

Dear Parents,

School Year: _____

The goal of the H.W.MS Youth Services Center is to make accessible a variety of services and activities to Encourage personal growth and Development and Enhance Academic Achievement.

Services offered by the center include: Referrals to Health and Social Services, Mentoring, Counseling services, Career Exploration and Development, Substance Abuse Education and Counseling, Summer and Part-Time Job Development, Educational Support and Enrichment, Newsletters, Parent and Student Workshops, Educational learning and Service Opportunities, Parent and Community Involvement and other services based on individual needs such as clothing, personal hygiene items and school supplies.

To inquire about available services, please come by the Youth Services Center or call 349-2145. The Youth Services Center is open Monday through Friday from 8:00a.m-3:30p.m. The Youth Services Center office is located, first room on the left through the main entrance of the H.W.M.S.

I hereby give permission for my child/children (listed in the box below) to participate in activities or receive services offered by the Youth Services Center.

Sincerely, Joann Crace -YSC Coordinator-

(Parent's or Legal Guardian's Signature)

(Date) _____

Address: _____

Telephone number: _____

List all members in Household	Student's Date of Birth	Employer or Teachers Name	Grade level of student	Students Age	Sex	Covered by medical card?

Caregiver Status:
 Single
 Married
 Separated/divorced
 Widowed

Father:
 Less than High School
 High School/GED
 Some College
 College
 Post College

Estimated income level:
 Under \$10,000
 \$10,000-20,000
 \$20,001-35,000
 \$35,001-50,000
 Over \$50,000

Mother:
 Less than High School
 High School/GED
 Some College
 College
 Post College

Race:
 White
 African-American
 Asian
 Hispanic
 Bi-racial
 Other:

Do students in this home qualify for free meals?
 Yes
 No