



THE YOUTH CENTER

AT ST. JAMES

SCHOOL YEAR 2023-24

ENROLLMENT KIT

KEEP FOR YOUR RECORDS

WELCOME LETTER
INFORMATION
FEES
CALENDAR

RETURN COMPLETED AND SIGNED

APPLICATION FORM
HEALTH & MEDICAL HISTORY FORM
PICK-UP & RELEASE FORM
WAIVER & RELEASE FORM
FREE-WALK FORM
PHOTOGRAPHY CONSENT FORM



Activities

While helping to build social and practical skills, we organize activities that are fun and entertaining, such as cooking and sports.



Academics

Study Period allows students to do their homework, either independently or with help from our volunteer high school students and staff.



Agency

Middle-schoolers should have the freedom to choose for themselves. We encourage exploration so they can gain knowledge and confidence.



1325 Monterey Road, South Pasadena CA 626.799.6266 youthcenter@sjcsp.org

WELCOME!

Dear Parents and Families,

Welcome to the Youth Center at St. James!

Our staff is committed to helping every child flourish, socially, emotionally, and academically, celebrating each student's unique gifts and interests. The Youth Center is a safe, supervised space, where students can participate in enrichment activities, build relationships with peers, do their homework, and work on academic goals.

We strive to model and reinforce the skills that will help our students succeed throughout life: resolving conflicts peacefully, using effective communication, and learning how to make friends and create community. We welcome you to visit our website: youthcenter@sjcsp.org.

If you would like to register your child in The Youth Center at St. James, please complete the enclosed forms, scan, and return them to youthcenter@sjcsp.org as soon as possible along with a the enrollment fee you can also drop them off in-person.

The first month's payment is due on the first day of school, either at www.paypal.me/stjamesyouth, or by check (made payable to "The Youth Center at St. James").

In-person application drop-offs can be made by appointment: email youthcenter@sjcsp.org.

We're looking forward to a fun and exciting year with your child!

Sincerely,

Oscar Madrigal
Director, The Youth Center at St. James



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INFORMATION

1 OF 2

APPLICATION FEE

For new families, the \$100 non-refundable application fee is due along with the enrollment packet. For returning families, the fee is \$50. The fee increases to \$125 for applications received after July 1st.

SCHEDULE

Our hours of operation are 2:00pm–6:30pm (Monday–Thursday) and 2:00pm–6:00pm (Friday). The Youth Center is for students grades 6th–8th, and aligns its calendar with the South Pasadena Middle School academic calendar.

BILLING

All payments are due at the beginning of each month, payable either through PayPal or by personal check. Please note that you will be responsible for PayPal's service fee, in addition to The Youth Center's processing fee. Payments after the 15th day of the month will incur a late fee of \$20, unless prior arrangement has been made with the Director. Please keep your account current to avoid late fees. Failure to do so may result in your child's dismissal from the program.

FEES*

For the 2023-24 school year, The Youth Center offers two program schedules and fees to best fit your child's schedule, with the following monthly rates:

Full-time (5 days/week): \$400

Part-time (3 days/week): \$325

There is neither a daily (single-day) rate, nor a 2-days-per-week rate. If your child attends more than three (3) days a week, we will charge full-time tuition (\$400). If your child attends one or two days a week, part-time tuition will be charged (\$325). For families with siblings, there is a 10% discount for each sibling.

DETAILS

The monthly rates include snacks and all activities (such as homework help and cooking sessions). The Youth Center occasionally offers supplemental enrichment activities through third-party providers for an additional fee. You will be notified and will need to give consent if your child wants to participate. To maintain the quality and seamless functioning of our program, you will be billed monthly for the schedule (full-time or part-time) that you registered for on your child's application. Changes to your child's schedule need to be done in writing and requires approval from The Youth Center Director.

CANCELLATIONS AND ADJUSTMENTS

Two weeks' notice is required if you want to withdraw your child from the program, or if you want to adjust the monthly schedule. In the event of an immediate cancellation or adjustment, your account will be billed for an additional two weeks for the part-time (3 days/week) rate, in accordance with this policy. The Youth Center reserves the right to dismiss a student whose conduct or influence is unsatisfactory, or in the opinion of the Director, is not in the best interest of the program.

