

REFUGES Afterschool Program 2019-2020

Parent Fact Sheet

REFUGES (Refugees Exploring the Foundation of Undergraduate Education in Science) Afterschool Program, operated by the University of Utah’s Center for Science and Mathematics Education in collaboration with the Utah State Board of Education, Department of Workforce Services and the Sudanese Community in Utah (SCUT), is offered for all students in grades 7-12. The program operates Monday - Thursday, 3:00pm-6:30pm, and 12:00pm-3:00pm on Saturdays. Programming will take place at the University of Utah Mondays - Thursdays, and at the Refugee Education and Training Center on Saturdays.

The program will run until May 30, 2019 with breaks for school holidays.

The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above-named Event/Program, please contact the University’s Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

*****Schedule and Location for Spring 2019*****(location, duration and time is subject to change)

<p style="text-align: center;">MONDAY - THURSDAY (3:00pm-6:30pm)</p> <p style="text-align: center;">1430 President Cir, Salt Lake City, UT 84112 Crocker Science Center (CSC) Room 025 and 013, University of Utah Campus</p> <p>Activities include: academic tutoring, prevention programming, STEM programming, film and dance programming and more.</p>	<p style="text-align: center;">SATURDAY (12:00pm – 3:00pm)</p> <p style="text-align: center;">218 West 3900 South, South Salt Lake, UT 84115 Refugee Education and Training Center Room 133, Building B</p> <p>Activities include: ACT preparation course, college and career readiness programming, support with FAFSA, scholarship and college applications, career readiness and more.</p>
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Completed applications may be delivered in person, during program hours, to the REFUGES Afterschool Program Coordinator, Sterling Johnson (see contact information below). Applications may also be mailed to: REFUGES Program, c/o CSME (155 S 1452 E, INSCC Room 452, Salt Lake City, UT 84112).

In the REFUGES 2019-20 Program your student will receive:

- Tutoring from University of Utah math and science students.
- Hands-on workshops related to Science, Math and Engineering.
- Field trips on and off the University of Utah campus.
- Support for healthy development and community involvement.
- Art projects with the University of Utah College of Fine Arts
- A snack/light meal during program time

Please be prepared:

- Students are admitted to the REFUGES program on a first-come, first-served basis.
- Completion of Student Registration Form does not guarantee enrollment.
- It is your child’s responsibility to bring homework, course books and school materials to the program.
- Please let us know on the Student Registration Form if there are any **food allergies/dietary restrictions**.
- Make sure to add any allergies (food, drug, bees, etc.) and complete the medical information section.

Student Conduct:

If a student is impairing the physical or emotional well-being of fellow students, drivers or staff, the parent/guardian will be contacted and the student may be terminated from the program. For offenses not requiring immediate termination, students will receive up to three warnings before being removed from the program. If your child has a disability and would like to request accommodations, please notify the Director before the program starts.

Management Contact:

Tino Nyawelo, REFUGES Director: tnyawelo@physics.utah.edu
Sterling Johnson, REFUGES Site Coordinator: 801-694-0971

REFUGES Afterschool Program Student Registration Form (2019-20)

In order for your child to attend our program(s), please fill out this form completely. Students are admitted on a first-come, first-served basis; completion of this form does not guarantee enrollment. All information provided will be kept confidential.

Student Information

Child's Name: _____ Student's School Identification #: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Name of School Counselor: _____

Name of Math Teacher: _____

Please provide the following demographic information. Your responses will NOT impact your child's eligibility for enrollment.

Is your child a refugee (optional)? YES _____ NO _____

Is your child eligible for (optional): Free School Lunch _____ or Reduced Price School Lunch _____ ?

How many people live in your household (optional)? _____

Gender Identity (optional): Male Female Other – specify _____

What is your child's ethnicity (optional)? Black or African American, Asia or Pacific Islander,

Caucasian, Hispanic or Latino, American Indian or Alaska Native Other – specify _____

Address of residence:

(Street) (City) (State) (Zip)

Parent/Guardians' Names: _____

Relationship to Child: _____

Parent/Guardians' Phone Numbers **Home:** _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

Emergency Contact Name and Phone Number: _____

Student Cell Phone Number: _____ Student Email Address: _____

REFUGES Afterschool Program Student Registration Form (2019-20)

Medical Information

1. Does your child have any medical/mental condition(s), learning disabilities and/or other special needs that we should be aware of?

