



# Hamilton- Wenham Middle School Teen Night Program

*Sponsored by the Community House of Hamilton and Wenham*

The purpose the Middle School Teen Night Program is to provide an outlet for middle school aged youth to enjoy safe and supervised social activity. Events may include dances, games, pizza and movie night, karaoke, sports nights, and adventure based activities.

## Who may register?

- Students in grades 6 through 8
- Public, private, and home school students are welcome
- Hamilton-Wenham School Choice students

## How do I register my child?

Forms are available in the Community House lobby or may be printed from our website:  
[www.communityhouse.org](http://www.communityhouse.org).

Forms may be submitted in person (Monday – Thursday 9am -5pm, Fridays 9am -1pm). Registration will not be complete until program fee is paid. Registration is open year round for this program.

## Program Fees

Nightly admission: \$5\*  
One time program fee: \$35\*\*

*\*Pizza and movie night admission will be \$8.00*

**\*\*The program fee for 7<sup>th</sup> and 8<sup>th</sup> graders has been pro-rated. Pro-rated fees: 7<sup>th</sup> graders = \$25.00, 8<sup>th</sup> graders = \$15.00**

# Hamilton- Wenham Middle School Teen Night Program

## 2010-11 Program Schedule\*

Friday, September 17, 2010 – Back to School

Friday, October 29, 2010

Friday, November 12, 2010

Friday, December 3, 2010

Friday, January 14, 2011

Friday, February 4, 2011

Friday, March 11, 2011

Friday, April 8, 2011

Friday, May 13, 2011

Friday, June 3, 2011- *5<sup>th</sup> grade only event*

**We're looking to develop a Teen Night Council!**

**The Teen Night Council will plan activities for the entire year.**

**If you are interested in participating on the Teen Night Council please  
send an email to [Melissa@communityhouse.org](mailto:Melissa@communityhouse.org).**

*\*dates may be subject to change*

# Hamilton- Wenham Middle School Teen Night Program Registration Form

Sponsored by the Community House of Hamilton & Wenham  
284 Bay Road, S Hamilton MA 01982, 978-468-4818

**Please make checks payable to the Community House of Hamilton & Wenham  
OPEN ENROLLMENT**

**ALL STUDENTS MUST BE ENROLLED 48 HRS. PRIOR TO ATTENDING ANY TEEN NIGHT**

Date: \_\_\_\_\_

**Student's Last Name** \_\_\_\_\_ **First Name:** \_\_\_\_\_

School \_\_\_\_\_

In 2010-2011, this child will be in:

Grade 6: \_\_\_\_\_

Grade 7: \_\_\_\_\_

Grade 8: \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

? Check here if student is interested in participating on the Middle School Teen Night Council.

Parent/Guardian email address: \_\_\_\_\_

**Parent/Guardian #1 (Name)** \_\_\_\_\_

Phone #:Emergency \_\_\_\_\_

Phone #:Home \_\_\_\_\_

**Parent/Guardian #2 (Name)** \_\_\_\_\_

Phone #:Emergency \_\_\_\_\_

Phone #:Home \_\_\_\_\_

**Other responsible adult to be called in an emergency:**

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

Parent/guardian would like to volunteer occasionally? \_\_\_\_\_

Parent/guardian like to help as a volunteer monthly? \_\_\_\_\_

**Walking permission**

\_\_\_\_\_ (initial) I give my child permission to walk home from the Community House.

\_\_\_\_\_ (initial) I give permission to The Community House to use photographs and videos of me or my children for publicity in order to increase community awareness of CH programs and in all publication and other media without limitation.

**MEDICAL INFORMATION**

Allergies and/or Intolerance to:

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

Actions to be taken in case of reaction: \_\_\_\_\_

Please explain any chronic physical problems, pertinent developmental information and any special accommodations needed:

\_\_\_\_\_

Child's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company and Policy #:

\_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

**(Please only initial one)**

\_\_\_\_\_ In the event of injury or serious illness, I give permission for Community House staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, which decision will be made by the emergency team who responds to the call.

\_\_\_\_\_ In the event of injury or serious illness, I do not give permission for the Community House staff to obtain medical treatment for my child. Instead, I instruct the Community House staff to:

**(NOTE: In the event that your child becomes ill, and it is a non-emergency situation, the Community House staff will immediately notify the parent/guardian. The parent/guardian will be requested to arrange to have the child picked up as soon as possible.)**

**RELEASE FROM LIABILITY**

In consideration of the availability of the program and for other mutual benefits, I accept any and all responsibility for and assume the risk of any and all injury or damage which might arise either directly or indirectly as a result of my child's participation in this program, and I hereby release, discharge, and hold harmless from any liability whatsoever, Community Service of Hamilton & Wenham, Inc., volunteers, staff or instructors, in their private and individual capacities as well as their capacities as representatives of Community Service, whether paid or voluntary. I certify that I am familiar with the contents of this release and that I have read and understand the same and that it is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, administrators, executors, successors, and assigns.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Program Guidelines**

***To be read and signed with parent/guardian.***

**I agree to abide by the following program rules and guidelines:**

### **Conduct:**

- I will take responsibility for my actions and personal belongings while attending the Middle School Teen Night Program.
- I will respect the property of the Community House of Hamilton and Wenham
- I will not use inappropriate language, engage in inappropriate behavior (that which is not acceptable in a classroom setting), or gestures while attending the teen night program.
- I will not participate in any pushing, shoving, or inappropriate dancing.
- I understand that I will only receive one warning for inappropriate behavior. A second warning will result in my parents being called to pick me up.
- The Community House has a zero tolerance policy for bullying and teasing behavior. There are no warnings issued for this type of behavior. If I engage in this type of behavior, my parents will be called to remove me from the program.
- If my parents are called to pick me up more than once from the teen program, I will no longer be able to participate in teen night activities.

### **Dress Code:**

- I agree to wear apparel that is clean, safe and appropriate for the climate. (shorts only in summer months)
- If I arrive in clothing that is determined to be inappropriate by Teen Night Staff or advertises inappropriate activities, my parents will be called.

### **Fees:**

- I understand that program fees and admission are non-refundable.
- I understand that the one-time program fee is to be paid in full upon enrollment in the program.
- I understand that an admission fee will be paid at the door at each event.

### **Drop Off/Pick Up Policy:**

- The Community House does not have additional staff to monitor the property; therefore, my parent must escort me to the program to ensure my safe arrival.
- The Community House has adopted a "you pay, you stay" policy. Once I have paid admission, I must remain inside the Community House until the conclusion of the program or until I am picked up by a parent/guardian at the door.

### **Program Hours:**

- Teen night begins at 7:00pm. I will not arrive more than 15 minutes prior to the scheduled start time for teen night.
- Teen night admission closes at 7:30pm. No late admissions will be accepted.
- Teen night ends promptly at 9:00pm. I understand that my child will be released and that I am expected to pick up my child on time. If someone other than the parent/guardian is transporting my child, I will send a note.
- I understand that due to fire regulations, there may be a limit for the number of participants allowed in the building for some events. I will determine if my child has been admitted before leaving the premises.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_