

Neighborhood and Community Services

Project SUCCESS

Registration

Form

2011-2012

Project SUCCESS



Creating Change Through
Community Service

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Creating Change Through
Community Service

Starts the week of October 17th

(All Information Will Be Kept Confidential)

ALL THOSE PARTICIPATING IN PROJECT SUCCESS MUST FILL OUT THIS FORM IN THE CASE OF AN EMERGENCY

PLEASE WRITE CLEARLY

Name of Participant: _____ Date of Birth: _____

Participant's E-mail: _____

School Attending: _____ Grade entering in September 2011: _____

Project SUCCESS Location (See attached chart): _____

Did you participate in Project SUCCESS before? (Please circle) YES NO

If no, how did you hear about Project SUCCESS? _____

Name of Parent/Guardian (1): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Parent/Guardian E-mail: _____

Name of Parent/Guardian (2): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Parent/Guardian Email Address: _____

DISABILITY INFORMATION

Not Applicable (If this does not apply, please continue to the Interaction and Social Skills section below.)

Check all that apply. Place the number 1 for the primary disability. If more than one disability, number 2, 3, 4, etc.

- Intellectual Disability/mild (ID)
- Intellectual Disability/moderate (ID)
- Intellectual Disability/severe (ID)
- Emotional Disturbance
- Attention Deficit/Hyperactive Disorder
- Pervasive Developmental Disorder
- Brain Injury
- Orthopedic Impairment
- Spinal Cord Injury
- Asperger's Syndrome
- Specific Learning Disability
- Autism
- Spina Bifida
- Cerebral Palsy
- Down Syndrome

Other: _____

Is there currently an IEP in effect for this participant? (Please circle) YES NO

If yes, how can Project SUCCESS help achieve some of their IEP goals (i.e. communication skills, social skills, etc?)

Does this participant require any accommodations that we should be aware of? ___ YES ___ NO

If yes, please describe the necessary accommodations needed so that you can fully benefit from the Project SUCCESS Program:

INTERACTION AND SOCIAL SKILLS

This is a social skills and interaction measure to help staff serve you better. Please circle the number that would correspond to the participant on a scale of 1 to 5, 1 being Strongly Disagree and 5 being Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Comprehends and learns through verbal directions	1	2	3	4	5
Consistently requires visual aids and modeling to participate in activities	1	2	3	4	5
Speaks and is clearly understood	1	2	3	4	5
Uses sign language (Type of sign language used: _____)	1	2	3	4	5
Initiates conversation and/or seeks contact with peers	1	2	3	4	5
Can manage his/her anger when upset	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Communicates personal needs	1	2	3	4	5
Cooperates with staff and peers; shares	1	2	3	4	5
Stays with assigned group with minimal supervision	1	2	3	4	5
Becomes frustrated during recreation activities	1	2	3	4	5
Avoids or is hesitant about decision making	1	2	3	4	5
Maintains personal space	1	2	3	4	5
Requires redirecting and prompting to attend to tasks	1	2	3	4	5
Can stay on task for 20+ minutes	1	2	3	4	5

FAMILY PHYSICIAN

Name/Office: _____ Phone: _____

Allergies or Restrictions: _____

Medications: _____

Seizures: _____ Type: _____

EMERGENCY CONTACTS (Please list 2 emergency contacts other than the two parent contacts already listed, with authorization to pick up and care for participant in an emergency.)

Contact #1: _____

Phone #: _____

Relationship to Participant: _____

Contact #2: _____

Phone #: _____

Relationship to Participant: _____

CONSENT TO EXCHANGE INFORMATION

Important: May we have your permission to send our Professional Information Sharing Form to your child’s teacher? This information is used to contribute to the success of all participants. The information is confidential and used only in the administration of services.

Yes ___ No ___ School: _____

Teacher/Case Manager: _____ E-mail: _____

Address: _____

Phone: _____ Fax: _____

Please note: Information provided on these forms is confidential and will be used only by administrators working with the participant.

FOR PARENT/GUARDIAN

Can we contact you to volunteer for weekly meetings or weekend service projects if needed?