YES _____ NO _____ If yes, please explain: _____

2. Does your child take any medication? (Please note that we do not administer any medications.)

YES _____ NO _____ If yes, please name any medication your child is taking and the dosage and times

3. Does your child have any allergies to food, drink or environmental conditions such as bee stings?

YES _____ NO _____ If yes, please explain: _____

4. Does your child have any dietary restrictions (non-allergy related)?

YES _____ NO _____ If yes, please explain _____

REFUGES Afterschool Program Student Registration Form (2019-20)

Transportation Information and Attendance Policy

Student will be transported to and from the program each day by (select all that apply):

REFUGES Program Transportation

Parent/Guardian Pickup **Walk** **Public Transportation** **Other Adult Pickup**

If other adult pickup, please specify names and phone numbers of all those who will be driving your student.

Names

Phone Numbers

In order to transport students to and from the University of Utah, and for other field trips/programming requiring transportation, the REFUGES Afterschool Program will utilize UTE Cabs, Yellow Cabs, other local cab services, and one or more vans provided by the Sudanese Community in Utah (SCUT). All drivers have contracted partnerships with the REFUGES Program, and have been thoroughly background checked.

Students receiving transportation from our program will be picked up directly from school each program day, shortly after school ends for the day. They will arrive on the University of Utah campus no later than 4:00pm. At the end of program each day, 6:30pm, students will be picked up from the University by their assigned driver and transported directly home. Students should arrive home no later than 8:00pm. Parents/Guardians will be informed in advance in the event that their student will be arriving home later than 8:00pm.

Each student receiving transportation from our program will be assigned a driver for school pick-up and home drop-off; these may or may not be the same driver both ways. Driver assignments are subject to change as needed. If a student will not be attending the program on a given day, or will not be taking a cab, it is their responsibility to inform the program coordinator and both of their assigned drivers at least one day in advance of the absence. If any student does not arrive at program with their assigned driver on a given day, and the absence has not been excused, their parents/guardians will be notified immediately. Students whose attendance drops below 75% may lose their assigned seat in the transportation provided by the REFUGES Program, and will be required to find their own transportation in the future.

If students will be transported to or from the program without the use of our services, would you like to be notified if they fail to arrive at the program before 4:30pm without having an excused absence?

YES

NO

Students may be transported to and from Bryant Middle School ONLY by the above specified means, unless written consent is provided.

Primary insurance coverage in the event of a vehicle accident is with the vehicle transporting the student. The REFUGES program and cooperating schools, agencies or businesses, and their employees, are not responsible for damage or personal injury as students are transported to and from designated program locations.

REFUGES Afterschool Program Student Registration Form (2019-20)

Field Trips:

Throughout the year, members of our program are invited to participate in several different field trips. These activities may take place outside of the usual program times and location. Attendance during these trips may be necessary for your student's involvement in one or more of our enrichment programs and may include, but are not limited to, dance rehearsals, dance performances, community service projects, science or other STEM-related activities. Any possible risks present during a field trip will be dependent upon the activity taking place, and will be kept to a minimum.

Parents/Guardians will be notified with no less than two weeks in advance of an upcoming field trip. A letter will be sent home with participating students which details the reason for the trip, any activities that may take place, and the dates/times of the trip.

If you consent to your student's participation in any REFUGES Program field trips during the 2019-20 school year, and to them utilizing transportation provided by the REFUGES Program, as described above, during any field trips, please read carefully and sign the University of Utah Waiver below.

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): _____

Program and/or Course: REFUGES Afterschool Program

Date(s) of Program/Course: 08/01/2019 – 05/31/2020

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program offered through the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Program instructor, plus any directions given to me by an authorized University employee during the course of the Program.

