

BEAT THE STREET

EMPOWERING YOUTH TO SUCCEED

Children Group Ages 6-10

Pre Child/Teen Group Ages 11-15

Youth Group Ages 16-21

Mission: Beat The Street empowers youth to succeed by providing case management and therapeutic services and combining educational interventions with a variety of recreational, social, health, and career programs.

Services Needed (Please check one or all)

Tutoring/Mentoring **Life Skills** **Therapy Services**

Overview: B.Y.R.D. House “Beat The Street” program designs and implements a flexible, well-rounded daily schedule that supports the physical, social, and cognitive development of all youth by providing programming and activities that are well-organized, developmentally appropriate, and offers opportunities to gain new knowledge and skills.

B.Y.R.D. House provides a quality program that provides a safe, clean, and developmentally appropriate environment that meets the physical needs of all youth; supports best practice programming, and reflects the needs and interests of youth.

Program Goals

- Increase Academic Ability
- Develop Positive Socialization Skills
- Develop Self Esteem & Give Empowerment
- Provide Family Dynamic Skills to Enhance Mutual Family Attachment & Warmth

Duration and Time Commitment:

- 9 Months / School Year

Schedule

- Monday – Thursday 4:00 – 7:00 pm
- **BTS will only meet on school days.**



Participant Expectations

- Turn in weekly school progress reports
- Turn in weekly home behavior goal sheets
- Set weekly development goals
- Maintain a C average in school
- Demonstrate positive behavior while participating in BTS

Program Staff Expectations

- Provide participant with tutoring & mentoring services
- Conduct monthly home visits
- Conduct monthly school visits
- Help participant set weekly goals
- Case Management
- Provide monthly recreational activities
- Arrange monthly parent night
- Arrange Thursday guest presenters

Rewards

Participants will earn rewards during the program. Along with this they will each have a savings account and deposits will be made as follows.

- ❖ .25 a day for attendance
- ❖ \$1.00 weekly home behavior sheet turned in
- ❖ \$1.00 weekly school progress report turned in
- ❖ \$1.00 per B and above classes per quarter
- ❖ .03 per behavioral points

Participants need at least 80% score on home behavior goal sheet and weekly points to go on monthly recreational activity!

Should a participant continue to demonstrate negative behaviors money will be subtracted from their savings account. Each Tuesday they will receive the balance information in their accounts. Participants are not eligible for the balance in their savings account unless they complete the program and have met all the above goals.

If you agree with the terms of participation in Beat The Street please sign below:

Participant/Child/Youth Signature

Date

Parent Signature

Date



Client Registration/Signature Page
(Please print, sign and present at your first session)

Name: _____ **Today's Date:** ____/____/20____

First Name _____ **Middle Name** _____ **Last Name** _____

Sex: Male ____ Female ____ Age: ____ Date of Birth: ____/____/____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: (Child/Youth) _____ Cell Phone: (Child/Youth) _____

Home Phone: _____

Grade during 2017-2018 School Year _____ Name of School _____

Race/Ethnicity: (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Bi-Racial |
| <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Other _____ | |

Referred By: _____

Please provide all contact numbers. Preferred Method of Contact:

Home Phone: () - Work Phone: () -
Cell Phone: () - Email: _____

Parent Information

Marital Status (Circle One): Single Married Separated Divorced Cohabiting

Primary Parent/Guardian

Name: _____
 First Name Middle Name Last Name

Employer: _____ Occupation _____

Home Address: _____



City: _____ State _____ Zip _____

Secondary Parent/Guardian

Name: _____
 First Name Middle Name Last Name

Employer: _____ Occupation _____

Home Address: _____

City: _____ State _____ Zip _____

1st Person to Contact in Emergency: _____ Phone: () -

2nd Person to Contact in Emergency: _____ Phone: () -

Pick Up Information

Insured Member: _____

Insurance Company _____ Telephone Number _____

Group Number _____ Member ID # _____

Family Physician: _____ Phone # _____

Allergies: _____

Medical Problems/Medical Needs: _____

Please Explain Any Special Needs/Concerns: _____

1. Does your child/teen struggle with basic family rules and expectations?
2. Has your child/teen ever been suspended, expelled, truant or had a drop in school grades?
3. Has your child/teen ever been verbally abusive?
4. In your opinion, does your child/teen associate with a bad peer group?
5. Has your child/teen lost interest in former productive activities, such as hobbies and sports?
6. Do you have difficulty getting your child/teen to do simple household chores or homework without a major fight?
7. Has your child/teen had problems with the law?
8. Do you find yourself picking your words carefully when speaking to your child/teen so as not to elicit a verbal attack or rage from them?
9. Are you worried that your child/teen may not finish high school?
10. Does your child/teen, at times, seem depressed and/or withdrawn?
11. Is your child/teen's appearance or personal hygiene outside your family standards?
12. Has your child/teen ever displayed violent behavior?
13. Is your child/teen manipulative or deceitful?
14. Does your child/teen seem to lack motivation?
15. Do you suspect that your child/teen is telling lies or has been dishonest with you?

