

SECOND CHURCH ENRICHMENT CENTER PROGRAM APPLICATION

2014 - 2015



**Second Church in
Dorchester, MA**
~ SPIRITUAL, EDUCATIONAL &
SOCIAL ENRICHMENT CENTER ~

The Social Enrichment Center is
adminstrated by:



NEW
ENGLAND
SARAU
MINISTRY

The Second Church Enrichment Center offers programs for children grades 3-8, youth grades 9-12, and adults. The 2015 program focuses on enhancing the participants "Life Skills", including critical thinking, leadership and teamwork, health and wellness, moral and ethical principles, etc. The program also includes academics, sports, recreational activities, arts & electives, fieldtrips, and community services.

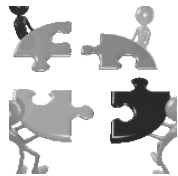
PROGRAM SESSIONS:

FALL SESSION
SEPTEMBER – DECEMBER

SPRING SESSION
JANUARY - MAY

SUMMER SESSION
JUNE - AUGUST

1-3 WEEKS BREAKS BETWEEN SESSIONS



TO PARTICIPATE:

Please complete the program application and submit it either by mail or in person @ 44 Moultrie Street, Dorchester, MA 02124, or email at secondchnaz@gmail.com. Please check the checklist below for completion.

CONTACT INFORMATION: (617) 825-2797 or newenglandsarau@gmail.com

APPLICATION CHECK LIST:

- | | |
|---|--|
| <input type="checkbox"/> Applicant's Photo ID or Birth Certificate | <input type="checkbox"/> Consent & Liability signed |
| <input type="checkbox"/> Applicant's Information Form Completed | <input type="checkbox"/> FALL & SPRING - \$50 dollars Admission Fee* |
| <input type="checkbox"/> Applicant's Medications & Copy of Physical | <input type="checkbox"/> SUMMER - \$100 dollars Admission Fee* |
| <input type="checkbox"/> Rules & Regulations signed | (\$20 per week) |

- There are limited Fee Waivers available. Checks should be made to the order of "New England Sarau Ministry" or "Second Church in Dorchester". Noted "Fall", "Spring" or "Summer"

OFFICE USE ONLY:
TOTAL AMOUNT PAID \$ _____ (Participant's Name: _____)
IMPORTANT NOTES: _____



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APPLICANT'S INFORMATION

Applicant's Name _____ Gender _____ Age _____ Date Of Birth ____/____/____
Home Address: _____ LAST FIRST Apartment Number _____
City/State _____ Zip _____ Is this your mailing address? ____ Yes ____ No
Email: _____ Phone Number: (____) ____ - _____
NES Friend on Facebook? Yes No Profile Name: _____

Parent / Guardian:

Name _____	Name _____
Address _____	Address _____
Cell Phone # _____	Cell Phone # _____
Work Phone # _____	Work Phone # _____
Relationship _____	Relationship _____

Emergency Contacts (2 other than a parent/guardian):

Name _____	Name _____
Phone # _____	Phone # _____
Relationship _____	Relationship _____

ALLERGIES/FOOD: Is the applicant allergic to any foods: _____ No _____ Yes

Allergy: _____
Reactions: _____
Treatments: _____

ALLERGIES/MEDICINE: Is the applicant allergic to any medication: _____ No _____ Yes

Allergy: _____
Reactions: _____
Treatments: _____

HEALTH CONDITION: _____ Poor _____ Good _____ Very Good

List any medications being taken, including inhalers. Please **describe** dosage and administration *for each one*.

HEALTH INSURANCE:

Company: _____
Policy Number: _____ Group Number: _____
Family Doctor: _____ Phone Number: _____

ADDITIONAL INFORMATION ABOUT THE APPLICANT (i.e. Skills, Hobbies, Experiences, etc):

Why are you interested in participating in the Enrichment Center? What are your EXPECTATIONS?



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RULES & REGULATIONS:

The Second Church Enrichment Center strives to nourish respect, love, dignity and honorable attitudes to all participants. It has the goal of creating and maintaining a healthy and safe environment for participants to take part in activities, learning experiences, skills development, etc. Please read and sign below to assure that you understand and will comply with the rules and regulations.

