



Dear Resident:

Chester Community Improvement Project (CCIP) announces the opening of the **East Gateway Triangle Community Center** located at North Chester Baptist Church, 2331 Providence Avenue, Chester, PA. The Center will open on **Mondays, and Tuesdays from 3:00p.m.-6:30 p.m.** All programs are **free and open to the public.** Enrollment is on a first come, first serve bases, with priority given to EGT area residents.

In 2005, community residents along with public and private stakeholders joined forces to develop a comprehensive neighborhood revitalization plan for the East Gateway Triangle area (Edgmont-Providence between 13th -24th streets). The Center is a by-product of this initiative and was made possible through the generosity of the Wachovia Regional Foundation and the collaboration of many agencies and individuals working for the betterment of the City.

The Community Center presents an opportunity for community members to learn and grow with each other in a friendly and comfortable environment. It houses and supports enrichment programs and classes for youth and adults on workforce development, art and photography, home improvement, violence prevention, fitness, leadership training, economic empowerment, adult literacy, adult basic education, English as a second language, tutoring and mentoring programs.

In the attached enrollment package, you will find an application, a rules and regulations form and a description of the programs being offered. These forms must be filled out by the participant or by the parent or guardian of children under 18. Once completed, please mail the forms to Chester Community Improvement Project, 412 Avenue of the States, Chester, Pa 19013 or fax them to 610-876-3449.

In order for this project to be successful, we need everyone. If you are interested in becoming a volunteer, please contact EGT Program Coordinator at 610-876-8663 or by email at egt.ccip@gmail.com.

Sincerely,

Annette Pyatt
Executive Director

Participant Application

Enrollment Application (Please Print All Information) (one family member per application)

Applicant's Name: _____ Date: _____

Address: _____
Street _____ Apt. # _____

City: _____ State: _____ ZIP Code : _____

Home phone: _____ Cell phone: _____ Parent Work Phone: _____

Email: _____

Date of Birth: _____ Age: _____ Gender: _____ Ethnicity: _____
(Optional)

Name of School: _____ Grade: _____

Parent/Guardian Name: (if under 18) _____

Relationship to Applicant: _____ Cell Phone: _____

Emergency Contact Name (1): _____ Phone Number: _____

Address: _____ Relationship: _____

Emergency Contact Name (2): _____ Phone Number: _____

Address: _____ Relationship: _____

Please Indicate any medical conditions such as asthma or food and other allergies: _____

In case of emergency, are we permitted to transport your child to the hospital? Yes No

If No, Please explain what we should do? _____

Who has permission to pick-up your child from the program? Please provide phone number and address

Name (1): _____ Phone Number: _____

Address: _____ Relationship: _____

Name (2): _____ Phone Number: _____

Address: _____ Relationship: _____

My Child will (choose one) Be picked Up Walk Home Ride Public Transportation

Please indicate your first three program choices for enrollment:

CONSENT AGREEMENT

Please read, initial, and sign

_____ I give my informed consent and permission for my child to participate in the programs offered by Chester Community Improvement Project at the East Gateway Triangle Community Center and its related activities. I agree to support my child in this program, make sure he or she attends each program day, and encourage my child to do his or her best and to be involved in making this program a success.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in his/her inability to participate in the program.

_____ I recognize that there are risks inherent in any physical activity, and I agree to hold harmless Chester Community Improvement Project, its directors, officers, employees, its funders, EGT Community Center service providers, program staff, volunteers, or other representatives, both collectively and individually from any claims or personal injury or loss of or damage to property resulting from my child participating in the program.

_____ (optional) I agree to allow Chester Community Improvement Project to use any photographic images of my child taken while participating in the program. These images may be used in promotions or other related marketing materials.

_____ I agree to regularly and openly communicate with the program coordinator as requested.

_____ I agree to inform the program coordinator if I observe any difficulties or have areas of concern that may arise.

_____ I agree to notify program staff if I have any changes in address or phone number as well as provide updated health information for my child.

_____ (optional) I agree to allow Chester Community Improvement Project to use any photographic images of my child taken while participating in the program. These images may be used in promotions or other related marketing materials.

_____ I agree to regularly and openly communicate with the program coordinator as requested.

_____ I agree to inform the program coordinator if I observe any difficulties or have areas of concern that may arise.

_____ I agree to notify program staff if I have any changes in address or phone number as well as provide with any updated health insurance information for my child.

My signature below indicates that I understand, agree with, and consent to the information and releases provided above.

Student Signature

Parent/Guardian Signature (if student is a minor)

Date

All information received regarding your child will be kept confidential.
Information will be used to evaluate the effectiveness of the program.
This enrollment form can be delivered, mailed, or faxed to the following address:
412 Avenue of the States, Chester, PA 19013
(610) 876-8663 · Fax: (610) 876-3449

East Gateway Triangle Community Center Rules and Regulations

- ❖ Only students that have a completed and signed application and rules and regulations form will be allowed to participate in the programs offer at the community center.
- ❖ The use of abusive or profane language is strictly prohibited.
- ❖ Shoes, shirts and pants must be worn in the Center at all times.
- ❖ Alcoholic beverages, illegal drugs or firearms are strictly prohibited. Persons under the influence of alcohol or illegal drugs will be refused admission to the Center.
- ❖ Smoking is not permitted in the Center's premises.
- ❖ No touching of peers, volunteers, service providers, teachers or staff. Inappropriate touching will result in immediate removal and possible termination from the program.
- ❖ Individuals who are found to be verbally, physically or sexually abusive to any peer, volunteer, staff, or community member will be suspended from the program.
- ❖ **Reporting:** It is mandatory that any individual who feels that he/she has been a victim of abuse (as specified above), suspect's abuse, or who may have witnessed an incident of abuse to immediately report the occurrence to a staff member of the Community Center.
- ❖ Fighting, either inside or outside the Center, is strictly prohibited. Participants who provoke or engage in fighting shall be subject to indefinite suspension.
- ❖ Follow all rules and guidelines as outlined by the program coordinator, service providers, volunteers, program policies, and this contract.
- ❖ Have a positive attitude and be respectful of others.
- ❖ No cell phone usage and/or text messaging is permitted during sessions. If you must use the cell phone for an emergency, please leave the session to make the call.
- ❖ Running inside the building is not permitted.
- ❖ Commit to attend program activities on a regular basis.
- ❖ Inform the program coordinator of any difficulties or areas of concern that may arise.
- ❖ Complete end of program survey.
- ❖ Notify the program coordinator if I have any changes in address or phone number.
- ❖ Food and drinks must be consumed **only** in designated areas.
- ❖ Student must be picked up **promptly** by 6:30pm. Any parent that is late for pick up will be assessed a late fee of \$15.00.
- ❖ In case of inclement weather, the EGT community Center will follow the schedule for Chester-Upland School District Schools as announced on TV and Radio News.
- ❖ I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Student Signature

Parent signature

Date