(Signature of Minor Participant age 12-17)

REFUGES Afterschool Program Student Registration Form (2019-20)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

Signature of Legal Guardian and/or Parent of Participant

Date

REFUGES Afterschool Program Student Registration Form (2019-20)

Photography/Media Release

The REFUGES Afterschool Program often collaborates with outside entities from the University of Utah, the Planned Parenthood Association of Utah, and other community organizations. Members of the REFUGES Program will often interact with these partners, under the supervision of the REFUGES Program Staff, and will on occasion be involved in the creation of materials which will be published by the REFUGES Program and/or our partners.

Do you give permission for you or your child's name, photograph, image, recording, and/or written statements to appear in any materials published by the REFUGES Program or any of its affiliated organizations, including, but not limited to, print, video, electronic (Internet) publication/distribution, and any other media now known or unknown?

YES

NO

Do you understand that you will not receive any compensation or royalty?

YES

NO

Please sign below to certify your understanding of the above statements, and to release and discharge the REFUGES Program, its agents, employees, volunteers and partners from any and all liability in connection with the abovementioned use of such photographs, images, or recordings and hold the same harmless from any and all liability in connection with said use.

Signature of student if over 18 years old:

Signature of Parent/Guardian if under 18 years old:

REFUGES Afterschool Program Student Registration Form (2019-20)

Parent/Guardian Consent Form (FERPA) Request for Release of Student Records

You, or your student, _____, receives education support services from one or more organizations that are a part of the University of Utah's Center for Science and Mathematics Education REFUGES (Refugees Exploring the Foundation of Undergraduate Education in the Sciences) program, which has been organized to promote the success and academic achievement of underrepresented and refugee students in grades 7-16. Collaborators on REFUGES include community organizations, schools, parents, and faith-based communities.

In order to implement effective programs, REFUGES is requesting access to personally identifiable academic student data including grades, progress reports, attendance records, discipline records, graduation records, registration records, and standardized testing scores. The participating student's school and/or district may be asked to provide information directly to REFUGES, and/or participating students may be asked to provide the information. In addition to academic records, student's Mathematics and English teachers, along with their school counselor, may be asked to provide information to the REFUGES Program regarding student behavior, academic proficiency, and progress towards high school graduation. Mathematics and possibly English teachers will be surveyed at least once each year and asked whether the student has made improvements in homework completion, class participation, and behavior. It may be necessary to share records, information, or data gathered by REFUGES with other community organizations such as the Sudanese Community in Utah (SCUT), the Department of Workforce Services, the Utah State Board of Education and/or with school officials such as teachers, principals, and guidance counselors.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting third parties from accessing student records, information, or data without express authorization from the student, or from a parent or guardian if the student is under 18. Exceptions to this general rule exist in cases where information is being requested by school officials with legitimate educational interests, in health and safety emergencies, pursuant to a lawfully issued subpoena, and in some other cases.

By signing below, you provide express written consent and authorization to REFUGES to access your/your student's education records, information, or data from the student's school, teachers, school counselors or school district. These records will be monitored by the REFUGES Afterschool Program Management in order to measure individual and group progress/improvements and effectiveness of programming. Data will be used to inform decisions made on program design, to identify students in serious need of academic intervention/support, and will be submitted anonymously to program sponsors and funders as part of REFUGES Program reporting requirements. The purpose for accessing or sharing records, information, or data related to your student is to better provide supplemental education services. Accessing or sharing records, information, or data will be done with the express purpose of promoting your own student's academic success and achievement. No records, information, or data will be used for any purpose other than a legitimate educational interest.

The Consent will remain in effect until and unless it is revoked by the parent, guardian, or adult 18 years or older who signed it, or if signed by a parent or guardian, at the time the student turns 18. Parents, guardians, and adults 18 years or older have the right to revoke this consent and authorization at any time if said individuals do not want records information, or data shared with a particular entity, or if the individuals believe the sharing of records, information, or data is not in their best interest or that of their student. They also have the right to obtain copies of any information about said individual that is disclosed under this consent form.



REFUGES Afterschool Program Student Registration Form (2019-20)

I have read the above and consent to give REFUGES access to my records, information, or data or that of my child/student.