16. Are you concerned that your child/teen may be sexually promiscuous?
17. Have you seen any evidence of suicidal thoughts, such as statements that your child/teen wanted to be dead, etc.?
18. Do you suspect that you have had money or other valuables missing from your home?
19. Are you concerned that your child/teen's behavior is a threat to his safety and well-being?
20. Does your child/teen seem to lack self-esteem and self-worth?
21. Do you have a lack of trust with your child/teen?
22. Is your child/teen angry or displaying temper outbursts?
23. Does your child/teen have problems with authority?
24. Does your child/teen engage in activities you don't approve of?
25. Do you think your child/teen is using or experimenting with drugs and/or alcohol?
26. Are you concerned about your child/teen's well-being and future?
27. Does your child/teen seem to be in constant opposition to your family values?
28. No matter what rules and consequences are established, does your child/teen defy them?
29. Are you exhausted and worn out from your child/teen's defiant or destructive behaviors and choices?
30. When dealing with your child/teen, do you often feel that you are powerless?

18 + Checks High Risk Get Help

A residential Center, Treatment Program, or Specialty

School may be **STRONGLY RECOMMENDED**



9-17 Checks BORDERLINE RISK

The problems may be resolved by tightening up the Family Rules and Structure

Up to 8 Checks MODERATE RISK

Tighten up family rules and be consistent with your monitoring, Most important FOLLOW THROUGH. When you say something will happen, your child/teen must see it happen



Forms and Waivers

PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INITIALS

BTS HANDBOOK / PARENT ORIENTATION

_____ I understand that completing BTS (Beat The Street) orientation and parent handbook is mandatory and I agree to adhere to and abide by the policies of BTS as stated in the handbook. I also agree to further review BTS policies with my child, assuming responsibility for their appropriate behavior while in attendance at Beat The Street.

Note: The parent handbook is available per download on our website, www.byrdhouse.org.

MEDICAL

In the event of an emergency, BTS must have written consent to seek medical treatment for your child.

CHOOSE 2 OPTIONS IN THIS SECTION

_____ I authorize administration of basic first aid.

_____ I **DO NOT** authorize administration of basic first aid.

_____ I give B.Y.R.D. House/BTS permission to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

_____ I **DO NOT** give B.Y.R.D. House/BTS permission to seek medical treatment for my child.

HOLD HARMLESS AND LIABILITY RELEASE

_____ I voluntarily submit my child for registration as a participant at B.Y.R.D. House/BTS. I will hold harmless B.Y.R.D. House/BTS from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for informational purposes. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

MEDIA PERMISSION FORM

RE: Use of Name, Photograph, Video and Identity in connection with advertising and/or promotion of the organization.

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use of B.Y.R.D. House/BTS, affiliates and advertising agencies ("Companies") of my child's name, photographs, videos, works of art and identity in various B.Y.R.D. House/BTS website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all my rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.



I give my child Media Permission
 I **Do Not** give my child Media Permission

SCHOOL DATA RELEASE FORM

B.Y.R.D. House/BTS will maintain all participant files in a confidential and secure manner. To better serve our participants, B.Y.R.D. House/BTS will file a formal data request with your child’s school. This data request would grant B.Y.R.D. House/BTS access to participant’s existing academic data (e.g. grades, school attendance, behavior reports or standardized testing results). B.Y.R.D. House/BTS will use this data for three purposes: (a) identify participants’ academic needs; (b) evaluate the effectiveness of B.Y.R.D. House/BTS programing; (c) tailor programming and services to better meet participants’ academic needs. Please indicate whether you authorize B.Y.R.D. House to include your child in this school data release.

I give permission to B.Y.R.D. House/BTS to request academic/behavior/testing information from Coweta School District/Schools.
 I **DO NOT** give permission to B.Y.R.D. House/BTS to request academic information from Coweta School District/Schools.

GENERAL TRAVEL PERMISSION FORM

By signing below, the parent(s) of the participant agree that B.Y.R.D. House/BTS nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any B.Y.R.D. House/BTS outings during our afterschool program. This includes outings in which participants travel by foot off the property with staff for normal programming time (i.e. community parks, playgrounds and or gyms, library etc.)

B.Y.R.D. House/BTS must have this permit signed by the parent(s) before the participant is allowed to travel with staff during any outings during the afterschool program.

This form only gives permission for participant to travel with B.Y.R.D. House/BTS. A parent’s signature must be on a sign-up sheet for each field trip before participant will be allowed to attend that field trip or outing. A participant may only attend field trips open to their age group.

I give my child General Travel Permission
 I **DO NOT** give my child General Travel Permission

I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, that the consideration that I received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives. I have read the completed application and I understand the policies and procedures of B.Y.R.D. House/BTS. I request that my son/daughter be a participant and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that B.Y.R.D. House/BTS will not be responsible for any accident to him/her while on the premises of B.Y.R.D. House/BTS or while engaged in any of its activities away from B.Y.R.D House/BTS.

Print Child’s Name _____ Parent’s Guardian’s Signature _____

Date: _____