

What are **YOU** doing after school?

Site _____ Rm# _____ Time _____

We will be starting on _____ 2017!



What is Circle of Sisters?

A PLACE FOR GIRLS 9 – 12 TO:

- ☀ Be yourself
- ☀ Meet new friends
- ☀ Hang out, have a snack, and talk with other girls
- ☀ Belong to a group
- ☀ Try new activities in a safe place

What is the purpose of Circle of Sisters?

- ☀ Promote self-worth and self-awareness in each girl
- ☀ Build healthy relationships
- ☀ Provide tools to develop the skills to make healthy life style choices
- ☀ Reduce the level of violence among adolescent girls

Check It Out! Here's how!

- ☀ Complete an application packet
- ☀ Free for all participants
- ☀ Find us at: www.circleofsisters-sjhs.org

St. Joseph Health 

CIRCLE OF SISTERS

Commitment Statement

Parents please review the following commitment statement with your daughter, as well as discuss the conduct and safety guidelines.

I rise to the challenge and accept the opportunity to join the Circle of Sisters. As a respectful member of the circle, I will uphold the following guidelines and patterns of behavior:

1. I will assume responsibility for my own decisions and actions.
2. I will treat others respectfully through my words and deeds, using common sense to the best of my ability at any given time.
3. I will solve my conflicts with respectful words, express my concerns and listen to the concerns of others, and ask for help from an adult leader if necessary.
4. I will follow the direction of all Circle of Sisters staff and volunteers.
5. In order for myself and others to feel safe in sharing our thoughts and feelings, I will keep private all personal issues discussed within the circle.
6. I am willing to be open, to share, learn, and grow – to increase my life experiences and the life of those around me.
7. I will avoid drugs, alcohol and tobacco, and avoid participating in sexual behavior.
8. I will seek guidance from a safe, caring adult when I need to talk or need support or advice.
9. I will stay with group at all times in the assigned area unless given permission to leave.
10. I will ask permission to handle or use items that are not mine.
11. I will commit to attend every group for the entire group time in order to build trust and safety, unless there is illness or an excused absence by the facilitator.
12. I will be signed out at the end of each group or Circle of Sister activity on time, and, by a parent or guardian 18 years or older.

If any member of the circle chooses not to follow the above guidelines, Circle of Sisters staff will take appropriate disciplinary measures. Please note that automatic separation from the program will take place if any member engages in the following: stealing, fighting, trouble with the law, drugs, alcohol, or tobacco in possession.

I have read and discussed the conduct and safety guidelines with my parents/guardians. I understand that the adults in the program may need to speak to the school, parents and/or other appropriate agencies in order to protect me if there are concerns regarding my health and safety. I realize and fully understand that participation in Circle of Sisters is an opportunity, which I must earn and which may be revoked or denied if I engage in any of the above behaviors.

Participant Print Name

Participant Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

CIRCLE OF SISTERS

Dear Parents/Guardians,

We will be covering a variety of topics in our Circle of Sisters after-school program during the upcoming school year. These topics will include: Body Image, Body Development, Alcohol and Drug Education and Violence Prevention.

Please fill out and sign the following three sections for your daughter to attend the sessions. We may be sending out additional permission forms for specific days and/or field trips, etc. during the year.

1.

Body Development and Body Image. My daughter, _____
has my permission to take part in these sessions.

Signature _____ Date _____

Name (please print) _____

2.

Drug and Alcohol Education. My daughter _____
has my permission to take part in these sessions.

Signature _____ Date _____

Name (please print) _____

3.

Violence Prevention. My daughter _____
has my permission to take part in these sessions.

Signature _____ Date _____

Name (please print) _____

CIRCLE OF SISTERS

Field Trip Commitment Statement

Parents please review the following commitment statement with your daughter, as well as discuss the conduct and safety guidelines.

