



# Western Addition Beacon Center

*A Program of the Buchanan YMCA*

380 Webster Street, Room 21 • San Francisco, CA 94117 • (415) 749-2714 • (415) 431-9938 (fax)

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Thank you for allowing the Western Addition Beacon Center (WA Beacon) to be a part of your family. We understand the importance of your decision and will do everything we can to ensure that your child receives the most rewarding after-school experience possible. Our mission is to enrich the lives of community members and to ensure the healthy development of young people. We strive towards our mission through our diligence in partnering with schools and other community organizations to guarantee that every opportunity is within you and your child's reach.

The WA Beacon will operate August 15, 2011 through May 25, 2012. We will be available to assist you with all of your family's needs Monday through Friday of each week. We have our K-5<sup>th</sup> grade After-School Program from 2:40pm until 6:00pm and our Mid Life Program (for middle and high school aged youth) from 3:00pm until 8:00pm. We also recognize the importance of family and adult services and work to serve the entire community. With that said, there are a variety of adult supports available throughout the day and evening.

Please note that all of our services are FREE. For these programs youth will be enrolled on a first come first serve basis. If space is not available for your child at this time, we will place them on a waiting list while we assist you in meeting their after school needs in the interim.

This coming year promises to be an exciting one as we work together to improve the educational outcomes for our youth and to promote healthy development practices within our community.

Thank you again.

In community,

Takija Gardner  
Director, Western Addition Beacon Center



# WESTERN ADDITION BEACON CENTER



## Elementary School Registration Form

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (First Name) (M.I) (Last Name)

Address: \_\_\_\_\_ School Attending: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Check All That Apply:</b>			
<b>RACE/ETHNICITY</b>		<b>PRIMARY LANGUAGE</b>	<b>SEXUAL ORIENTATION</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Middle Eastern – Arab	<input type="checkbox"/> English	<input type="checkbox"/> Heterosexual/Straight
<input type="checkbox"/> Other: Black _____	<input type="checkbox"/> Middle Eastern – Iranian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Asian – Cambodian	<input type="checkbox"/> Middle Eastern – Other: _____	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Gay
<input type="checkbox"/> Asian – Chinese	<input type="checkbox"/> Native America/American Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Asian – Indian	<input type="checkbox"/> Native Alaskan	<input type="checkbox"/> Korean	<input type="checkbox"/> Questioning
<input type="checkbox"/> Asian – Japanese	<input type="checkbox"/> Pacific Islander – Guamanian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Asian – Korean	<input type="checkbox"/> Pacific Islander –Hawaiian	<input type="checkbox"/> Mandarin	
<input type="checkbox"/> Asian – Laotian	<input type="checkbox"/> Pacific Islander –Samoan	<input type="checkbox"/> Toishanese	
<input type="checkbox"/> Asian – Thai	<input type="checkbox"/> Pacific Islander –Tongan	<input type="checkbox"/> Vietnamese	<b>Other Demographics</b>
<input type="checkbox"/> Asian – Vietnamese	<input type="checkbox"/> Pacific Islander –Other: _____	<input type="checkbox"/> Khmer/Cambodia n	<input type="checkbox"/> Disability
<input type="checkbox"/> Asian – Other: _____		<input type="checkbox"/> Samoan	<input type="checkbox"/> Homeless
<input type="checkbox"/> Hispanic/Latino – Central American	<input type="checkbox"/> White – European American	<input type="checkbox"/> Tagalog	<input type="checkbox"/> TANF (Receive Benefits)
<input type="checkbox"/> Hispanic/Latino – Caribbean	<input type="checkbox"/> White – Other	<input type="checkbox"/> Arabic	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Hispanic/Latino –Cuban	<input type="checkbox"/> Multi-racial/Multi-ethnic	<input type="checkbox"/> Russian	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Hispanic/Latino –Mexican/Mexican-American	<input type="checkbox"/> Other: _____	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Attend Public School
<input type="checkbox"/> Hispanic/Latino –Puerto Rican		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Limited English
<input type="checkbox"/> Hispanic/Latino –South American	<b>GENDER</b>		<input type="checkbox"/> Foster Care
<input type="checkbox"/> Hispanic/Latino – Other: _____	<input type="checkbox"/> Male	<b>ENGLISH FLUENCY</b>	<input type="checkbox"/> Receive Free or Reduced School Lunch
<input type="checkbox"/> Hispanic/Latino – Not of Hispanic or Latino Origin	<input type="checkbox"/> Female	<input type="checkbox"/> Fluent	
	<input type="checkbox"/> Transgender	<input type="checkbox"/> Somewhat	
	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Not Fluent	

<b>Parent/Guardian</b>	<b>Other Emergency Contact</b>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____	Home #: _____ Work #: _____
Cell/Pager #: _____ Relation: _____	Cell/Pager #: _____ Relation: _____
Email: _____	Email: _____

**FOR OFFICE USE ONLY**

Participants Name \_\_\_\_\_

Received Date \_\_\_\_\_ Received Time \_\_\_\_\_

Accepted By \_\_\_\_\_

Enrolled # \_\_\_\_\_ Waitlist# \_\_\_\_\_

**MEDICAL INFORMATION**

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (M.I) (Last Name)

**Does Your Child have medical insurance?**

Yes. Please complete insurance information:

Medical Provider \_\_\_\_\_ Medical Number \_\_\_\_\_  
Primary Health Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**No.** Would you be interested in receiving information about low cost health insurance and/or free health care services? Yes: \_\_\_ No: \_\_\_