Parent/Guardian Name (print)

Today's Date

Parent/Guardian Signature

Student's Full Name (print)

Parent/Guardian Email (print)

Student ID

Name of School

Student Date of Birth

If you worked with an Interpreter on this Waiver, please put the Interpreter's Name Above

Adult Student (complete only if you are completing this Waiver for yourself and are an adult student)

Adult Student Full Name (print)

Today's Date

Adult Student Signature

Adult Student Email (print)

Adult Student Date of Birth

If you worked with an Interpreter on this Waiver, please put the Interpreter's Name Above
With questions about this Waiver, please call the REFUGES program at 801-585-1985.

REFUGES Afterschool Program Student Registration Form (2019-20)

Prevention Education

REFUGES offers programming related to healthy relationships, pregnancy prevention, and STI prevention. Please fill out the attached Teen Outreach Program and USBE Sex Education Instruction permission forms and indicate whether you **do** or **do not** consent to your student's participation in these programs.



Consent Form

Teen Outreach Program® Consent Form

Your son or daughter has been chosen to participate in the Teen Outreach Program®, replicated at Glendale Middle School, Northwest Middle School, Bryant Middle School, SLCSE, the Midvale CBC, West High School or REFUGES Afterschool Program. TOP is owned by Wyman Center, Inc (Wyman). During the time your child will spend in the Teen Outreach group, young people will explore their own growth and development, their goals for the future, and their goals for close and productive relationships with others. This program has been evaluated nationally and has shown very positive results for young people. This unique program will involve your child in volunteer work in the community. This work may occur off school grounds. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

Please initial all consents and sign at the bottom.

Consent to Participate in the Teen Outreach Program® I, the undersigned, am the Parent or Legal Guardian of the child named below who is to participate in programs provided by Planned Parenthood Association of Utah in partnership with Glendale Middle School, Bryant Middle School, West High, SLCSE, Northwest Middle School, Midvale CBC or REFUGES during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned above to participate in all aspects of the program (including field trips and transportation) under the supervision of Planned Parenthood Association of Utah staff. School and agency staff will accompany off site activities. I agree to hold harmless and indemnify Planned Parenthood Association of Utah, Glendale Middle School, SLCSE, Northwest Middle School, REFUGES, and the Midvale CBC, their Board of Trustees, and/or their employees, agents, or lessons from any and all claims by myself, my teen, my heirs, my family, or my assigns.

_____ **Yes** _____ **No**

Consent to Use Photographs I give my consent to Planned Parenthood Association of Utah, Glendale Middle School, Bryant Middle School, SLCSE, Northwest Middle School, REFUGES, and the Midvale CBC to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she will only be identified by first name.

_____ **Yes** _____ **No**

REFUGES Afterschool Program Student Registration Form (2019-20)

Consent to Participate in Surveys & Data Collection I give my consent for my child to participate in Wyman surveys. In compliance with Children’s Online Privacy Protection Act (COPPA), Wyman provides the following information to survey participants. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program™.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics – Zip code, ethnicity, gender, most frequent guardian, parents’ education level
- School records - Grade in school, absences, truancy, suspension, course failure, graduation and schooling plans
- Health information - Pregnancy, parenting

_____ **Yes** _____ **No**

I understand Wyman uses the participants’ responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose to participate or discontinue participation at any point in the process without risk of losing Wyman’s services. I am also aware Wyman will not require my child to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware Wyman will use and may share responses with third parties to market Teen Outreach Program® to increase awareness and funding and that Wyman will **not** disclose my child’s identifying information to third parties or program staff. I also understand that the associated risks for my child to participate in this survey is minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions. For a sample report on how Wyman compiles and reports this data, go to www.wyman.org.