Yes No

CONSENT FOR PARTICIPATION

This is to certify that I do consent to participation in all activities, including services projects, sponsored by Project SUCCESS, Fairfax County Neighborhood and Community Services, and other community partners. I have read and agree to abide by the rules of conduct found on the information sheet provided with this packet.

Yes No

EMERGENCY MEDICAL

Fairfax County Neighborhood and Community Services has my permission, in an emergency situation, to take me/my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of myself/my child.

Yes No

MEDIA/PHOTO RELEASE FOR PROJECT SUCCESS PHASE II

I hereby authorize and give my consent to Fairfax County Neighborhood and Community Services and/or its agents and assigns, to take photos and/or videos of myself/my child for promotional, educational, and/or reporting purposes, and do hereby waive any rights to compensation there from. I also release Fairfax County Neighborhood and Community Services and/or its agents or assigns from any claim, which may accrue against them in connection with said use.

Yes No

VIRGINIA FREEDOM OF INFORMATION ACT

Registration information provided to Fairfax County Neighborhood and Community Services (NCS) is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian/participant specifically requests that this information not be released. Please check here if you do not grant NCS permission to release your/your child’s registration information.

AGREEMENT

I have read and understand the above statements and have checked whether or not I agree to the terms of each statement.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

PARTICIPANT BEHAVIOR CONTRACT

PROJECT SUCCESS CODE OF CONDUCT

We expect that all participants maintain good behavioral conduct while at the meetings as well as at service projects and social events. Individuals are expected to follow the general rules (with or without assistance), which include:

- Staying with an assigned group
- Keeping hands to yourself
- Following directions
- Participating as fully as possible
- Caring for personal belongings or request assistance as needed
- Using equipment and supplies appropriately without destruction
- Using friendly language (no abusive language)

TERMINATION OF PARTICIPATION

Project SUCCESS reserves the right to end the participation in the program if:

- The participant's actions cause injury to self, peers, or staff
- The participant exhibits inappropriate behaviors which may inhibit participation in community activities
- The participant engages in repetitive, aggressive, harmful, or disruptive behavior
- The participant fails to follow general rules of conduct
- The participant does not meet the eligibility criteria for the program

AGREEMENT

I have read and understand the above statements and agree to its terms and procedures.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Fairfax County is committed to nondiscrimination in all county programs, services and activities. To request reasonable accommodations or to receive this information in an alternate format, call 703-324-4600, TTY 711.



Choose Your Project SUCCESS Location

Step 1:
Find your school in the chart below. If you are not attending your base school, you may want to choose your base school, because it will be closer to your home.

Step 2:
Your Project SUCCESS location and weekly meeting time will be listed at the top of the column your school is in.

Step 3:
Write down your location on your registration form.

Reston Teen Center 12196 Sunset Hills Rd. Reston, VA 22512 *Side entrance of the YMCA	South County Government Center 8350 Richmond Highway, Alexandria, VA 22309 - *3 rd Floor Teen Center	
Mondays 4 p.m. to 5 p.m.	Tuesdays 4 p.m. to 6 p.m.	
Carson MS Cooper MS Herndon MS Herndon HS Hughes MS Langley HS Longfellow MS McLean HS South Lakes HS	Annandale HS Bryant AHS Edison HS Glasgow MS Hayfield SS Holmes MS Key MS Lee HS Mount Vernon Center	Mount Vernon HS Pulley Career Center Sandburg MS South County SS Stuart MS Thomas Jefferson HS Twain MS West Potomac HS Whitman MS

Mott Community Center 12111 Braddock Road Fairfax, VA 22030	James Lee Community Center 2855 Annandale Rd. Falls Church, VA 22042	
Wednesdays 4 p.m. to 6 p.m.	Fridays	
Burke Center Centreville HS Chantilly HS Davis Career Center Fairfax HS Falls Church HS Franklin MS Herndon MS Hughes MS Irving MS Jackson MS Kilmer Center Kilmer MS Lake Braddock SS Langley HS	Lanier MS Liberty MS Longfellow MS Madison HS Marshall HS Mountain View AHS Oakton HS Robinson SS Rocky Run MS Stone MS Thoreau MS Westfield HS West Springfield HS Woodson Center Woodson HS	Project SUCCESS will be offering this program on a trial basis *Dates to be determined based on community interest. Please call or email if you are interested.*

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