



# Application for Membership 2019-20

### Membership Activities:

ULC After School (\$60) \_\_\_\_\_

ULC Summer Spot (\$300) \_\_\_\_\_

Athletics Only (\$30) \_\_\_\_\_

Kids Club (\$10/day) \_\_\_\_\_

## Youth Applicant

Child 1: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Birth date / / \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

School Name \_\_\_\_\_ Fall Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Child 2: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Birth date / / \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

School Name \_\_\_\_\_ Fall Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Child 3: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Birth date / / \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

School Name \_\_\_\_\_ Fall Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

### PARENT/GUARDIAN #1

Title (Mr., Ms.) \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate / / \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Where did you hear about this program? \_\_\_\_\_

Ethnicity: African American Caucasian Hispanic Asian Native American Other \_\_\_\_\_ (Circle All that Apply)

### PARENT/GUARDIAN #2

Title (Mr., Ms.) \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate / / \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Ethnicity: African American Caucasian Hispanic Asian Native American Other \_\_\_\_\_ (Circle All that Apply)

### Authorized To Pick Up

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize my child \_\_\_\_\_ to walk home YES NO (Circle One)

### EMERGENCY INFORMATION

In case of as serious illness or accident and you cannot be reached:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Hospitality House Goals and Expectations

## Parent Expectations

Parents are expected to attend all activities as scheduled, (i.e. orientation, parent conferences, family fun event, and other planned activities, etc.) Parents are expected to review their child's homework. HHYD will provide homework assistance from 2-3pm and 5:30-6pm Monday – Thursday (Afterschool Program)

### Attendance:

Parents are to encourage their children to attend the after school program daily for the duration of the hours per day to receive the full benefits of the program. In the event your child is going to absent for a period of time, please let us know as soon as possible; call 612-522-4485 and leave a message with front desk person. You can also send us a written notification, please include the student's name, your name and phone number where you can be reached (academic skill building time is from 3:45-5:30pm).

### Daily Pick-up:

All students must be picked up by the end of their session. Pick up times are as follows:

**ULC after school** pick up time is by 6:00 pm. The **ULC summer program** pick-up time is 5:30pm.

Parents, if you cannot pick-up your child at the end of the appropriate session/athletic event, please call or send a note if someone other than you (or the persons listed on the application) will be picking-up your child (ren).

A late fee will be applied beginning five minutes passed the scheduled pick up time; for example – **6:05-6:10 is \$5.00** (\$1.00 per minute).

Parents are **MUST** call if you are going to be late for acceptable reasons.

Walking Home: Your children need written permission, with your name and phone number where you can be reached, for us to allow them to walk home.

## Expectations for Students

To assure that a safe, productive, learning environment and that everyone is treated with respect, dignity and kindness.

### **All students are expected to...**

- Participate in all program activities
- Follow directions
- Make an effort to complete all tasks
- Take responsibility for one's own actions
- Be respectful to self, others and property
- Talk positively, appropriately, with kindness and care to others

### **Model positive, respectful, and appropriate behavior** (All behavior has consequences)

- Speak and act respectfully
- Dress in a manner appropriate for a learning community

### **Unacceptable- inappropriate: Never allowed Behaviors**

- No profanity, no swearing, and no put downs
- No possession or use of tobacco, alcohol or other drugs on Hospitality House property.
- No firearms or weapons on Hospitality House property.
- No inappropriate touch to others (no fighting, kissing, grooming others, pulling of others clothing)
- No threatening or engaging in any other forms of violence or other behavior that will be disruptive to the safety, activities participation, or learning of self and others
- No use of electronic devices. These include, but not limited to games and cell phone.

## CONSENT AND RELEASE

**PLEASE READ CAREFULLY, CHECK OFF EACH ITEM, AND HAVE AT LEAST ONE PARENT/LEGAL GUARDIAN SIGN AT THE BOTTOM**

_____ Child's Name (1)	_____ Child's School	_____ Grade
_____ Child's Name (2)	_____ Child's School	_____ Grade
_____ Child's Name (3)	_____ Child's School	_____ Grade

