



In order for this registration packet to be complete, all forms must be filled out entirely. This includes the last page asking demographic information. This data is vital to our funding, and so we ask that everyone complete it. We will not use this information for any other purpose, and it will be held strictly confidential. When this information is used for reporting, no names are associated with the information given. We appreciate your willingness to help us on this matter. Thank you!

The Den: Parent Permission Form



Participant Name		Today's Date		Home Phone		E-mail Address		
Street Address			Mailing Address (if different)			City/ST		Zip
School	Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Language other than English?		Does participant have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies		Special needs & additional comments						
Physicians Name		Phone Number	Insurance Company			Subscriber Name & Medical Number		
Parents Name (s)		Address (if different than above)			Home Phone	Cell or work		
1. _____		1. _____			1. _____	1. _____		
2. _____		2. _____			2. _____	2. _____		
Emergency contact if parents cannot be reached		Home Phone			Cell or work			
1. _____		1. _____			1. _____			
2. _____		2. _____			2. _____			

DROP-IN POLICY

The Den staff is not responsible whether a youth leaves or remains in The Den. The decision as to when a member arrives and leaves The Den, and with whom, is a matter handled between parent and child. Youth not mature enough to capably handle this responsibility should find other, more appropriate programs. All youth entering The Den are required to have an ID card and an orange membership card on file. Membership requires an annual \$35 registration fee.

Program Hours

Tuesday – Thursday 3:00 to 7:00pm; Friday 3:00 to 10:00pm and Saturday- check website for event calendar

Café

There are snacks available to purchase at the café. Youth are allowed to bring appropriate food or drink into The Den. Food is not allowed in the computer lab, music studio, craft room or game room.

Injury/Illness Procedure

If a participant is injured, appropriate first aid will be given, and 911 called as necessary. A parent/guardian will be notified as soon as possible. Authorization for emergency medical treatment must be signed prior to program participation. If a participant becomes ill, parent/guardians will be contacted to pick up youth as soon as possible.

Agreement of Mutual Respect

GMVCC is a place where everyone can feel safe and respected. To achieve this, program participants will agree to the following:

- Treat others with respect, and respect the authority of adult supervisors/chaperones.
- Abide by GMVCC's "zero tolerance" policy for:
 - Use or possession of illegal substances, including alcohol, tobacco, drugs, and/or drug paraphernalia.
 - Illegal gambling.
 - Use or possession of weapons of any kind.
 - Foul language
- Obey the general laws of the land.

Youth will be encouraged to make good choices when relating to each other and to the adults in the program. They will be encouraged to practice conflict resolution skills and to work through any problems they may experience with another person. For the safety and security of all, threatening the safety of one's self, another person or property, or failure to abide by the "zero tolerance" policy, will result in immediate removal from The Den and all activities.

Parent Permission

My signature below grants permission for _____ to participate in activities sponsored by the Greater Maple Valley Community Center (GMVCC), including field trips & transportation in approved vehicles (vans or designated staff car), and assume all risks and hazards of the conduct of these activities. I agree to hold harmless GMVCC, its officers, employees, volunteers and agents, from all liability including any and all claims stemming from injuries, damages or losses that may be incurred by participation in, &/or the transportation to/from, these activities. I also grant GMVCC permission to use photos that may be taken of participant during activities for use in various publications, including GMVCC newsletter, web site, press releases and other articles. Furthermore, I agree to pick up the participant promptly after all activities and events.

My signature below also authorizes GMVCC staff to obtain emergency medical treatment for _____ in the event that I cannot be reached, and such treatment is deemed necessary by medical professionals.

Parent Signature authorizing program permission & medical treatment

Date

Participant Signature understanding & accepting Agreement of Mutual Respect

Date



THE DEN COMPUTER USE POLICY

Greater Maple Valley Community Center

GENERAL POLICY

- The individual patron is responsible for proper use of the computer network, databases, and the Internet while at The Den.
- The patron using the network or Internet must take steps to avoid allowing the computers or network to be damaged by viruses and other destructive programs.
- Patrons may not add to, delete, or alter the software on the computers in any way and will be liable for damage to the computers or the network if they do so.

