Neighborhood House Youth Program Enrollment Form

After-School 2026-2027

Child Information

Child's Name (first, middle initial, last): _____

Gender: (circle) Male Female Date of Birth: _____ Age:_____ Grade:_____

Child's School: _____

Child's Race: _____African American _____Caucasian _____Hispanic _____Asian _____Native American

_____Bi-Racial _____Other, please list: _____

The child lives with: _____Both Parents _____Mother _____Father _____Foster Parent

_____Other:_____ _____

Name *Relationship to Child*

Family Information

Mother/Guardian Name: _____

Marital Status: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Alternate Phone Number: _____ Type of Number? (home, cell, etc.): _____

Employer: _____ Employer Phone Number: _____

Father/Guardian Name: _____

Marital Status: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Alternate Phone Number: _____ Type of Number? (home, cell, etc.): _____

Employer: _____ Employer Phone Number: _____

Medical Information

Does your child have any allergies? _____Yes _____No If yes, please explain and indicate special

Preferred Hospital: _____

Emergency Contacts/Authorization for Pickup

EMERGENCY CONTACTS *(If parents cannot be reached in the event of an emergency)*

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Alternate Phone Number: _____ Type of Number? (home, cell, etc.): _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Alternate Phone Number: _____ Type of Number? (home, cell, etc.): _____

PRIMARY PICKUP LIST *(Those other than the parents and emergency contacts authorized to pick up the child on a regular basis)*

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Type of Number? (home, cell, etc.): _____

Authorization for School Communication

I give permission for Neighborhood House to secure academic, health, behavioral and attendance records from the school in which my child attends in order to help my child succeed.

Child's Name:_____

Child's School:_____

Child's Teacher:_____

Teacher's Contact information:_____

Parent/Guardian Name (please print):_____

Parent/Guardian Signature:_____Date:_____

Neighborhood House does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

Parent Authorization

_____ After School Dinner will be provided to my student(s) by Neighborhood House. If my child has a food allergy, I will provide a medical statement describing the allergy.

_____ I hereby give permission for my child to be transported by Neighborhood House to and from scheduled events/activities.

_____ An Illinois State Police "No Firearms" sign is posted at the entrance of the building. I understand that firearms are prohibited on the premises.

_____ I understand that the facility and youth program is not licensed or regulated by DCFS.

_____I give permission for my child to participate in fieldtrips scheduled by Neighborhood House. I understand that I will be notified of any fieldtrip prior to it taking place

_____In case of sickness or accident, I hereby consent Neighborhood House to provide emergency medical care at the hospital chosen by the parent that is listed in this application.

_____My child and I understand and affirm the following: Every student has the right to learn and participate in the program (unless revoked due to disciplinary measures). Every staff member has the right to teach, coach or present their activities. Everyone has the right to feel safe.

_____My child and I have reviewed and agree to the attached Neighborhood House Discipline Procedures and understand that the parent/guardian will be notified if the student engages in inappropriate behavior (behavior that threatens the physical or emotional safety of anyone else, or that disrupts the educational atmosphere).

_____My child and I have reviewed and agree to abide by the attached *Technology Acceptable Use Policy* and the statements therein.

By signing below, I agree to abide by all parameters outlined in this application, and that Neighborhood House, shall be indemnified and saved harmless from any and all claims of every character and nature arising out of or resulting from my child's/my participation in activities both onsite and away from the program.

Parent/Guardian Name (printed):_____

Parent/Guardian Signature:_____ Date:_____

I understand that my child is not required to attend the entire program each day due to extracurricular activities. I understand my child cannot arrive late or leave early unless I provide Neighborhood House staff with written instructions indicating the late arrival or early departure.

I will transport my student home from the program daily at 4:00 p.m._____

My child will walk home from the program daily._____

I understand that if I choose for my child to walk home after the program that Neighborhood House is not responsible for my child when they leave the building when programming is over.

