



PAUL SCHREURS MEMORIAL PROGRAM



Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • Fax: 273-2817

Date: _____

To the Parent(s)/Caregiver(s) of _____;

Congratulations! Your child has been selected as a candidate for the Paul Schreurs Memorial Program (PSMP). The potential for excellence has been recognized in your child, and their name was submitted for consideration.

The Paul Schreurs Memorial Program is dedicated to helping youth achieve their educational goals. We hope that you and your child will give careful consideration to this opportunity. If you decide to join the Paul Schreurs Memorial Program, then please fill out and return the enclosed application, and the signed permission form to the address above. We will then contact you to schedule an interview. The interview will allow us to get to know you and your family better and determine if our program is right for you.

Please feel free to contact me at the number above if you have any questions or need more information. I look forward to hearing from you soon.

The Benefits of being a student of the Paul Schreurs Memorial Program:

- Homework club at the Ithaca city Schools
- Guidance, support and advocacy during and after school
- We also follow you through your first year of college
- A free 3-week Summer Academy
- Visits to colleges and universities
- Different activities in town
- Tutoring help
- Community service

Sincerely,

Johara Malcolm
Program Coordinator



AUL SCHREURS MEMORIAL PROGRAM



Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • Fax: 273-2817

Paul Schreurs Memorial Program
Application

Name of student: _____
DOB: _____ Age: _____ Gender: _____
Student Cell: _____ Student Email: _____
School: _____

Parent name (1): _____
Parent cell number: _____
Parent work number: _____
Parent email: _____

Best way to contact Parent: cell work email postal mail

Address: _____
City: _____ State: _____ Zip: _____

Parent name (2): _____
Parent cell number: _____
Parent work number: _____
Parent email: _____

Best way to contact Parent: cell work email postal mail

Address: _____
City: _____ State: _____ Zip: _____

(Parent) Why do you want your child to be in the Paul Schreurs Memorial Program (PSMP):

(Student) Why should you be considered for this program?



AUL SCHREURS MEMORIAL PROGRAM



Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • Fax: 273-2817

My child has permission to participate in the Paul Schreurs Memorial Program (PSMP), that is sponsored by the Ithaca Youth Bureau. I understand that my child and I are both committing and permitting the following: **(Please Initial each of the following)**

_____ Confidential information given by me, my child, or other persons or agencies will not be shared and kept confidential by Staff, unless I give written permission.

_____ My Child's school will be notified if I can not come to a meeting but will allow the Paul Schreurs Memorial Program staff to attend in my behalf. **The school can also share information with the program staff about my child's process and grades.**

_____ **I further give permission for the school to regularly send copies of my child's report cards, progress reports, deficiency reports, and class schedules to the staff of the Paul Schreurs Memorial Program.**

_____ I further give permission for my child to ride in any Ithaca Youth Bureau city vehicle.

_____ I give permission for my child to be photographed during program, activities and during the Paul Schreurs Memorial Summer Program. I further give permission for photographs of my child to be used for promotion of the PSMP or in anything regarding the Ithaca Youth Bureau and the Paul Schreurs Memorial Program.

_____ My Child commits to attending 2 of the 3 days of the Paul Schreurs Memorial after-school program each week, while school is in session.

_____ (Student Initials)

I _____ (Parent) agree to attend the Family dinners that the Paul Schreurs Memorial Program provides 4 times a year. My child, _____ also commits to attending the family dinners with me.

Parent/ Guardian Signature: _____ Date: _____



AUL SCHREURS MEMORIAL PROGRAM

Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • Fax: 273-2817



Paul Schreurs Homework club and Activity Permission Release

I give permission for my child, _____, to attend the Paul Schreurs Memorial Program (PSMP) after-school program. I also give permission for my child to be transported to and from school in a city vehicle. I understand that my child will be picked up at their school and returned home, unless otherwise arranged. I further understand that participants may be going on various field trips during the year and unless otherwise stated, I give permission for him/her to participate. _____ (Parent Initial)

Parent/Guardian Signature: _____ Date: _____

Paul Schreurs School Information Release

I hereby grant permission for the Paul Schreurs Memorial Program staff, to contact my child during the school day for the purpose of giving ongoing support while she/he participates in the program, I also give permission for the school to regularly send copies of my child's report card, progress reports, deficiency reports, achievements, and class schedule to the staff of the Paul Schreurs Memorial Program.

Childs Name: _____

School: _____ Guidance Counselor: _____

The school staff can also share any information with the Paul Schreurs Memorial Program staff about my child's progress and academic standing.

This form is valid for the duration of my child's stay at the school, unless written notice is received.

Parent/ Guardian signature: _____ Date: _____



AUL SCHREURS MEMORIAL PROGRAM



Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • Fax: 273-2817

Paul Schreurs Memorial Program: Medical Form

This health form is kept confidential and used by the Paul Schreurs Memorial Program staff or emergency medical personnel. Every PSMP student needs a completed health form to participate in the program.

Contact Information:

Student Name: _____
Date of Birth: ____/____/____ Age: _____
Home Address: _____

Parent/ Guardian #1 Name: _____ Day Phone: _____
Parent/ Guardian #2 Name: _____ Day Phone: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

Insurance Information: (Only Used in case of an emergency)

Insurance Carrier _____
Group # _____ Policy # _____
Policy Holder's Name _____
Physician Name: _____
Phone: _____ Address: _____

Medications:

Will the participant be taking any medication while in the Paul Schreurs Memorial Program?
YES NO

Please list any Medication (prescription and non-prescription), include the medication name, prescribing physician, physician's phone number and the dosage instruction (Medication includes prescription, over the counter, vitamins, inhaler, etc.)

Medication _____ Dosage taken _____ at what time _____
Medication _____ Dosage taken _____ at what time _____

Allergies:

Does the PSMP student have any Allergies: YES NO
Please list Allergy and describe reaction and Treatment below:

My child has permission to engage in all prescribed Paul Schreurs Memorial Program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medications and activity limitations, which should be known to the PSMP staff and medical personnel. I am aware of and accept the risk inherent in the Paul Schreurs Memorial Program activities. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian: _____