

منطقة الشباب MGH ريفير الآن مفتوحة !



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موقع جديد !

300 Broadway

Revere, MA 02151

Hours: 2:30-6:30

Monday-Friday

يجب أن يكون أعضاء الذين تتراوح أعمارهم بين
9-17

عضوية مجانية !

المساعدة
المنزلية

دروس

الطهي

لياقة
بدنية

تطوع

الفنون
والحرف

الألعاب
والترفيه

الرحلات
الميدانية



MGH Revere Youth Zone Registration Form

Program:
Date:
Received by:

300 Broadway, P.O. Box 88
Revere, MA 02151
Phone: 781-485-6030
Fax: 781-284-0066

Member Information

First Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Grade: _____ School: _____
Home Address: _____
Male Female

Parent/Guardian #1

Last Name: _____
First Name: _____
Address same as child's? Yes No
If no, please list: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____
Employer: _____

Parent/Guardian #2

Last Name: _____
First Name: _____
Address same as child's? Yes No
If no, please list: _____
Home phone: _____
Work phone: _____
Cell phone: _____
Email: _____
Employer: _____

Emergency Contacts

Name: _____
Relationship to child: _____
Primary Phone: _____
Secondary Phone: _____

DO NOT LIST PARENT/GUARDIAN

Name: _____
Relationship to child: _____
Primary Phone: _____
Secondary Phone: _____

Pick Up/ Drop Off

My child is allowed to arrive and depart from the Youth Zone on his/her own: Yes No

If No, my child has permission to arrive/ depart with:

Parent/Guardian #1 Parent/Guardian #2 Emergency Contacts Other

Other: (1) Name : _____ Relationship to child: _____ Primary Phone: _____

(2) Name : _____ Relationship to child: _____ Primary Phone: _____

Please list anyone who is NOT allowed to pick up or drop off your child: _____

General Health History

My child has allergies: Yes No If Yes, please list allergies and symptoms: _____

My child requires special food needs: Yes No If Yes, please describe: _____

My child can engage in physical activity: Yes No If No, please describe: _____

I certify that my child's immunizations are up to date:

Physical Received: Yes No

Immunization History Received: Yes No

Medical Information

Please list any medical conditions your child has: _____

Please list any medications your child is taking: _____

My child's medication is self-administered: My child's requires supervision to administer:

Child's Pediatrician: _____ Located at: _____ Telephone: _____

Child's insurance provider: _____ Policy Number: _____

In the event of an emergency, my child should be transported to the following hospital: _____

Authorizations

Audio/Video/Photo & Social Media: I agree to allow my child to be photographed, videotaped, and/or audio taped within the community and at the Youth Zone in the interest of promoting the MGH Revere Youth Zone and for the purpose of fundraising for our organization. I also agree to allow my child to be published on our social media websites: Yes, I give authorization No, I do not give authorization

Cooking: I agree to allow my child to engage and participate in the MGH Revere Youth Zone Cooking Club under supervision of staff and with other members: Yes, I give authorization No, I do not give authorization

Swimming/boating/water activities: I agree to allow my child to engage in any swimming/boating/water activity supported by Youth Zone: Yes, I give authorization No, I do not give authorization

Sunblock: I agree to allow my child to apply and use sunblock during any activity where it is deemed necessary by staff: Yes, I give authorization No, I do not give authorization

Member Agreement

As an MGH Revere Youth Zone Member, I agree to:

- Respect others at all times
- Respect Youth Zone property at all times by contributing to a clean and safe environment
- Offer my help when needed
- Listen carefully to the staff when they are speaking
- Abstain from any profanity or vulgar forms of speech
- In no way, shape, or form bully, tease, or gang up on any other members
- Abstain from any physical confrontation or threats to become physically violent, including kicking, hitting, punching, etc.
- Abstain from bringing and illegal and inappropriate items to the Youth Zone including weapons, drugs, alcohol, or paraphernalia
- Understanding that in the event of a lost or stolen item, the Youth Zone is not responsible

Parent/guardian signature: _____ Date: _____

Child signature: _____ Date: _____

I understand that if I violate the member agreement, my parent/guardian will be contacted and that suspension or termination from the Youth Zone may occur.

Staff Purposes Only: Entered into ETO on _____ by _____

Revere Public Schools
101 School Street
Revere, Massachusetts 02151

Release of Information

For the purpose of providing the most appropriate instruction and assistance in school, I give permission for a mutual exchange of information concerning my child,

Student's Name _____ Date of Birth _____

Agency/Contact Person

Telephone

_____	_____
_____	_____
_____	_____
_____	_____

Revere Public Schools Contact Person _____

Position _____

School _____

Revere, MA 02151

Telephone: (781) _____

Date _____

(parent/guardian's signature)

Food Access Questionnaire – MGH Revere Youth Zone

1. Within the past 12 months we worried whether our food would run out before we got money to buy more:

Often True

Sometimes True

Never True

2. Within the past 12 months the food we bought just didn't last and we didn't have money to get more:

Often True

Sometimes True

Never True

3. Would you be interested in having someone contact you to talk more about getting food resources for you and your family?

Yes

No

Please flip over the form to learn more about how we can help!



MASSACHUSETTS
GENERAL HOSPITAL

REVERE
HEALTHCARE CENTER

Project Bread's FoodSource Hotline

Connecting patients with food resources



Referral Form

If you are interested in getting **free, confidential** assistance in accessing food resources, please fill out this form. The FoodSource Hotline is a statewide toll-free number that can help callers in 160 languages.

Project Bread's FoodSource Hotline advocates will contact you to:

- Pre-screen you for SNAP/Food Stamps and help enroll you if you are eligible
- Connect you with emergency food programs (food pantry/soup kitchen)
- Connect you with other food resources - WIC, School Meals, Summer Meals for Kids, Elder Meals, and more!

Parents/Guardians of Youth Zone Participant: Complete this section

First Name _____ Last Name _____ Household Size _____

Home Phone _____ Cell Phone/Alternate Phone _____

Mailing Address _____ City _____ State _____ Zip _____

What day should we call? (circle all that apply) Monday Tuesday Wednesday Thursday Friday Saturday

When should we call? (circle all that apply) Morning Afternoon Evening: 5pm-7pm

Language Preference: English Spanish Portuguese Arabic Other (specify) _____

May we leave a message? Yes No

I authorize the MGH Revere Youth Zone and MGH Revere to release the information on this referral form to Project Bread's FoodSource Hotline so that I may be contacted to get help and be connected to food resources. I also authorize the FoodSource Hotline to disclose information about my referral outcomes and progress to MGH Revere.

Parent/Guardian Signature _____ Date _____

Health Care Providers complete this section:

Facility: MGH Revere Health Care Center

Department: MGH Revere Youth Zone

If non-English speaking patient: Please provide name/signature of person serving as interpreter for consent

Name: _____ Signature: _____

Fax this form to the FoodSource Hotline at: 617-248-8877