- **Dress Code:**
 - Please be respectful of yourself and others. Dress appropriate according to the program or service.
 - Outfit showing most of the body or tight/snug are NOT permitted (i.e. Small/ Miniskirts; Mini shorts; See-through Outfits; Two Piece Bathing Suit; Leggings; etc.).
 - We encourage the usage of casual or sport attires as appropriate, and to please avoid Baggy clothes, Big Jackets, Hoodies, etc;
- **Safety:**
 - Please follow the instructions provided by the program coordinator, supervisor or chaperone, regarding program safety.
 - In a group, please do NOT leave the group without communicating with the group leader about your absence and destination.
 - No one should be wondering around any facility used by the program or service.
 - No weapons (i.e. Pocket Knives, Guns, etc).
- **Attendance:**
 - It is Mandatory for participants to communicate with the office in advance or in a seven (7) days period from the day of absence to avoid termination.
 - Abandon or five (5) consecutive non-attendances without communication will result in termination of service non-refunded.
 - Five (5) late attendances within a month period will result in one (1) day suspension from program and three (3) suspensions could result in non-refunded termination.
- **Miscellaneous:**
 - No Alcohol or Smoking.
 - No inappropriate language.
 - Harassment, including Bullying (i.e. whether in the office, computer, events, program, etc) is strictly prohibited.
 - Discrimination is strictly prohibited.

STATEMENTS:

I acknowledge that I have read and understood the above "Rules/ Regulations". I pledge to comply with it and practice respect, love, dignity and honorable attitudes. And I understand that any Dishonest Activity, Damaging Conduct or Disregard to the Rules above could result in serious actions, including the termination of my application.

Signature of applicant

Date

PARENTS/ GUARDIAN: Please sign below if applicant is younger than 18 year old.

I hereby declare that I have read, understood and agree with the "Rules/ Regulations" above. I also affirm that I have educated my under 18 years old child about it.

Parent/ Guardian's Signature

Date

Parent/ Guardian's Name (Print)

Phone Number



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Photo & Media Release:

I hereby give permission for my child's picture or my picture and/or words to appear on any medium of communication (for example, radio, television, newspapers, NES brochures or website as a means of promoting New England Sarau or Second Church in Dorchester.

Consent & Liability Waiver:

I acknowledge that New England Sarau Ministry and all of its officers, agents, employees, directors, interns, volunteers and servants will seek for my and my child's safety and well being on the outings, sports, activities, trips, etc. I understand that by attending outings, sport activities and trips I and/or my child will be exposed to a variety of hazards and risks that cannot be eliminated without destroying the unique character of the event. I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE** the New England Sarau Ministry, its officers, directors, staff, agents, interns, volunteers, leaders and partners from **ANY AND ALL LIABILITIES**, including injuries at the program sites as part of sports & outing activities, loss of personal belonging, and any other related liability, and I assume the risks of participating in any activities related to this program. I understand that New England Sarau's officers, directors, staff, agents, interns, volunteers, leaders and partners will take proper precautions to ensure my child's safety or my safety on all outings, sports, activities, and trips. In the unlikely case of an emergency, I authorize New England Sarau to take proper emergency practices, including transporting my child or myself to the nearest medical care facility and/or to administrate first aid in case the emergency contacts provided are unreachable. Efforts will be to contact the emergency contacts first.

I hereby also **WAIVE, DISCHARGE CLAIMS, AND RELEASE** the Second Church Enrichment Center in Dorchester, its officers, directors, staff, agents, interns, volunteers, leaders and partners from **ANY OR ALL LIABILITIES**, including injuries in the church building and/or part of sports & outing activities, loss of personal belonging, and any other related liability, and I assume the risks of participating in any activities related to this program.

Acknowledge:

I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and despite such risks, I agree to participate or allow my child to participate in the Second Church Enrichment Center's outings, sports, activities, and trips. I also agree to bring or provide my child with all necessary medications for all outings, sports, activities, and trips.

*****Please note this document could be translated to relate to your language*****

Signature of applicant (*18 years old or older*)

Date

PARENTS/ GUARDIAN: Please sign below if applicant is younger than 18 year old.

Parent/ Guardian's Signature

Date

Parent/ Guardian's Name (Print)

Phone Number

