



*#Go Young*

**REAL Skills 2.0 (RS2) IS AN AFTER-SCHOOL, YOUTH DEVELOPMENT PROGRAM FOR METROPOLITAN DETROIT, 6<sup>th</sup> thru 12<sup>th</sup> GRADE STUDENTS. RS2 IS A PROGRAM OF THE COLEMAN A. YOUNG FOUNDATION (CAYF), WHICH WAS FOUNDED BY THE LATE MAYOR, COLEMAN ALEXNDER YOUNG, WHO WAS DETROIT'S FIRST AFRICAN AMERICAN MAYOR.**

**THE GOAL OF RS2 IS FOR YOUTH TO EXCEL IN SCHOOL, LIFE, AND COMMUNITY BY HELPING THEM TO ACHIEVE, CONNECT, AND THRIVE (ACT- Youth Development Theory).**

- **ALLPROGRAM SESSIONS AND RELATED FIELD TRIPS ARE DESIGNED AND IMPLEMENTED BY PROFESSIONAL, EXPERIENCED COMMUNITY SPECIALISTS.**
- **THROUGH OUR MATCHING PARENT COMPONENT, PARENTS/CAREGIVERS ARE WELCOME AND ENCOURAGED TO JOIN IN WEEKLY, SEPERATE (and sometimes joint) ACTIVITIES.**

**WHEN: SATURDAYS. REGISTRATION IS FEBRUARY 2<sup>nd</sup> .....10a-1p.**

**Note: If you miss registration, you can still attend session, and fill-out registration packet on site.**

**WORKSHOPS ARE FEBRUARY 9<sup>th</sup> THRU APRIL 6<sup>th</sup> ..... 10a.-1p.**

*Modifications will be announced prior to original activity date.*

**WHERE: 1. THE SALVATION ARMY COMMUNITY CENTER, 11325 MONTROSE, 48227**

*Modifications will be announced prior to original activity date.*

**WHY: TO PREPARE YOUTH TO BE VICTORS NOT VICTIMS.**

**Logistics:**

- **RS2 is FREE!**
- **Coleman A. Young Foundation: 7650 Second Avenue, Ste. 206, Detroit, MI 48202,**

313-962-2200 or fax: 313-962-2208

- Barry L. Hubbard, Program Manager, (res) 248-332-8951 or © 248-390-8934.
- Participants accepted on first-come-first-serve basis. Space is limited.
- Healthy, catered lunch is provided.
- Register online, fax, mail, or bring completed application to registration or session.
- Supported By: Community Development Block Grant (CDBG)

**Parent / caregiver:**

- **RS2 Manager (Mr. Hubbard) must meet you before youth can attend RS2.  
This can be accomplished on day of session.**

**Participants:**

- **Workshop attendance is required to go on field trips.**

Acceptance and participation in our scholarship and after school program are the same for everyone without regard to religion, race, color, national origin, age, sex, handicap or sexual preference. COLEMAN A. YOUNG FOUNDATION, INC. IS A TAX-EXEMPT, NON-PROFIT, CHARITABLE ORGANIZATION WITH FEDERAL IDENTIFICATION NUMBER 38-2400801. DONATIONS CAN BE MADE PAYABLE TO:

COLEMAN A. YOUNG FOUNDATION. MICHIGAN CHARITABLE LICENCE TO SOLICIT MICS 8599.

**[www.cayf.org](http://www.cayf.org)**

1/28/19



PARENTS, THIS IS YOUR COPY.....

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PLEASE KEEP!

(Winter 2019) **6<sup>th</sup> - 12<sup>th</sup> Grade STUDENT (& PARENT/CAREGIVER) AGENDA**

RS2.0 Program Location: THE SALVATION ARMY COMMUNITY CENTER. 11325 Montrose, Detroit 48227

