



# Calling all Taylors Falls 4th, and 5th graders to Youth *FIRST* Club!

Youth *FIRST* Club provides 4th and 5th grade youth a safe, structured place to go after school. All participants will get a t-shirt (the first time they attend), receive a snack, participate in an anti-drug work shop, and spend an hour in a small group with a volunteer doing a fun activity such as playing games, doing arts & crafts, learning about a volunteers' job or interest, or other fun activities. Each week is different!

**\*\*\*This program is provided to families in Chisago County free of charge\*\*\***

Parents/guardians must come into the media center and sign child out. Please make sure your child has transportation home and is picked up between 5:00 and 5:15 pm. **Walkers need written permission (sign and date line on permission slip (below) to give permission for your child to walk home). Youth riding with someone other than a parent/guardian must have a signed note from parent/guardian.**

If you have questions or would like to volunteer, contact Community Partnership at 651-674-4085 or visit us on the web at [www.cpyf.org](http://www.cpyf.org) or email [communitypartnership.yf@gmail.com](mailto:communitypartnership.yf@gmail.com). VOLUNTEERS are needed, welcome, and appreciated! Volunteer and donation information is available on our website. Free parent resources are available on our website - [www.cpyf.org](http://www.cpyf.org).

**WHEN:** Thursdays - October 27, November 3, 10, 17, December 1, 8, 15, 2011; January 12, 19, 26, February 2, 9, 16, 23, March 1, 8, 22, April 5, 12, 19, 26, May 3, 2012

**TIME:** After school until 5:00 - (pick up between 5:00 and 5:15 p.m.)

**WHERE:** Cafeteria right after school

**COST:** **FREE** - Provided by Community Partnership

Youth may attend some or all sessions and do not have to start on the first session. Youth may join club any Thursday that we are in session.

**Parents: fill out lower section and have your child return to his/her teacher; keep top section for your information.**

## Youth *FIRST* Club - Parent Permission Slip

**Please complete & return to your child's teacher by Thursday, October 27, 2011 or the first time youth attends.**

Yes, my child has my permission to stay after school on the following Youth *FIRST* Club dates (circle all that apply or check "ALL" box.):

<input type="checkbox"/> My child will be attending <u>ALL</u> sessions	October	November	December	January	February	March	April	May
	27	3 10 17	1 8 15	12 19 26	2 9 16 23	1 8 22	5 12 19 26	3

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher's name

\_\_\_\_\_  
Allergies - food/insects, etc.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home phone #

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Parent/guardian Name (please print)

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**My Child has permission to walk home from Youth *FIRST* Club:**

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Email Address

Please Check box to volunteer; someone will contact you. Or contact Community Partnership at 651-674-4085 or [www.cpyf.org](http://www.cpyf.org).

We offer over 100 Youth *FIRST* sessions a year to families - free of charge. Our success depends on volunteers. Please consider volunteering for at least one session or encourage someone you know to volunteer! We need you!

*Data needed for Grant Reporting to secure funding so we can continue to offer this program FREE OF CHARGE*

<p><u>Race (check one)</u></p> <p><input type="checkbox"/> Caucasian/White</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Asian/SE Asian Pacific Islander</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Choose not to answer</p>	<p><u>Family size (check one)</u></p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> more than 4</p> <p>Check the number of people in your family</p>	<p><u>CPYF use only - for grant reporting - optional</u></p> <p><u>Family Income (check one)</u></p> <p><input type="checkbox"/> less than \$10,400</p> <p><input type="checkbox"/> \$21,000- \$30,500</p> <p><input type="checkbox"/> \$43,000 - \$50,500</p> <p><input type="checkbox"/> more than \$76,000</p> <p><input type="checkbox"/> \$10, 500 - \$20,500</p> <p><input type="checkbox"/> \$31,000 - \$42,500</p> <p><input type="checkbox"/> \$51,000 - \$75,500</p> <p><input type="checkbox"/> Choose not to answer</p>
--	--	---

Community Partnership partners with Chisago Lakes Schools and other Partners to build a Drug-Free Chisago County using resources including support from a grant from Greater Twin Cities United Way.



This is not an ISD 2144 school sponsored activity. All Costs for this activity have been paid for by Community Partnership