**Fees are subject to change.*

youthcenterstjames.com



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INFORMATION

2 OF 2

PICK-UP POLICY

Late fees will be incurred for pick-ups after 6:30pm Monday–Thursday, and 6:00pm on Fridays. Late fees will be added to the following month’s invoice. (Returning families: Please note this change in policy for late pick-ups.) If you are going to be late, please inform The Youth Center to make arrangements. Children will not be permitted to wait unsupervised on The Youth Center premises.

1–15 minutes late	\$15
16-30 minutes late	\$25
31-60 minutes late	\$50
More than 60 minutes late	\$75

ACCIDENTS AND LIABILITY

If a student is injured at the Youth Center and needs emergency treatment, the Director will immediately attempt to reach the student’s parents, followed by the alternate contact. It is, therefore, important to keep all your work and emergency phone numbers current for our records. If neither parent/guardian can be reached, or it is deemed necessary, emergency services will be contacted. The Youth Center’s accident insurance covers, up to our policy limits, any injury that occurs at The Youth Center to the extent that they are not covered by any other health and/or accident insurance that covers the child.

ALLERGIES AND MEDICATION

Students requiring emergency allergy medication or other medication (eg, EpiPens, asthma inhalers, etc.) during program hours will be required to provide documentation with the current procedures, in addition to authorization from the student’s doctor. For children who require such medication, The Youth Center admits to the program only those who are able to administer their own medication independently, without the aid of staff or volunteers.



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FEES

2023-24 PROGRAM FEES*

Full-time (5 days/week) \$400
 Part-time (3 days/week) \$325

NON-REFUNDABLE REGISTRATION FEE

New Students \$100
 Returning Families \$50

ACCEPTED FORMS OF PAYMENT



	FULL-TIME	PART-TIME
August 2023	\$300	\$250
September 2023	\$400	\$325
October 2023	\$400	\$325
November 2023	\$400	\$325
December 2023	FREE (WITH AUG-NOV TUITION PAID)	
January 2024	\$400	\$325
February 2024	\$400	\$325
March 2024	\$400	\$325
April 2024	\$400	\$325
May/June 2024	\$400	\$325

PAYMENT

By check made payable to “The Youth Center at St James”
Through PayPal** www.paypal.me/stjamesyouth

*Fees are subject to change.
 **You are responsible for PayPal's service fee.



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CALENDAR

IMPORTANT DATES: 2023-2024

First Student Day	August 15, 2023
Thanksgiving Break	November 20–24, 2023
End of First Semester	December 21, 2023
Winter Break	December 22, 2023–January 6, 2024
Pupil Free Day (Professional Development)	January 8, 2024
Spring Break	March 29– April 5, 2024
Last Day of School	June 5, 2024

For the full academic calendar, go to www.spusd.net.

- + The Youth Center operates on Early Dismissal days.
- + When SPMS is closed, The Youth Center is closed.
- + If you have any questions, please email youthcenter@sjcsp.org.

We look forward to sharing the 2023–24 school year with you!



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APPLICATION

1 OF 2

CHILD'S FULL NAME CHILD'S CHOSEN NAME

 DATE OF BIRTH AGE GENDER GRADE (IN THE FALL) PRONOUNS

 STREET ADDRESS APT/UNIT

 CITY STATE ZIP HOME PHONE

 PRIMARY PHONE NUMBER CHILD'S CELL NUMBER (SECONDARY NUMBER)

 EMAIL ALTERNATE EMAIL

PARENT/GUARDIAN 1 RELATIONSHIP TO CHILD PHONE

PARENT/GUARDIAN 2 RELATIONSHIP TO CHILD PHONE

Child lives with: BOTH PARENTS PARENT/GUARDIAN 1 PARENT/GUARDIAN 2 SPLITS TIME

.....

Please enroll my child, _____, who will be in the ____th grade in the coming fall, in the afterschool program at The Youth Center located at St James Episcopal Church for the 2023-24 school year. My schedule selection for my child for the 2023-24 school year (check one of the following):

<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME**
MON / TUE / WED / THUR FRI 2:30pm-6:30pm 2:30pm-6:00pm	MON / WED FRI 2:30pm-6:30pm 2:30pm-6:00pm
5 DAYS PER WEEK	3 DAYS PER WEEK
\$400/month	\$325/month
BOTH PROGRAMS INCLUDE SNACKS, HOMEWORK LAB, AND ENRICHMENT ACTIVITIES.	