Does your child have any medical conditions (asthma, heart condition, seizures, diabetes, hearing or sight loss, allergies, etc) that we should know about? Yes: \_\_\_ No: \_\_\_

Please explain: \_\_\_\_\_

Does your child take any medication during the day? Yes: \_\_\_ No: \_\_\_

Please explain: \_\_\_\_\_

**WAIVER OF LIABILITY AND PERMISSION FORM**

- I, the undersigned, give permission for my child to participate in the activities offered by the Western Addition Beacon Center. I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless the YMCA of San Francisco, San Francisco Unified School District and any other officer, agent, and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by the Beacon Center
- Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary.
- I understand that the Western Addition Beacon Center conducts evaluation to asses the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with the Beacon Center and the evaluation will have access to this information.
- I also give my permission for any photograph, videotape, film, audiotape, or writing of said participant, obtained during normal Beacon activity hours, to be used in informational materials for the Western Addition Beacon Center and/or its affiliates.
- I also give permission for my child to attend field trips organized by the Beacon and to use transportation arranged for the purpose of field trips.
- **THE UNDERSIGNED HEREBY GIVES PERMISSION for the Western Addition Beacon Center- Buchanan YMCA of San Francisco, or evaluation consultant to interview the undersigned's children and authorize the school and/or the San Francisco Unified School District to make his/her school records available (i.e., grades, test and achievement scores, attendance record, homework records, teacher comments, behavior).**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date

# YMCA of San Francisco Membership Application

## Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_



## BEACON RULES

The Western Addition Beacon Center expects all staff and participants to act with respect toward each other and to the established rules. With the help of young people that were part of our program, we designed a basic set of guidelines that guide conduct at the Beacon.

1. Be respectful to
  - Peers
  - Staff
  - Property of Beacon and of peers
2. Resolve conflicts through talking and listening – NO FIGHTING!
3. No weapons or anything that looks like a weapon is allowed. We reserve the right to search personal property if deemed necessary.
4. The Beacon is a DRUG-FREE ZONE.
5. All participants must remain in programs or in the supervised “hang out” area.
6. Use respectful language and no cursing.
7. Wear Beacon ID/Badge
8. No scooters, bicycles, ore skateboards allowed. There are no exceptions. The Beacon is not responsible for any possessions of participants.
9. The phone may only be used to call parents/guardians. The use of the office phone is a privilege and can be taken away if participants are not respectful to the office or use of the phone.

### Pick- Up Procedures

**The Beacon After-school Program ends at 6:00 PM. Students may be picked up any time between 5:30pm and 6:00pm.**

**If your child is not picked- up by 6:00 PM, it is considered a LATE PICK- UP.**

**Parents will be charged a \$1.00 fee for every minute that they are late. In addition,**

**A ONE (1) DAY SUSPENSION FROM THE PROGRAM WILL RESULT IF:**

**Two (2) Consecutive days of late pick- up (two days in a row)**

**OR**

**Three (3) incidents of late pick- up in a month’s span (three times per month)**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## Programs Available at the Western Addition Beacon Center

Below you will find a partial list of our standard programs that will be available for your family. Please select the programs that you and/or your child would be interested in.

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> ExCEL ASP         | <input type="checkbox"/> Boy Scouts | <input type="checkbox"/> Art                   |
| <input type="checkbox"/> Science           | <input type="checkbox"/> Drama      | <input type="checkbox"/> Cooking               |
| <input type="checkbox"/> Media Arts        | <input type="checkbox"/> Music      | <input type="checkbox"/> Soccer                |
| <input type="checkbox"/> Nutrition Classes | <input type="checkbox"/> Dance      | <input type="checkbox"/> Karate                |
| <input type="checkbox"/> Girl Scouts       | <input type="checkbox"/> Gardening  | <input type="checkbox"/> Other, please specify |

*\* Please note that there is a separate registration form for the Middle & High School program.*

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### Adult/ Family Programs

- |  |  |
|--|--|
| <input type="checkbox"/> ESL                 | <input type="checkbox"/> Parent Council                          |
| <input type="checkbox"/> Financial Literacy  | <input type="checkbox"/> Parent Support Groups                   |
| <input type="checkbox"/> Computer Literacy   | <input type="checkbox"/> Job Readiness Workshops                 |
| <input type="checkbox"/> Parenting Classes   | <input type="checkbox"/> Volunteering (events, field trips, etc) |
| <input type="checkbox"/> Potlucks            | <input type="checkbox"/> Dinner and a Movie Nights               |
| <input type="checkbox"/> Other (please list) |  |
-

# Western Addition Beacon Center Attendance Agreement

The Western Addition Beacon Center ExCEL after school program operates Monday through Friday from 2:40pm until 6:00pm. The **minimum** attendance requirement for all participants is Monday through Friday 2:40pm until 5:00pm. These are the requirements that have been mandated by the San Francisco Unified School District. Failure to comply with these requirements will result in the following:

**1<sup>st</sup> warning-** Letter sent home to parent

**2<sup>nd</sup> warning-** Program Coordinator to meet with parent. Participant will be placed on one month probation

**3<sup>rd</sup> and final warning** - participant will be removed from the program

Please understand that these policies are set in place to ensure that your child receives the full program offerings, which include academic support, recreational programming and enrichment programming.

If you have any questions or concerns regarding this policy or foresee that you will have difficulty in meeting these requirements please contact Maysha Jackson immediately.

I have read and agree to the attendance requirements as stated. I understand that my child will be removed from the program if I fail to comply with this policy.

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Signature of Parent or Guardian

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Date