Parent/Guardian Signature:_____ Date:_____

neighborhood HOUSE

General Photography Release

I hereby authorize Neighborhood House Association to publish photographs taken of me and my name and likeness, for use in the Neighborhood House's print, online and video-based marketing materials, as well as other Company publications. By signing below, I am stating that I understand my image may be edited, copied, exhibited, published or distributed in print and I waive the right to inspect or approve the finished product wherein any likeness appears. Permission extends indefinitely, unless I revoke in writing.

I hereby release and hold harmless Neighborhood House Association from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Neighborhood House Association, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State:_____ Zip:_____

Guardian Printed Name: (if above individual is a minor)

_____

Guardian Signature: _____ Date: _____

Technology Acceptable Use Policy

The following rules and regulations are to be observed by all technology users at all times:

- Abuse or inappropriate use of the technology equipment will not be tolerated.
- Absolutely no food or drinks when using equipment or in the lab.
- **DO NOT DOWNLOAD ANYTHING OR SAVE TO THE COMPUTER'S HARD DRIVE.**
- Get permission from staff ***BEFORE*** you print.
- Only visit "Program Appropriate" Web sites. If you need help deciding what is appropriate, ask a staff member if you are allowed to visit a specific site ***BEFORE*** you go there!
- Chat rooms and instant messaging are not allowed.
- You may not buy anything online or enter contests.
- Profanity, pornography, and/or any other lewd pictures, language, etc. are strictly prohibited.
- Ear buds/headphones should be used whenever possible. If there are none available, speakers should remain at a reasonable level.
- **The pirating or unauthorized use of another person's log-in and password will result in an automatic suspension!**

Technology Use Agreement

Student Section:

I have read the TECHNOLOGY ACCEPTABLE USE POLICY. I agree to follow the rules and guidelines listed in the policy. I understand that if I violate the rules, I may lose my privileges to use technology in the Neighborhood House program, and I may be disciplined according to the Neighborhood House and/or the school's disciplinary guidelines and procedures. I hereby release Neighborhood House, the Board of Directors, their staff and agents acting therein from any claims and damages arising from my use, or inability to use these systems and services.

Parent/Guardian Section:

As the parent/guardian of the above student, I have read the TECHNOLOGY ACCEPTABLE USE POLICY, and grant permission for my child to use technology to access the Internet and use the computer for learning exercises. I understand that technology is primarily used for learning activities and student development. I also understand that it is impossible for all inappropriate material to be screened out completely. Neighborhood House will take reasonable measures to provide a safe place to learn and grow in technology usage. As such, I as a parent will not hold any entity of Neighborhood House responsible for inappropriate use of the software or equipment. After reading the policy, I grant the above named student access to technology and all equipment used in accordance with using the above named facility.

If you do not wish for your child to access the Internet, please initial here _____.

The following questions are required by our funder in order to enroll your student.

Referral Source (check all that apply)

- ❑ Parent / Relative / Friend / Self
- ❑ Teacher / Academic Advisor / School
- ❑ Probation / Law enforcement
- ❑ Social services agency / Religious organization

Individual / Family Risk Factors (check all that apply)

- ❑ Youth living in a single-parent household
- ❑ Youth residing in a household receiving TANF funds
- ❑ Youth experiencing academic difficulties
- ❑ Youth is in danger of or has been previously held back to repeat one or more academic years
- ❑ Youth experiencing truancy concerns
- ❑ Youth is reported to have behavior issues
- ❑ Youth is reported to be a victim of bullying
- ❑ Youth is reported to be a perpetrator of bullying
- ❑ Youth is unsupervised after school
- ❑ Youth has witnessed or been a victim of family violence
- ❑ Youth identifies as LGBTQ
- ❑ Youth with siblings who dropped out of school
- ❑ Youth with siblings who are teen parents
- ❑ Youth with siblings who are involved in the juvenile justice system
- ❑ Youth with one or both parents who are incarcerated
- ❑ Youth with siblings who are gang involved
- ❑ Youth is reported to be gang – involved
- ❑ Youth in the DCFS system
- ❑ Youth is homeless
- ❑ Youth is pregnant
- ❑ Youth is parenting
- ❑ None of the above
- ❑

Living arrangement at enrollment (check one)

- ❑ Home
- ❑ Relative
- ❑ Independent (house/apartment, etc.)
- ❑ DCFS placement or Foster Home
- ❑ Homeless (no permanent residence)

Future aspirations - student (check one)

- ❑ College / University
- ❑ Technical School
- ❑ Employment – no further education

Employment status at enrollment - student (check one)

- ❑ Employed full-time
- ❑ Employed part-time
- ❑ Not employed

Discipline Procedures

If an incident/action requires more than a time-out or apology, or is a repeated unacceptable behavior, an **Incident Report** will be filled out and the parent/guardian notified.

