



Building Futures Child Application Form

Basic Child Information:

Child's Name: _____ **Sex:** M F **Age:** _____

Home Phone: _____

Address: _____ **City:** _____ **Zip Code:** _____
Parent Work Phone: _____

School: _____ **Grade:** _____ **Birthdate:** _____

Ethnicity (Optional): African-American Latina/Latino Caucasian Chinese Japanese
Korean Filipino/Filipina Other Asian Of Mixed Race Descent Native American Other

Family Status: Single Parent Married/Coupled Two Parent Family Step-Parent or
Blended Family Grandparent or Other Relative Headed Family Guardian or Foster Care Other

Emergency Contact: (Name, relationship, and phone number)

Referral Information:

Person Making Referral: _____ **Agency:** _____ **JCR#:** (if applicable) _____

Reason for Referral: (please circle those that apply)

Family in Transition History of Abuse Chaotic Home Environment No Male Role
Model Sibling Rivalry Other Family Issues
Peer Problems Isolation Gang Related Issues Stealing
Arrests/Run-ins with the Law Problems with Authority
Drug & Alcohol Issues Truancy School Problems Low Self Esteem Poor Body
Image Withdrawn/Sad/Depressed Anger Issues Witness to Domestic Violence
Hyperactivity Poor Decision Making Skills Grief/Loss
OTHER – please describe _____

Family Information:

Language spoken at home:

English Only English and: Spanish Tagalog Mandarin Cantonese Japanese
Korean Other _____

Language spoken by client:

English Only English and: Spanish Tagalog Mandarin Cantonese Japanese
Korean Other _____

Monthly Family Income:

Does your child qualify for Free and Reduced Lunch: Yes No

Persons Living in Household:

<u>Name</u>	<u>Relationship to client</u>	<u>Age</u>	<u>Occupation/School</u>	<u>Work Phone</u>

Significant Others Not Living in Household:

<u>Name</u>	<u>Relationship to client</u>	<u>Age</u>	<u>Occupation/School</u>	<u>Work Phone</u>

Family History: Relationships between family members? Significant events? Any transitions, separations, divorces, deaths, remarriages, etc...

Previous therapy: Where? When? For what problem? How did it go?

Medical condition: Serious illness of child or family member? Any medications? Any Allergies?

Suicide/Homicide: Child ever thought about hurting/killing self or others? What happened?

Arrest History: Any arrests, convictions, encounters with the law? What happened?

School History: What do the teachers say about the child? Grades? Are there behavior problems?

Peer Relationships: How does child relate to peers? Any significant relationships?

Substance Abuse History: Any known use? What? How much? With what frequency? History of substance abuse in family?

Presenting Problem: Describe the problem(s) which prompted the child's referral to *Building Futures*. When did the problems begin? Precipitating events? Changes in child since problem began?

What would the child say is the reason she/he is being referred? What would she/he see as a goal?

What are the child's strengths? What is she/he good at?

What are her/his hobbies/interests?

Is there anything else we should know in order to help this child?

Is she/he on waiting list or enrolled in any other mentoring programs?

Mentor preferences: Male/female mentor? Mentor of color? Specific days/times/places to meet?

Medical Release and Consent Form

Child's Name _____ **Age** _____ **Birth date** _____

Address/City/State/Zip Code _____

Adults Living with Child:

Father/Mother/Guardian _____

Work Phone _____ Home Phone _____

Father/Mother/Guardian _____

Work Phone _____ Home Phone _____

I, _____ (Name of Parent/Guardian), hereby give permission for my child _____ (Child's name), to participate in the Building Futures mentoring program through the Valley of the Sun YMCA.

By enrolling in the Building Futures Program:

- I authorize appropriate weekly contacts between my child and the mentor assigned to my child.
Yes _____ No _____
- I give permission for my child to be transported by her mentor in the vehicle driven by her mentor as necessary to their work together in the Building Futures program.
Yes _____ No _____

Signed _____ (parent/guardian) Date _____

Emergency Contacts and Persons Authorized to Pick-Up My Child:

In the case of an emergency, mentors have been instructed to contact the parent first. In the event a parent cannot be contacted, mentors need to be able to contact at least 2 other friends/relatives. Your child's mentor will not release your child into the custody of anyone other than the persons listed below without prior arrangement.

Name _____ Relationship to Participant _____

Work Phone _____ Home Phone _____

Name _____ Relationship to Participant _____

Work Phone _____ Home Phone _____

Name _____ Relationship to Participant _____

Work Phone _____ Home Phone _____

Child's Name _____ **Age** _____ **Birth date** _____

Medical History:

Allergies

Medications

Family Doctor: _____ Phone: _____

Preferred Hospital (address and city): _____

Family Dentist: _____ Phone: _____

Address and City: _____

Medical Insurance: _____ Policy# _____

Blood Type: _____ Date of Last Medical exam: _____

Personal Information:

Should there be any restrictions or conditions on your child's activities? _____

If yes please explain: _____

My child's swimming skills are: _____ beginner _____ intermediate _____ advanced

Medical Release:

In the event of an emergency the undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes the Valley of the Sun YMCA and its delegated leaders and directors to consent to any medical, dental or hospital care to be rendered to said minor upon the advice of a licensed physician, dentist and/or licensed health care provider. It is understood that if the time and circumstances reasonably permit, the YMCA will endeavor, but is not required to communicate with me prior to such treatment. The undersigned further agrees the YMCA and its designated leaders and directors are not legally nor financially liable for any claims rising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of the minor is given to the YMCA in conjunctions with any authorized event including transit to and from said event.

Signed _____ Date _____

Parent/Guardian

Child's Name _____ **Age** _____ **Birth date** _____

General Release of Liability:

In consideration for being allowed Building Futures program privileges provided by the Valley of the Sun YMCA, the undersigned hereby assumes the risk of bodily injury, death or property damage due to the negligence of releasee, his/her child while in, about or on the premises of the Valley of the Sun YMCA and/or while using the premises or any facilities or equipment thereon. Releasee further agrees to hold harmless the YMCA, its directors, officers, employees, agents and volunteers from any and all claims, suits, losses or related causes or action for damages, including but not limited to such claims that may result from his/her child's injury or death, accident or otherwise, during or arising in any way from said activity. Releasee acknowledges that this General Release of Liability of the YMCA is binding on him/her personally and on him/her heirs, personal representatives, successors and assigns.

Signed _____ Date _____
Releasee (*Parent/Guardian*)

Further Permissive Authorization:

I give permission for the YMCA to use any pictures taken of my child for future YMCA promotional purposes.

Signed _____ Date _____
Parent/Guardian

Please mail or fax application to:

Robert Neese, MSW, Regional Director, Building Futures Mentoring Program
South Mountain Family YMCA – Community Initiatives
222 E. Olympic Drive
Phoenix, AZ. 85040
Fax: 602-212-6180

If you have any questions, please call: 602-212-6071, or email: rneese@vosymca.org

Dear Parent/Guardian,

Thank you very much for your participation in the Building Futures Mentoring Program. Please feel free to call me at 602-212-6071 with any questions, additional feedback and/or suggestions.

Sincerely,

Robert Neese, MSW
Regional Director, Building Futures Program