CHILDREN’S INTERNET PROTECTION ACT (CIPA)

In accordance with the Children’s Internet Protection Act, no person is permitted access to websites, chat rooms, or e-mails that contain obscene or sexually explicit material considered harmful to minors.

- Any individual that displays inappropriate materials will lose computer use privileges and may not be permitted to have an I.D. card or access to The Den.

ILLEGAL USES

- Harassing, Libeling, or Slandering Others
- Downloading Destructive Programs or Software
- Unauthorized Access (Hacking)
- Unauthorized Copying of Copyright-Protected Materials (Music, Movies, etc.)
- Accessing Material Advocating Pornography or Abuse
- Displaying Pornography
- Using the Internet or Network to Commit Fraud or Other Crimes

SAVING FILES

Files may not be saved to the hard drive (C:). Individuals must save files to their own CD-R, CD-RW, or USB drive. The Den’s computer’s database will be erased every night to protect against viruses and other destructive computer programs.

PRINTING FILES

Individuals will be allowed to print ten pages each month. Beyond ten youth must have staff permission. Therefore, individuals are strongly encouraged to conserve paper and print only necessary materials.

Student Signature

Date

Parent Signature

Date





The Den mature video game permission

The Den youth center has a policy to allow students to only play video games that are rated T for teen or less. However, we also plan to have special event nights where the students will be playing M (mature) rated games. For example, we may have a Halo tournament as a special event night. We understand that not all parents wish for their children to participate in an event such as this.

Your signature below grants your child permission to attend mature video game nights.

I allow my child _____ to attend any video game tournaments that will be showing M rated video games.

Parent Signature

Date



Youth Survey 2010 UW Outcomes
(Please check or circle your answer)

1. Do you stop to think about your options before you make a decision?

Never	Sometimes	Often	All the Time
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2. Do you believe coming to Youth Programs is a positive decision?

Never	Sometimes	Often	All the Time
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3. Do you believe this environment supports consideration of other's feelings?

Never	Sometimes	Often	All the Time
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4. Do you think Youth Programs have helped you become involved in positive activities in the community?

Never	Sometimes	Often	All the Time
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5. Do you help setup, takedown, plan, or promote youth programs or events?

Never	Sometimes	Often	All the Time
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6. Do you invite your friends to participate in youth programs?

Never	Sometimes	Often	All the Time
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7. I feel comfortable communicating openly and honestly with Youth Program staff?

Strongly disagree	Disagree	Agree	Strongly Agree
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8. I can talk to Youth Program staff about my problems or important decisions.

Strongly disagree	Disagree	Agree	Strongly Agree
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9. I have made new friends at Youth Programs.

Strongly disagree	Disagree	Agree	Strongly Agree
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10. Sometimes I've felt lonely before I come to Youth Programs, but I feel better when I leave.

Strongly disagree	Disagree	Agree	Strongly Agree
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11. Youth Programs encourage me to resolve conflict in positive ways.

Strongly disagree	Disagree	Agree	Strongly Agree
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12. If I have no one to talk to, I know I can speak to a friend or staff member at Youth Programs.

Strongly disagree	Disagree	Agree	Strongly Agree
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15. I feel comfortable discussing my concerns in a disagreement with my peers.

Strongly disagree	Disagree	Agree	Strongly Agree
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16. During conflict I am open to receiving feedback from others.

Strongly disagree	Disagree	Agree	Strongly Agree
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17. I have skills to calm myself down when I am getting upset.

Strongly disagree	Disagree	Agree	Strongly Agree
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18. Youth Programs have given me skills to connect with others in my community.

Strongly disagree	Disagree	Agree	Strongly Agree
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19. I enjoy attending events/activities hosted by Youth Programs, like the Amazing Race, concerts, game nights and the Haunted House.

Strongly disagree	Disagree	Agree	Strongly Agree
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20. I use skills I've learned at Youth Programs to connect with others in my community.

Strongly disagree	Disagree	Agree	Strongly Agree
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21. Interacting with staff and students at Youth Programs has taught me that there are good and bad consequences for my decisions.

Strongly disagree	Disagree	Agree	Strongly Agree
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22. Youth Programs have encouraged me to say "no" when offered alcohol, drugs or tobacco.

Strongly disagree	Disagree	Agree	Strongly Agree
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23. Youth Programs provide fun and engaging events for youth in the community.