**There is some flexibility for the days your child participates. We use this as a guide for the purposes of staffing, planning, and programming.



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APPLICATION

2 OF 2

I UNDERSTAND AND ACCEPT THE FOLLOWING STIPULATIONS Program fees are payable by the 15th of each month, unless prior arrangements are made with the Director. If I fail to maintain my account without an outstanding balance, I understand that The Youth Center can suspend services for my child until I have paid any balance owed.

I understand that a minimum enrollment of three (3) days per week is required. I also understand that The Youth Center offers neither a daily (single-day) rate, nor a 2-days-per-week rate. I further understand that if my child attends more than three (3) days a week, I will be charged full-time tuition (\$400); and if my child attends one or two days a week, then part-time tuition will be charged (\$325). If I wish to change my child's enrollment (full- or part-time schedule), I agree to inform the Director, in writing, before the end of the month. I understand that pro-rated reimbursement will be not given if I switch from full- to part-time enrollment in the middle of the month. I understand that the change fee will take effect at the next billing cycle.

I understand that two weeks' notice is required if I want to withdraw my child from the program, or if I want to adjust the monthly schedule. In the event of an immediate cancellation or adjustment, I understand that my account will be billed an additional two weeks for the part-time (3 days/week) rate, in accordance with The Youth Center policy. I understand that The Youth Center reserves the right to dismiss a student whose conduct or influence is unsatisfactory, or in the opinion of the Director, is not in the best interest of the program.

I understand that it is my responsibility to keep my child's emergency information form current. I will notify The Youth Center staff, in writing, regarding any physical concerns or limitations my child may have, or might develop; and of any changes to phone numbers and/or other contact information. A completed medical and health form is required for program attendance.

I understand that late fees will be incurred for pick-ups after 6:30pm Monday-Thursday, and 6:00pm on Fridays, and will be added to the following month's invoice. If I am going to be late, I agree to inform The Youth Center. I understand that the following fees apply:

1-15 minutes late	\$15	31-60 minutes late	\$50
16-30 minutes late	\$25	More than 60 minutes late	\$75

AUTHORIZATION In the event i cannot be reached in an emergency, i hereby authorize The Youth Center's selection of physician to secure necessary treatment for my child named above. to the best of my knowledge, my child is in good health.

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN NAME (PLEASE PRINT) DATE

Who referred you to The Youth Center at St. James? _____

FOR OFFICE USE ONLY: APPLICATION FEE			
__ \$100 [DATE]	__ \$50 [DATE]
__ \$125 [DATE]		



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HEALTH & MEDICAL HISTORY

This Medical and Health form must be submitted to The Youth Center office before your child can attend the program.

CHILD'S FULL NAME CHILD'S PREFERRED NAME

DATE OF BIRTH AGE GENDER PRONOUNS

STREET ADDRESS APT/UNIT

CITY STATE ZIP HOME PHONE

PARENT 1/GUARDIAN 1 RELATIONSHIP TO CHILD

DAYTIME PHONE NUMBER MOBILE NUMBER

PARENT 2/GUARDIAN 2 RELATIONSHIP TO CHILD

DAYTIME PHONE NUMBER MOBILE NUMBER

In the event of emergency and parents/guardians are unavailable, who should we notify?

EMERGENCY CONTACT 1 RELATIONSHIP PHONE NUMBER

EMERGENCY CONTACT 2 RELATIONSHIP PHONE NUMBER



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HEALTH & MEDICAL HISTORY

Is your child covered by health/medical insurance? If yes, please provide information:

INSURER/CARRIER

POLICY NUMBER

GROUP NUMBER

LIST ALL ALLERGIES (FOOD, ANIMALS, DRUGS, PLANTS, INSECTS, ETC):

LIST SPECIFIC CONDITIONS THE YOUTH CENTER SHOULD BE AWARE OF (SPEECH ISSUES, HYPERACTIVITY, PHYSICAL CHALLENGES, ETC):

DOES YOUR CHILD REQUIRE MEDICATION DURING PROGRAM HOURS? (PLEASE LIST, IF YES):

___YES ___NO _____

DESCRIBE ANY MEDICAL, PHYSICAL, AND/OR EMOTIONAL HISTORY, OR MEDICAL CONDITIONS THAT THE YOUTH CENTER STAFF SHOULD BE AWARE OF; AND HOW BEST TO SUPPORT YOUR CHILD:

DOES YOUR CHILD CARRY EMERGENCY MEDICATION (EPIPENS, ASTHMA INHALER, ETC)?