1. I am responsible for my behavior and actions while on a Circle of Sisters field trip
2. I will be respectful to all people, places and things while on the field trip
3. I will turn in correct information on my permission slip to my facilitator **ON TIME**
4. I will not leave my chaperone or COS facilitator until I have been picked up by my parent or guardian.
5. I understand that my actions and behavior in group will determine if I go on future field trips
6. I will make sure to arrive and be picked up on time by my parent or guardian
7. If I am unable to go on the field trip, I will let my facilitator know ASAP
8. I will not bring any dangerous or inappropriate items on the trip
9. I will have my permission slip signed by my parent or guardian
10. I am responsible for all my belongings

If any member of the circle chooses not to follow the above guidelines, Circle of Sisters staff will take appropriate disciplinary measures. Please note that automatic separation from the program will take place if any member engages in the following: stealing, fighting, trouble with the law, possession or use of drugs, alcohol, or tobacco.

I have read and discussed the conduct and safety guidelines with my parents/guardians. I understand that the adults in the program may need to speak to the school, parents and/or other appropriate agencies in order to protect me if there are concerns regarding my health and safety. I realize and fully understand that participation in Circle of Sisters is an opportunity, which I must earn and which may be revoked or denied if I engage in any of the above behaviors.

Participant Print Name	Participant Signature	Date
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Parent/Guardian Print Name	Parent/Guardian Signature	Date
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CIRCLE OF SISTERS

Registration Form

(This information will be held CONFIDENTIAL to Circle of Sisters)

Did your daughter participate in Circle of Sisters before? Yes No

Daughter's Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Program Site: _____

Number of adults in household: _____ Number of children in household: _____

Approximate combined annual household income:

\$0 - \$11,670 \$11,670 - \$19,790 \$19,790 - 27,910 Above \$27,910

Home Language(s): _____

Ethnicity: (Optional)

____ African-American ____ Asian/Pacific Islander ____ Filipino
____ American Indian ____ Latino/Hispanic ____ Caucasian ____ Other

Primary Care Giver: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail: _____

#2 Parent/Guardian: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail: _____

****There is no cost to your family or school for your daughter's participation in the Circle of Sisters program, but if you would at any time like to make a tax-deductible donation of food, supplies or money, please let us know.**

There are 20 spots available at each group of Circle of Sisters on a first come basis. Applications will be handed in to the school office and numbered as they arrive. Any application received above 20 will mean the girl will be put on a wait list and called when a spot is available.

I (we) understand this is a structured after-school program which takes place one or two afternoons a week. I authorize her participation in supervised program sponsored travel to specific events and/or activities when planned. The girls will always be returned to the school at the close of the day. I understand my daughter or I (we) will be responsible for her transportation to and from the program. Circle of Sisters staff will not be available to give rides and/or to wait with the girls after program hours.

I (we) give permission for my daughter to access the internet for supervised program activities throughout the year.

I (we) give my consent for my daughter to participate in the Circle of Sisters Program during the school year.

Parent/Guardian Signature _____

Date _____

Photo Release Authorization

I give my permission for Circle of Sisters to interview, take photographs, motion pictures, produce videotapes, audiotapes and record using other media images of and sounds produced for publication. I understand this is being done while my daughter is participating in the Circle of Sisters program. The name of the person being recorded may be used in credits used in association with the program. Images and sounds may be used for publicity, education, research, news releases, and public showings, but will not be used for commercial purposes. I understand and do not hold accountable Circle of Sisters for redistribution of photographs by outside sources, such as media, who might post the images on the internet via website and/or social media outlets.

Signature of Parent/Legal Guardian _____ Date _____

CIRCLE OF SISTERS

Emergency Consent Form

The staff of Circle of Sisters would like to make sure your daughter is well cared for while she is participating in the program. We need your permission to ensure that we will be able to secure medical care for her should there be a need and you are not available.

For my daughter, I authorize Circle of Sisters staff, agent for the undersigned in my absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment: hospital care that is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent in any medical emergency for any and all such diagnoses, treatment or hospital care that the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I authorize my consent.

Parent/Guardian Name _____ Relationship _____ Date _____

Student Name _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Pager # _____

Medical conditions/Allergies/Disability/Special Circumstances of which we should be aware _____

Medications: _____

Name of Insurance Company _____

Policy # _____

Does your daughter have no cost Medi-Cal? Yes No (optional)

Medi-Cal # _____

If no, would you like information on health insurance for your daughter? Yes No

Name of primary Doctor or Community Clinic _____

Name of Dentist or Dental Clinic _____

Parent/Guardian Signature(s) _____ Date _____

I decline to provide my consent and accept personal liability.

Parent/Guardian Signature _____ Date _____