_____ **Yes** _____ **No**

Child’s Name (Please Print)

Parent or Guardian Signature

Print Name

Date

Parent/Guardian Contact Information:

Address

Telephone Number

Contact Information:

Annabel Sheinberg, Education Director
Planned Parenthood Association of Utah
160 S 1000 E Suite #120
Salt Lake City, UT 84103
(801)532-1586

Mindy Sharp, Sr. V.P., Finance and Administration
Wyman
600 Kiwanis Drive
Eureka, MO 63025
(636) 938-5245



REFUGES Afterschool Program Student Registration Form (2019-20)

Improving the Lives of Teens Program and Evaluation Participation Parental Consent Form

Dear Parent/Guardian:

We are thrilled to inform you that *Planned Parenthood Association of Utah* will be offering the *Positive Prevention Plus (P3)* program at the *REFUGES Afterschool Program*. The program will be held during *eleven, one-hour sessions in Fall 2019 for a total of eleven hours*. The *P3* program encourages healthy decision making, promotes prevention, and asks young people to be actively engaged in their own education. This program was designed to be implemented over *eleven* days to young people aged *14-19*.

The *P3* program also meets the following criteria:

- Medically and scientifically accurate
- Proven to result in positive outcomes by the Federal Office of Adolescent Health
- Age appropriate
- Appropriate for students regardless of gender, race, disability status, or sexual orientation
- Builds: knowledge of the consequences of teen pregnancy and risk situations, contraception and health services; self-efficacy to use birth control and condoms; parent-adolescent communication; refusal skills; and positive attitudes toward abstinence.

Participation in this program is voluntary and there are never any costs to you associated with this program. Your young person will also be asked to complete a short survey at the beginning of the program to help us learn more about who we are reaching. The questions on this survey will only include demographic information. At the end of the program they will be asked to complete another short survey to give us feedback on the program. Both of these surveys are voluntary and your young person can choose not to take them. Both of these surveys will be anonymous and your child's name will not be on either form. You are welcome to preview the program materials. If you have any questions and/or would like to arrange a time to preview program materials, please contact *L-E Baldwin* or *Halima Noor* at the contact information below.

If you DO NOT want your young person to participate in the *P3* program, please complete the form at the end of the letter. If we do not hear from you by *December 31, 2019*, we will assume you have allowed your young person to participate in the program.

Sincerely,

L-E Baldwin

Community Health Educator

Planned Parenthood Assoc. of Utah

Le.baldwin@ppau.org

801-823-1574

Halima Noor

Community Health Educator

Planned Parenthood Assoc. of Utah

Halima.noor@ppau.org

385-232-3704

Please fill in the information and sign at the bottom if you DO NOT want your youth to participate in the lessons and surveys.

Note: You DO **NOT** need to return this form for your child to participate.

I, _____ DO **NOT** want my young person, _____
(parent/guardian) (young person)

to participate in the *P3* program. I understand that my young person will be given another appropriate learning activity during this time.

Parent/Guardian Signature

Print Name

Date

REFUGES Afterschool Program Student Registration Form (2019-20)

Signatures

Please sign below to certify that you have read and thoroughly understood the above documents, and that permission is given for the following:

- I understand that Photography/Media Release, and Prevention Education are voluntary and I will complete the associated forms (FERPA, and Prevention) if my child has my permission to participate.
YES _____ NO _____
- I give permission for my child to attend field trips. I understand that REFUGES and its authorized agents shall not be responsible financially or otherwise in the event that an accident occur during field trips.
YES _____ NO _____
- I give permission for my child to ride in taxi cabs coordinated by the REFUGES program, and/or in the van operated by SCUT. I also grant permission for my child to ride in buses, vans, cars, or bikes hired, rented, or driven by REFUGES staff or volunteers to transport my child on field trips during the afterschool program.
YES _____ NO _____
- I give permission for my child to engage in outdoor/recreational activities on- or off-campus.
YES _____ NO _____
- I give permission for my child to view PG (Parental Guidance) rated movies/films during the Afterschool Program.
YES _____ NO _____
- I authorize REFUGES employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.
YES _____ NO _____
- I agree to release, waive, covenant not to sue, and hold harmless the University and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program. I agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program. This release extends to any claim made by parents/guardians or their assigns arising from or in any way connected with the aforementioned activities.
YES _____ NO _____
- I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law. I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.
YES _____ NO _____

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

Parent or Guardian Signature

Date

Translator Name (if applicable)

Date