To the best of my knowledge, the foregoing Medical and Health History described is true and correct, and the child described herein has permission to engage in all prescribed activities at The Youth Center at St. James, unless otherwise noted. In the event I cannot be reached in an emergency, I hereby authorize The Youth Center's selection of physician to secure necessary treatment for my child named above. This form may be photocopied.

PLEASE NOTE: IF YOUR CHILD HAS SEVERE ALLERGIES AND/OR REQUIRES MEDICATION DURING PROGRAM HOURS, AN ADDITIONAL, SEPARATE WAIVER AND RELEASE MAY BE REQUIRED.

2 OF 2

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PLEASE PRINT)

DATE



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WAIVER & RELEASE

I, _____, on behalf of _____, my minor child (“Child”) hereby waive and release, indemnify, hold harmless and forever discharge **The Episcopal Diocese of Los Angeles and The Youth Center at St. James’ Episcopal Church South Pasadena (“The Youth Center”)**, including its agents, employees, officers, directors, volunteers, faculty, staff, chaperones, and successors, of and from any and all claims, demands, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my **Child** ever had or may have arising from or in any way related to my **Child’s** voluntary participation in **The Youth Center**, provided that this waiver of liability does not apply to any acts of gross negligence or wanton misconduct.

I hereby authorize and grant permission for **The Youth Center** to escort my **Child** from South Pasadena Middle School (“**SPMS**”) to **The Youth Center**. I agree hereby to release and hold harmless any and all **The Youth Center’s** adult chaperones supervising my **Child** in the activities planned for the **SPMS 2023–24** academic year including, but not limited to, any damages, loss or injury which my **Child** may sustain through transportation to, from, as well as through sponsored activities on the trip.

By this **waiver**, I, on behalf of my **Child**, assume all risks and responsibilities, and therefore waive all claims of personal injury, death, or loss of personal property arising from my **Child’s** participation in **all** of **The Youth Center’s** Activities for the year August 2023–June 2024.

This **Waiver and Release** contains the full agreement of the parties and supersedes any prior written agreements or oral representations by either party. I have read, understand, and fully agree to the terms of this **Waiver and Release**.

I understand and confirm that by signing this **Waiver and Release**, my **Child** and I have given up considerable future legal rights. I have signed this agreement freely and voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me.

My signature is proof of my intention to execute and complete an unconditional **Waiver and Release** of all liability to the full extent of the law.

In the event my **Child** should require emergency medical care, I authorize **The Youth Center** and/or its staff members to disclose these conditions to a physician or other medical professional.

CHILD’S NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

RELATIONSHIP TO CHILD



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FREE WALK

This **Waiver and Release by Parent/Legal Guardian** is to inform you of the option for your child to walk independently from South Pasadena Middle School to The Youth Center at St James. Please review and initial one of the two options:

_____ My child **has** permission to walk to The Youth Center at St. James from South Pasadena Middle School independently (ie, without the counselor and/or the student group). I understand that The Youth Center is not responsible for my child until s/he signs in upon arrival at The Youth Center. I understand that I must notify The Youth Center in writing if my child no longer has permission to walk independently and without the group.

_____ My child **does not have** permission to walk to The Youth Center at St. James from the South Pasadena Middle School independently (ie, without the counselor and/or the student group).

CHILD'S NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

RELATIONSHIP TO CHILD



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PHOTOGRAPHY CONSENT

We are sending you this parental consent form both to inform you, and to request permission for your child(ren)'s photo/image to be published on The Youth Center at St. James' website, Church Annual Report and Youth Center bulletin boards.

As you are aware, there are potential dangers associated with the posting of photos on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes child(ren)'s name(s), photos or images, residential addresses, email addresses, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Director of the Youth Center and such rescission will take effect upon receipt by the Youth Center.

Please check one of the following:

I/We **grant** permission for photos/images that include my child(ren) without any other personal identifiers to be published on The Youth Center's website and/or publications.

I/We **do not grant** permission for photos/images that include my child(ren) to be published on The Youth Center website and/or publications.

CHILD'S NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

RELATIONSHIP TO CHILD