- As parent(s)/legal guardian(s) of the Child identified above, I/we give my permission for his/her involvement in the activities and transportation, on and off site, including field trips and athletics activities, of Hospitality House Youth Development ("Hospitality House"). I/we have reviewed the stated expectations (set out on the cover page of the foregoing registration materials) for participants, will make sure my Child understands them and agree that my Child will abide by them. I/we understand that should my Child fail to abide by the stated expectations, he/she may be subject to dismissal, suspension, or expulsion.
- I/we understand that Hospitality House expects all children to be picked up in person each day by an approved adult authorized in the Application for Membership unless Hospitality House transportation arrangements are made in advance. I/we understand that if my Child is being picked up by anyone not authorized in the Application for Membership, I/we will notify Hospitality House in writing in advance. I/we further understand that if it is not possible for my Child to be picked up in person each day, Hospitality House will allow my child to walk home before dark if I/we authorize in the Application for Membership or provide Hospitality House with written permission.
- In the case of an emergency, medical or otherwise, I/we authorize Hospitality House to seek appropriate medical, dental and/or professional assistance and services. I/we understand that I/we will be responsible for all costs and expenses of such treatment or services.
- I/we authorize my Child's School, identified above, to release copies of my Child's Individual Learning Plan ("ILP"), also known as Continuous Learning Plan (CLP) to Hospitality House. I/we further authorize my Child's School to release the results of his/her standardized testing, grades, or any other educational information necessary for Hospitality House staff to meet the academic needs of my Child.
- Hospitality House staff and authorized volunteers may on occasion take photographs, audio, or videos of participants involved in Hospitality House programs. These photographs, audio, or videos are used only to document Hospitality House's activities or to bring publicity to the general public about Hospitality House's programs. Such media may be used in Hospitality House's newsletters, website, annual reports, newspapers, social media, and other similar venues, or by partnering organizations with permission. I/we understand that, on occasion, family members may also be photographed when picking up my Child or participating in picnics, programs, or other Hospitality House events. I/we hereby authorize Hospitality House to take photographs, videos, and audio of my Child and/or other family members and to use my Child's and/or other family member's image in any photographs or videos for the purposes expressed above. I/we further authorize the use of my Child's and/or family member's first name with respect to any photographs, audio, or video used in Hospitality House's newsletters, website, annual reports, newspapers, social media, and other similar venues.
- I/we understand that Hospitality House may assemble a Yearbook for the participants of the program. I/we hereby authorize the use of my Child's first and last name for the purposes of Hospitality House's Yearbook.
- I/we understand that my Child should not bring to Hospitality House any valuable personal items, including but not limited to, bikes, toys, electronics, electronic games, and cell phones. I/we understand that Hospitality House will not be responsible for any lost, stolen, broken, damaged items and/or clothing.

Release and Indemnification. In consideration for my Child to be permitted to participate in Hospitality House programs, I/we, on behalf of myself/ourselves, my Child, and my respective agents, assigns, beneficiaries, heirs, personal representatives, successors, trustees, and other representatives hereby assume the risk and agree to release, hold harmless, discharge, indemnify, and defend Hospitality House, its directors, officers, employees, agents, and volunteers from and against any and all liability, including all causes of action, claims, damages, liabilities, losses, or rights that in any way arise out of, are connected with, or result from my Child's participation in Hospitality House activities, including, without limitation, my Child's attending, being at, being involved with, and/or participating in Hospitality House activities, including, without limitation, any claims arising in connection with any of the affirmations, authorizations, commitments, permissions, releases, or undertakings I/we have made in or through this Consent and Release. These indemnification, hold harmless, and defense terms shall apply and be fully enforceable even if such injury, illness, or disease, or damage arises in whole or in part from the negligence of Hospitality House, its directors, officers, employees, agents, and volunteers and shall include, without limitation, the reasonable attorneys' fees of Hospitality House, its directors, officers, employees, agents, and volunteers associated therewith.

I/we have carefully read, understand and consent to the foregoing Consent and Release, and I/we voluntarily sign this release as my own free act.