- **First Incident** (for non-zero tolerance rule)
    - Discipline including, but not limited to: apology, timeout, or work assignment.
- **Second Incident** (for non-zero tolerance rule)
    - Discipline including but not limited to: apology, time out, work assignment, or in house suspension
- **Third & Subsequent Incidents**
    - Suspension starting at one day. For every subsequent offense, a day will be added to previous punishment, up to three days.
    - After being suspended for three days, next offense will result in one week suspension.
    - After a week long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.

Zero Tolerance Rules

- Bullying/Harassment/Threats of any type (incidents of this nature will also be reported to child's school district)
- Insubordination/Disrespect towards staff
- Theft or Destruction
- Fighting/Physical Aggression

- **First Offense - Zero Tolerance Rule** (except fighting/physical aggression)
    - Discipline including but not limited to: apology, time out, work assignment, or in house suspension.
- **Second & Subsequent Offenses - Zero Tolerance Rule** (except fighting/physical aggression)
    - Suspension starting at one day.
    - Second offense will result in a three day suspension.
    - After being suspended for three days, next offense will result in one week suspension.
    - After week long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.
- **Fighting/Physical Aggression**
    - Suspension will start at two days.
    - Second offense will result in one week suspension.
    - After a week-long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.

****In the event that student behavior threatens the physical or emotional safety of anyone (including himself/herself), or disrupts the educational atmosphere of the program, steps outlined above may be forgone at the discretion of the Program and/or Executive Director.****

2026 CDBG PUBLIC SERVICES - SERVICE APPLICATION FORM

This program is partially funded with Community Development Block Grant (CDBG) funding, which is provided to the City of Peoria by the U.S Department of Housing and Urban Development (HUD). HUD asks for the following information from each participant to make sure the funding is being properly used for low-income residents of the City of Peoria (per CFR 570.208 a 2 A/B). This form will be kept confidential.

Program Name: _____

Participant's Name:	
Current Address:	
City, State, Zip:	
Date of Birth:	

Race (circle one ONLY):				
White	Black/African American	Asian	American Indian	Hawaiian
American Indian & White	Asian & White	American Indian & Black/African American	Black/African American & White	Other Multi-Racial

Circle ALL that apply:					
Hispanic	Yes	No	Elderly (62+)	Yes	No
Live in Public Housing	Yes	No	Have a Disability	Yes	No
Female Head of Household and/or Single Parent	Yes	No			

Circle the total number of people who live in your home. Then, across from that number, circle your household's annual income range.

Total Number in Household	***Household Income Range***	***30% Extremely Low Income***	***50% Very Low Income***	***80% Low Income***
1	⇒	$0-$22,300	$22,301 - $37,150	$37,151 - $59,450
2	⇒	$0-$25,500	$25,501 - $42,450	$42,451 - $67,950
3	⇒	$0-$28,700	$28,701 - $47,750	$47,751 - $76,450
4	⇒	$0-$31,850	$31,851 - $53,050	$53,051 - $84,900
5	⇒	$0-$34,400	$34,401 - $57,300	$57,301 - $91,700
6	⇒	$0-$36,950	$36,951- $61,550	$61,551 - $98,500
7	⇒	$0-$39,500	$39,501 - $65,800	$65,801 - $105,300
8	⇒	$0-$42,050	$42,051 - $70,050	$70,051- $112,100

This information is correct to the best of my knowledge:

_____

Participant Signature (or Parent/Guardian) Date

NOTE: Revised with 2026 Income limits effective 6/1/2026