DAY, DATE & TIME	#	TOPIC (Subject to Modification)	FACILITATOR
Saturday, Feb. 2nd  10 – 1p (3 hrs.)	1	Registration, Instruction & Participation Baseline Data Collection: What is CAYF? What is RS2.0? Program goals, Release and Disclaimer Form Completion and expectations for students and parents.	<b>RS2 Youth &amp; Peer Leaders</b>
Saturday, Feb. 9th  10 – 1p (3 hrs.)	2	<b>REAL SKILLS FITNESS CHALLENGE</b>  Participants will <b>CONNECT</b> with others through a variety of obstacle courses, that will demand thought, timing and teamwork,	<b>Stephen A. Grady,</b> Chief of Staff, Office of the President, Detroit City Council
Saturday, Feb. 16th  10 – 1p (3 hrs.)	3	<b>THE POWER OF MENTORSHIP</b>  Participants will learn the importance of <b>CONNECTing</b> with others: The importance of mentorship; How to obtain a mentor; How to hold your mentor accountable.	<b>Lance Woods,</b>  Dream Dir. <b>&amp; CAYF Alum</b>
Saturday, Feb. 23rd  10 – 1p (3hrs.)	4	<b>DEMYSTIFYING MATHEMATICS</b>  Participants will gain confidence in their own abilities, allowing them to <b>THRIVE</b> in algebraic procedures and problem solving skills for any standardized test.	<b>Rev. Jerry Rankin,</b>  Founder of GPA Challenge, LLC
Saturday, Mar. 2nd  10 – 1p (3 hrs.)  <b>Bus leaves from SACCC at 8a.</b>  <b>Bus returns to SACCC at 230p.</b>	5	<b>FIELD TRIP: Knockerball Fli-City</b>  Participants will <b>CONNECT</b> with others to complete tasks within specific boundaries.	<b>Flintstones Battleball Staff</b>
Saturday, Mar. 9th  10 – 1p (3 hrs.)	6	<b>RELATIONSHIPS &amp; SEXUAL RESPONSIBILITY</b>  Participants will learn how to identify and <b>THRIVE</b> in a healthy and supportive relationship.	
Saturday, Mar. 16th  10 – 3p (5hrs.)	7	<b>MENTAL HEALTH</b>  Participants will learn how to identify warning signs, and how to <b>THRIVE</b> , using coping strategies and resilience techniques.	

<p><b>Saturday, Mar. 23rd</b></p> <p><b>10 – 3p (5hrs.)</b></p>	<p><b>8</b></p>	<p align="center"><b>HEALTHY U</b></p> <p>Participants will <b>ACHIEVE</b> health and wellness by learning about the importance of healthy snacking, eating, hygiene etc.</p>	<p><b>Mikal Abdul,</b> Owner, HealthWise Learning Center</p>
<p><b>Saturday, Mar. 30th</b></p> <p><b>10 – 1p (3 hrs.)</b></p> <p><b>Bus leaves from SACCC at 730a.</b></p> <p><b>Bus returns to SACCC at 530p.</b></p>	<p><b>9</b></p>	<p align="center">FIELD TRIP: Western Michigan University</p> <p align="center"><b>Mission: campus exposure.</b></p> <p>Participants will <b>ACHIEVE</b> career / college awareness and <b>CONNECT</b> by touring a college campus, exploring and discussing everything from academic and financial planning to socialization to time management..</p>	<p><b>Brian Dockery,</b> RS2 Alum &amp; Alpha Phi Alpha Fraternity, Inc.</p>
<p><b>Saturday, Apr. 6th</b></p> <p><b>10 – 1p (3hrs.)</b></p>	<p><b>10</b></p>	<p align="center"><b>T – Day</b></p> <p>Participants will recap prior workshops, by demonstrating, through group and individual role play a) What they’ve <b>ACHIEVED</b>, b) How they <b>CONNECTED</b>, and c) How they plan on using information to <b>THRIVE</b>. Also, an open floor discussion allows participants to share thoughts on how RS2 aided their growth, and lend suggestion for continued programmatic improvement.</p>	<p><b>RS2 YL’s</b> &amp; <b>PL’s,</b> &amp; <b>RS2</b> <b>Family</b></p>

*Remember: We Are VIC-TORS not VIC-TIMS!*



(WINTER 2019)

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**Student / PARENT / CAREGIVER Application**

**Program Locations: THE SALVATION ARMY COMMUNITY CENTER, 11325 MONTROSE, 48227**

*Please print or type*

APPLICATION DATA

**(STUDENT INFO) Name:** \_\_\_\_\_

(First and Last)

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** Mi. **Zip:** 48 \_\_\_\_\_

**Student is in the** \_\_\_\_\_ **th grade, at (School Name):** \_\_\_\_\_

**Mr. / Ms.** \_\_\_\_\_ **is the counselor.**

**(If applicable) Students Current GPA:** \_\_\_\_\_ **Students Cell Phone:** \_\_\_\_\_

**(PARENT / CAREGIVER INFO) Name:** \_\_\_\_\_

(First and Last)

**Relationship to applicant:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**If different from applicants, please provide:**

