaster, or other cause of property Damage, go to the Chandler Police Department's community room at 250 E. Chicago St. This location will serve as ICAN's central information station and as an emergency pick up zone for members on the day of an emergency closure. **Any questions or concerns, including information regarding our temporary program space please contact ICAN's Chief Program Officer at 480.874.7591.**

Again, thank you for choosing ICAN as the program for your children. We look forward to working with you and your youth member!

Sincerely,

Nick Irigoyen
Youth Program Manager

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.

ICAN MEMBERSHIP APPLICATION

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **Required fields are in *bold* type and denoted with an asterisk (*).**

FAMILY INFORMATION

Head of Household - Last Name:*		**First Name:***	
Gender *(circle one):** Male Female	Email:	Contact Language:	Home Phone
Ethnicity *(circle one):** Hispanic Not-Hispanic	**Race *(circle one):**** Caucasian African American Native American Asian Hawaiian/Pacific Islander Multi-Racial Other		Cell Phone
Home address:*			
City:*	**State:***	**ZIP Code:***	
Employer:		Phone:	
Job Title:		Occupation:	

Other Parent/Guardian Information

Parent/Guardian - Last Name:		First Name:	
Gender *(circle one):* Male Female	Email:	Contact Language:	Home Phone:
Ethnicity *(circle one):* Hispanic Not-Hispanic	Race *(circle one)*: Caucasian African American Native American Asian Hawaiian/Pacific Islander Multi-Racial Other		Cell Phone:
Employer:		Phone:	
Job Title:		Occupation:	

Family Income:*

____ Less than $10,000
____ $10,001 - $15,000
____ $15,001 - $20,000
____ $20,001 - $25,000
____ $25,001 - $30,000
____ $30,001 - $35,000
____ $35,001 - $40,000
____ $40,001 - $50,000
____ $50,001 and above

Family Size:*
(# of adults/kids in household)

_____

Pick-up Authorization Password:*

_____

Children's Name	**Age**

I am interested in joining other parents for programs that strengthen our community and help with parenting skills that prevent drug use, gangs, and violence in my neighborhood. ___ Yes ___ No

I am interested in volunteering my time and/or talents at ICAN. ___ Yes ___ No

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.

ENROLLMENT DATE:

YOUTH MEMBER INFORMATION

Last Name:*	**First:***	Middle:
Nick Name:	**Gender** ***(circle one):**** Male Female	**Birth Date:*** / /
Ethnicity ***(circle one):**** Hispanic Not-Hispanic	**Race** ***(circle one):**** Caucasian African American Native American Asian Hawaiian/Pacific Islander Multi-Racial Other	
School:*	**Grade:***	Teacher:

Household Type: * *(Please circle)*	***Family Setting:**** *(Please circle)*	***Circle all that apply:***	***Referring Organization:**** *(Please circle)*
Extended Family Foster Care Group Home Immediate Family Non-family	Both Parents Father Only Foster Parents Guardians Grandparents Group Home Mother Only Older Sibling Parent/Step Parent	TANF SSDI SSI Food Stamps Medicaid Can Swim School Lunch General Assistance	__Advertising/Media __ School __Chandler Police __Other ICAN Member __Friend __City of Chandler Municipal Court __Other_____

Please explain any *special/behavioral needs* your child may have, *or* write *none:*

Please explain any *known medical problems or allergies*, *or* write *none:*

Please list any *medications* your child is currently taking, *or none: (ICAN will not administer or hold medication of any kind)*

Insurance Company:	Physician Name:	Phone Number:

Preferred Hospital:

EMERGENCY CONTACTS

Name of a friend/relative not residing with you:*

Address:*		**Phone:***
City:*	**State:***	**ZIP Code:***

Relationship:*

Name of a friend/relative not residing with you:

Address:		Phone:
City:	State:	ZIP Code:

Relationship:

PLEASE LIST ANYONE WHO IS AUTHORIZED TO PICK UP YOUR CHILD:

NAME:

NAME:

NAME:

NAME:

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.

Please read carefully

Consent for Program Participation:*

___ **Yes** ___ **No** My child has permission to use the internet related to ICAN programming in the Computer Lab.

___ **Yes** ___ **No** My child has permission to be transported in the ICAN van for pick-ups, drop offs, and other activities, including field trips.

___ **Yes** ___ **No** I understand that ICAN completes pick-ups at select schools. If my child misses the van due to not being outside on time, I understand that the van may not return to the school and that the school will contact me as the parent/guardian to pick up my child.

___ **Yes** ___ **No** I understand that on early release days from school, ICAN begins pick-ups at select schools depending on the release time of each school.

___ **Yes** ___ **No** I understand that I must pick up my child from ICAN no later than 6:00 p.m. if my child is not eligible to, or will not ride the ICAN van. If I do not pick up my child, they will be suspended the following day.

___ **Yes** ___ **No** I understand that during *summer* intersession, drop offs at the bus stops begin at 5:00 p.m. each Friday.

___ **Yes** ___ **No** I understand that during intersession, ICAN opens to youth programming at 10:30 a.m. and therefore I will not drop my child off before 10:30 a.m..

___ **Yes** ___ **No** I understand that members must participate in ICAN programs at least 2 hours during after-school time and at least 4 hours during intersession for a minimum of 3 days per week to ride the ICAN van.

___ **Yes** ___ **No** I have read and understood the Participants Rights, Mandated Reporting, Release of Member Records, Behavior Support Management, Grievance Process and Environmental Safety provided to me on page two of this application.

___ **Yes** ___ **No** I understand that if my child does not follow the rules provided in this application that he/she may receive a suspension or warning that must be returned to ICAN with a parent/guardian signature.

___ **Yes** ___ **No** My child has permission to leave ICAN during programming hours **without adult supervision**. *Please note that ICAN is a "drop-in" youth center and cannot physically restrain your child in order to keep them from leaving the facility. If your child leaves the facility without permission you will be notified immediately.*

___ **Yes** ___ **No** If **yes** to unsupervised leave, I understand that if my child leaves without adult supervision and is absent from ICAN for more than 15 minutes during the program day, he/she will not receive transportation from the ICAN van. ***I understand that I will be responsible for picking up my child at the close of day.***

_____(initials) Your phone number will be added to the Remind App to receive text messages related to ICAN updates and events. You can opt-out of messages at anytime by replying "unsubscribe".

SIGNATURES
I have read the completed application, understand the rules of ICAN, and request that my child be admitted into membership. I have explained the rules to my child and agree that ICAN will not be responsible for any accident to my child while on ICAN premises or while engaged in any of its activities away from the ICAN. I give consent and assume all responsibility and costs for any medical treatment that my child may need or loss of property that occurred as a result of my child taking part in an ICAN activity.

Parent/GuardianSignature: *_____ Date:*_____

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.

MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during special events or normal day to day activities organized at ICAN. In order for a child to have their photograph taken, they must have a consent form on file at ICAN.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child/children at ICAN, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at ICAN during normal program hours, field trips, or activities.
- I understand that these photographs may be used in ICAN newsletters or mounted on the ICAN website.
- I give permission for my child(ren) to be photographed, or their images recorded to be on ICAN website or newsletters.

The following are the names of my children attending ICAN:

_____

___ **Yes**, I confirm that I have read and understood the above, and agree to have my child(rens) photos on the ICAN website or newsletters.

___ **No**, I do not wish to have my child(ren) photographed.

Parent Name (please print)_____

Parent Signature:_____ **Date:**_____

Mission: ICAN provides free, comprehensive programs that empower youth to be productive, self-confident and responsible members of the community.