Strongly disagree	Disagree	Agree	Strongly Agree
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24. I'm actively involved in community activities.

Strongly disagree	Disagree	Agree	Strongly Agree
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25. Youth Programs encourage me to say "no" to peers pressuring me into doing something that I don't want to do.

Strongly disagree	Disagree	Agree	Strongly Agree
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26. Do you feel that you are a positive influence in your peer group?

Strongly disagree	Disagree	Agree	Strongly Agree
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_____ Pre Test	_____ Post Test
Name _____	

1 . Please fill in where you live:

City Name _____
 (if not in a city, write in "Unincorporated")

and ZIP

- Homeless - formerly from ZIP and/or City
 ZIP Unknown

2 . What is your gender?

- Female (1)
 Male (2)
 Transgender (3)
 Other (4)
 Unknown (5)

3 . Number of people living in your household

(including yourself)

- Unknown

4 . Number of children under 18

Unknown

5 . If you are in a single parent household, is the head of the household male or female?

- Male (1)
 Female (2)
 Unknown (9)

6 . What is your age in years?

- Unknown

7 . Are you Homeless? (if no don't answer 9 and 10)

- Yes (1)
 No (0)
 Unknown (9)

8 . Using the chart below, what is the gross yearly income category for your household?

- Category A (1)
 Category B (2)
 Category C (3)
 Category D (4)
 Unknown (9)

9 . Number of times you have been homeless in the last three years?

- Unknown

10 . How long have you been Homeless this last time?

Unknown Number of months

11 . Do you consider yourself to be a person with a disability or have a handicap?

- Yes (1)
 No (0)
 Unknown (9)

Household Income Categories

Instructions: Find the column for the number of people in your household. Go down that column until you find the income range for annual gross income last year. Look to the left to see what that row is labeled. That is your income category for QUESTION 8.

Household Category	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Category A	Up to \$20,250	Up to \$22,750	Up to \$25,300	Up to \$27,300	Up to \$29,350	Up to \$31,350	Up to \$33,400
Category B	\$20,251 to \$33,700	\$22,751 to \$37,950	\$25,301 to \$42,150	\$27,301 to \$45,500	\$29,351 to \$48,900	\$31,351 to \$52,250	\$33,401 to \$55,650
Category C	\$33,701 to \$51,200	\$37,951 to \$57,600	\$45,501 to \$64,000	\$45,501 to \$69,100	\$48,901 to \$74,250	\$52,251 to \$79,350	\$55,651 to \$84,500
Category D	\$55,201 or More	\$57,601 or More	\$64,001 or More	\$69,101 or More	\$74,251 or More	\$79,351 or More	\$84,501 or More

12 . Are you Spanish, Hispanic or Latino?

- Yes (1)
 No (0)
 Unknown (9)

13 . What is your race? (Check all that apply)

- a .** American Indian (U.S. tribe)
 Alaska Native, Aleut, Eskimo
 Indigenous to Americas (Other than U.S.)
- b .** Asian Indian
 Cambodian
 Chinese, Except Taiwanese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian
- c .** Indigenous African/Black
 African American/Black
 Other Black
- d .** Hawaiian Native
 Polynesian (Samoan, Tongan, Other)
 Micronesian (Guamanian/Chamorro, Other)
 Other Pacific Islander
- e .** Arab/Iranian or Middle Eastern
 White/Caucasian
- f .** Other
- g .** Unknown

14 . Are you an immigrant, refugee, or new arrival to this country?

- Yes (1)
 No (0)
 Unknown (9)

15 . Are you limited in your ability to communicate in English?

- Yes (1)
 No (0)
 Unknown (9)

16 . Are you currently employed?

- Yes (1)
 No (0)
 Unknown (9)

17 . What is the highest education you achieved?

- Less than High School graduate (1)
 High School diploma or GED (2)
 Some college-no degree or certificate (3)
 Certificate from a professional program (4)
 Associates Degree (5)
 Bachelors Degree or above (6)
 Child under 18 (7)
 Unknown (9)

18 . Have you or your parents ever served on active duty in the U.S. Military? (including National Guard or reserves)

- Yes (1)
 No (0)
 Unknown (9)

Thank you for your cooperation. Individual responses will be kept completely confidential at all times.