\_\_\_\_\_  
PRINT Parent/Legal Guardian's Name

\_\_\_\_\_  
SIGN Parent/Legal Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Parent/Legal Guardian's Name

\_\_\_\_\_  
SIGN Parent/Legal Guardian's Name

\_\_\_\_\_  
Date

# Hospitality House Application Membership Form

## ===== HEALTH INFORMATION Child 1

=====  
 List Disabilities: \_\_\_\_\_  
 Health Problems: \_\_\_\_\_  
 Onset Conditions: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Medications Taken, Reason, Dosage, Times: \_\_\_\_\_

## ===== HEALTH INFORMATION Child 2

=====  
 List Disabilities: \_\_\_\_\_  
 Health Problems: \_\_\_\_\_  
 Onset Conditions: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Medications Taken, Reason, Dosage & Times: \_\_\_\_\_

## ===== HEALTH INFORMATION Child 3

=====  
 List Disabilities: \_\_\_\_\_  
 Health Problems: \_\_\_\_\_  
 Onset Conditions: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Medications Taken, Reason, Dosage & Times: \_\_\_\_\_

**ATHLETICS** Is your child interested in signing up for any of the following sports? Please check all that apply.  
 \_\_\_\_\_ Boys Basketball      \_\_\_\_\_ Girls Basketball      \_\_\_\_\_ T-Ball      \_\_\_\_\_ Baseball

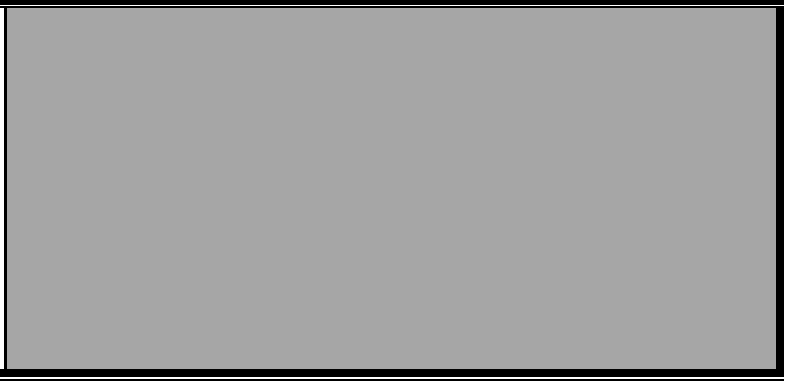
**Coaches Use Only:** Please sign below to verify that the student has enrolled and has provided all of the proper documentation required.  
 Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

***Hospitality House Youth Development is dependent on outside funding.  
 Answering the following questions is necessary to receive the funding  
 that will provide program income for HHYD to better serve our families.***

<b>Employment status of the "Head of Household":</b> Unemployed      Employed FT      Employed PT Homemaker      Adult Student      Self-employed Business owner      Other _____	<b>Please circle your household type:</b> Two Parents    Single Parent - Dad    Single Parent – Mom Foster Parent(s)      Grandparent(s) without parent Other _____
<b>Please circle your household income:</b> \$0.00-19,999      \$20,000-29,999      \$30,000-39,999 \$40,000-49,999      \$50,00-59,999      \$60,000+	<b><u>FOR OFFICE USE ONLY:</u></b> Payment Options: Cash    Check    Money Order Parent has gone through orientation: Yes    No Parent attended Application Interview with ED: Yes    No Membership Starts on: _____ Processed by (Staff Print Name): _____ Date: _____
<b>Number of adults and children in your household:</b> _____	
<b>Please circle your child's ethnicity (circle all that apply)</b> African American      Native American Asian American      Caucasian Latino/Hispanic    Other _____	
<b>How did you hear about Hospitality House?</b> _____	

Does your child(ren) qualify for free/ reduced lunch?

Yes or No



Student Name (s) \_\_\_\_\_

**ULC PARENTS Only:**

HHYD develops an Individual Learning Plan to better assist your child.  
Please assist us by answering the following questions:

	Child 1	Child 2	Child 3
How does your child learn best? What Strategies have helped your child learn in the past?			
What can your child contribute make successful Learning Plan? Attendance, Effort, Behavior, Academic Work, other			
Where does your child need the most help? Math, Reading, Writing, Social Skills, others			
Student Strengths and/or favorite subjects, hobbies, interests: Math, Art, Reading, Sports, Writing, Crafts, Science, Music, others			
Does your child have a medical condition that may affect their learning?			
I am willing to: ____ Talk to my child about school every day ____ Encourage my child to cooperate with staff ____ Read with my child			

<input type="checkbox"/> Make sure my child attends every day		
<input type="checkbox"/> Volunteer		

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This organization participates in the **Minneapolis Afterschool Network Database**, which aims to improve the quality and availability of afterschool and summer programs for youth and their families in Minneapolis. Information about your child's participation in this activity will be used to help assess the quality and effectiveness of afterschool programs. Information about your child will be kept confidential and your child will never be identified in any evaluation or research reports. You have the right to review the Data Privacy Notice. If you do not want your child's data to be included in evaluation or research related to Minneapolis Afterschool Network, please tell our staff and sign the non-consent form. This will NOT affect your child's participation in the program.