Address

City

State

zip

**Household Income: \$** \_\_\_\_\_ **Household Size (Total # of adults & children):** \_\_\_\_\_

**Is youth applicant eligible for Free Lunch Program? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

EMERGENCY DATA

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY? \_\_\_\_\_  
(First and Last Name)

RELATIONSHIP

PHONE

ALTERNATE PHONE

ADDRESS

CITY

STATE

ZIP

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / 2019



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(WINTER 2019) PARENT/CAREGIVER CONSENT FORM

TOPIC RELEASE FORM

Due to the subject matter of the program session, please check below if you do, or do not wish for your child to participate in this session. Please note that without signed consent, your child cannot participate in any of the RS2.0 program activities:

Name of Program Session Topic	<u>Yes, my child can participate in this session.</u>	<u>No, I do not wish for my child to participate in this session.</u>
REAL Skills Fitness Challenge	Yes	No
The Power Of Mentorship	Yes	No
Demystifying Mathematics	Yes	No
Relationships & Sexual Responsibility	Yes	No
Mental Health	Yes	No
Healthy U	Yes	No

CONSENT FOR CHILD/WARD TO ATTEND RS2.0 - SPONSORED FIELD TRIPS

**Group attending: REAL Skills 2.0**

**Program Manager: Barry Hubbard a/k/a Mr. H.**

**Educational purpose: Youth Leadership Development.**

**Youth Session Opinion Coordinator: Wilma Scott**

**Method of transportation: Charter and School Bus.**

**CAYF Executive Director: Khary Turner**

• I understand that my child has been selected by the RS2.0 Staff to participate in a field trip. All field trips are under the direct supervision of RS2.0 staff and all precautions are taken to ensure each student’s welfare.

• Topic-related field trips are an integral part of the RS2.0 Program curricula. But, I understand that these field trips are optional and voluntary.

• I understand that all students going on this trip will be responsible for their conduct towards the bus driver, RS2.0 Program Staff, chaperones and, if applicable, adult sponsors, at all times. I understand that **ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.**

• I understand that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to **in writing** by the RS2.0 Program Manager, **Barry Hubbard** and a **parent or caregiver.**

• **I understand that all field trips will begin and end at THE SALVATION ARMY COMMUNITY CENTER.**

\*\*\* PLEASE NOTE:

**I give permission** for my child to be videotaped, recorded, or used in pictures for programmatic usage, such as, the newspaper, radio stations, fliers, CAYF website, etc. YES\_\_\_\_\_ NO\_\_\_\_\_

**I give permission** for my child to meet at and/or leave from the destination on his/her own. If this option applies to your child and you approve, please indicate below. Otherwise, he/she will be required to arrive and leave with a parent, guardian or adult via your permission/approval. YES\_\_\_\_\_ NO\_\_\_\_\_

I grant permission for my child / ward \_\_\_\_\_

Name of Student (Please Print)

to participate in the following field trips:

Date of Field Trip	Description of Field Trip	Consent to Participate in Field Trip	
		Please Circle Yes or No	
March 2	Knocker ball	Yes	No
March 30	Western Michigan, Kalamazoo	Yes	No

If applicable, please check item number, give detailed description, and include any current medication or restrictions:

1. Allergies   
  2. Respiratory Conditions   
  3. Asthma   
  4. Ph Disabilities   
  5. Past /Illnesses  
 6. Neck / Spine / Back Problems   
  7. Fractures   
  8. Diabetes   
  9. Epilepsy / Convulsions  
 10. Past Operations   
  11. Other Medications   
  12. Other



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of medical provider: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Emergency name & telephone number for parent/caregiver: \_\_\_\_\_

Alternate emergency name & telephone number: \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the program staff to secure medical treatment for my child.

**Prescription or over-the-counter medication:** I certify that I have on file with the Coleman A. Young Foundation's RS2.0 Staff, a current form stating all medications that my child must take.

CONSENT FOR CHILD/WARD TO PARTICIPATE IN YOUTH SESSION OPINION SURVEY
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**At the end of each program session, the program participants will be asked to complete a brief survey. The purpose of the survey is to obtain feedback from the youth participants about the program activities, to improve the program, and to determine if the program is making a positive difference for the participants. There will be no identifying information on the survey.**

**Please check "Yes" or "No" for child / ward to participate in the weekly survey:** YES\_\_\_\_ NO\_\_\_\_

- I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED.**

**Parent / Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_/2019

***THANK YOU FOR YOUR COOPERATION!***