**Hospitality House Youth Development Extended Learning**

**Elementary Students (K-5)**

**Continuous Learning Plan**

Student will generate over 1 Average Daily Membership

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date Implemented \_\_\_\_\_ Date Reviewed \_\_\_\_\_

**STUDENT PERFORMING:**

- 1. Below grade level and requires additional support.
- 2. Below grade level but making good progress with additional support

**AREA(S) OF CONCERN** (Check all that apply):

- READING**       **MATH**       **WRITING**       **SOCIAL/EMOTIONAL**

**GOALS:** To increase skills to grade level in noted areas by end of term, the student will focus on the following goals:

**READING**

**MATH**

**WRITING**

**SOCIAL/EMOTIONAL**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Decoding      | <input type="checkbox"/> Number Relationships | <input type="checkbox"/> Types/Purposes      | <input type="checkbox"/> Builds/Maintains Positive Relationships    |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Place Value          | <input type="checkbox"/> Writing Process     | <input type="checkbox"/> Constructively resolves conflicts w/others |
| <input type="checkbox"/> Fluency       | <input type="checkbox"/> Algebraic Thinking   | <input type="checkbox"/> Research/Publishing | <input type="checkbox"/> Demonstrates perseverance                  |

**ACTIVITIES/FREQUENCY:** Student will reach goals through instructional and/or behavioral activities in the Extended Learning program:

- Small/flexible group instruction 2-4 hours/week       Specific behavioral curriculum 30 minutes/week

**ASSESSMENTS:** See Focused Instruction Benchmarks

Completed at program exit

Did the student meet all of their goals?       Yes       No

What goals were not met?

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\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
\*Teacher Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

**\*I certify that student enrolled is eligible under the following statute: 124D.68 Graduation Incentives Program as denoted below:**

- performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- has been referred by a school district for enrollment in an eligible program or a program pursuant to section [124D.69](#);
- has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
- speaks English as a second language or is an English learner; or
- has withdrawn from school or has been chronically truant





**Hospitality House Youth Development Extended Learning Program  
Middle School (6-8)**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date Implemented \_\_\_\_\_

Date Reviewed \_\_\_\_\_

**AREA(S) OF FOCUS** (Check all that apply):

- READING**       **MATH**       **WRITING**       **SOCIAL/EMOTIONAL**

**GOALS:** To increase skills in noted areas, the student will focus on the following goals:

**READING** \_\_\_\_\_

**MATH** \_\_\_\_\_

**WRITING** \_\_\_\_\_

**SOCIAL/EMOTIONAL** \_\_\_\_\_

**ACTIVITIES/FREQUENCY:** Student will reach goals through instructional and/or behavioral activities in the Extended Learning program:

- Small/flexible group instruction 2-4 hours/week  
 Specific social/emotional curriculum 30 minutes/week

**ASSESSMENTS:** See Focused Instruction Benchmarks

**Completed at program exit:**

Did the student meet all of their goals?       YES       NO

What goals were not met?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
\*Teacher Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

\_\_\_\_\_  
Team Member Signature/Date

\_\_\_\_\_  
Sent Home for Signature

\_\_\_\_\_  
Sent Home for Signature

\_\_\_\_\_  
Sent Home for Signature

Student \_\_\_\_\_ Grade \_\_\_\_\_

**\*I certify that student enrolled is eligible for Targeted Services in Extended Learning because:**

**STUDENT PERFORMING:**

1. Below grade level and requires additional support.

- 2. Below grade level but making good progress with additional support
  - performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
  - is behind in satisfactorily completing coursework or obtaining credits for graduation;
  - speaks English as a second language or is an English learner; or
  - other (need exact qualifier as listed in statute: 124D.68 Graduation Incentives Program)
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For funding purposes - Student will generate over 1 Average Daily Membership