



# YouthCity!

SALT LAKE CITY'S AFTERSCHOOL & SUMMER PROGRAM

## MISSION

YouthCity fosters positive youth development in Salt Lake City by providing out of school opportunities for social, emotional, skills, character and citizenship development in an inclusive environment.



## CLASSES

Classes are based on student interest & change each session. Some examples include:

- Skateboarding
- Film Making
- Video Game Design
- Cooking
- Music
- Computer Exploration
- Podcasting
- Outdoor Adventures
- Visual Arts
- Book Making
- STEM
- City Exploration
- Healthy Habits
- Creative Writing



## LOCATIONS

### CENTRAL CITY

615 S 300 E  
ERICA ANDINO  
801-381-6836

### FAIRMONT PARK

1040 E 2250 S  
LAUREN UNDERWOOD  
801-573-6519 | 801-466-0904

### LIBERTY PARK

1031 S 600 E  
JESS UNG  
801-558-8223 | 801-533-0485

### OTTINGER HALL

233 N CANYON RD  
CONNIE PAREDES-POZAS  
801-573-1349 | 801-320-0939

### SORENSEN UNITY CENTER 3RD - 6TH GRADE

1383 S 900 W  
LOLA PAREDES  
801-879-9678 | 801-535-6532

### SORENSEN MULTI-CULTURAL CENTER

**K - 2ND GRADE**  
855 W CALIFORNIA AVE  
FERNANDO PUGA  
385-282-9933

### FAIRPARK

855 W CALIFORNIA AVE  
ANGEL GOMEZ  
385-495-8960

## PROGRAM COST

\$14 - \$537 per session\*  
Fee waivers & refugee scholarships available.  
\*depending on income & family size.

Summer programs for youth K - 6th grade

For more information visit: [youthcity.com](http://youthcity.com) | Monday - Friday 8:30 am - 5:30 pm



# SUMMER 2024

## FEE WAIVER APPLICATION



Fees, as identified by the Salt Lake City Corporation, will be waived in accordance with the Department of Workforce Services standards for students whose parents or legal guardians verify evidence of inability to pay. Inability to pay is defined as those who are in state custody, foster care, or receiving public assistance in the form of Aid for Dependent Children, Supplemental Security Income, or are eligible according to Income Eligibility Guidelines July 1, 2023 to June 30, 2024; and, that case-by-case determinations are made for those who do not qualify under one of the foregoing standards, but who, because of extenuating circumstances such as, but not limited to, exceptional financial burdens such as loss of substantial reduction of income or extraordinary medical expenses, are not reasonably capable of paying the fee. (The receipt of unemployment compensation and/or reduced-price school lunch does not constitute public assistance as defined above.)

- If your child qualifies for free lunch status at any school registered with the Utah State Board of Education, then all YouthCity program fees can be waived.
- If a request of a fee waiver is denied, the student or parent may appeal the decision to the Salt Lake City Corporation.
- All information on this application will be kept confidential

PARTICIPANT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT/GUARDIAN PHONE: \_\_\_\_\_

### LOCATION (check one):

- Central City     Fairmont Park     Ottinger Hall     Liberty Park     Fairpark
- Sorenson Multi-Cultural Center K-2nd     Sorenson Unity Center 3rd-6th

I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

\_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

FOR OFFICE USE ONLY

Verified: \_\_\_\_\_



# SUMMER 2024 REGISTRATION FORM



Session 1: June 10 - June 21 | Session 2: June 24 - July 26 | Session 3: July 29 - August 2

PARTICIPANT NAME: _____		BIRTH DATE: ____ / ____ / ____		AGE: _____		GENDER: _____	
				mm dd yyyy			
ADDRESS: _____				PARENT NAME: _____			
CITY: _____		ZIP: _____		BEST#: _____		TEXT#: _____	
PRIMARY EMAIL: _____				ALTERNATE EMAIL: _____			
SCHOOL: _____		GRADE: _____		STUDENT ID/LUNCH#: _____			

<b>RACE:</b> <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN <input type="checkbox"/> CAUCASIAN/WHITE		<input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER		<b>ETHNICITY:</b> <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NON-HISPANIC OR NON-LATINO	
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### Parent or Legal Guardian must read and sign below for child to participate in YouthCity

**Release & Indemnification:** I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

**Refunds:** YouthCity may withhold 25% of the refund (program registration fee) for administrative costs. All refunds may be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

**Collections:** I agree to pay Salt Lake City Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney's Office for collection.

**Emergency Treatment:** I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

**Transportation Permission:** I hereby give my permission for YouthCity personnel to transport my child or ward for field trips. I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities. I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

**Photo Permission:** I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

**Equal Opportunity:** Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.**

PARENT SIGNATURE: _____	DATE: ____ / ____ / ____
	mm dd yyyy

**LOCATION (check one):**  Central City  Fairmont Park  Ottinger Hall  Fairpark  
 Liberty Park  Sorenson Multi-Cultural Center K-2nd  Sorenson Unity Center 3rd-6th

**COST:** Fees range from \$14 to \$537 per student, per month for Salt Lake City residents, based on family size and income. Fees can be paid online with a credit card or debit card or in person with a check or money order.

Please complete the form below to determine your fee.

Family Size:  Family Total Gross Annual Income (before deductions):

**A** - Our family's total annual income is **more** than what is listed below.

We qualify for a fee of: **Session 1: \$268.50 Session 2: \$537 Session 3: \$134.25**

Family Size	2	3	4	5	6	7	8
Income	\$84,800	\$95,400	\$106,000	\$114,500	\$123,000	\$131,500	\$140,000

**B** - Our family's total annual income is **less** than or equal to what is listed below.

We qualify for a fee of: **Session 1: \$154 Session 2: \$308 Session 3: \$77**

Family Size	2	3	4	5	6	7	8
Income	\$84,800	\$95,400	\$106,000	\$114,500	\$123,000	\$131,500	\$140,000

**C** - Our family's total annual income is **less** than or equal to what is listed below.

We qualify for a fee of: **Session 1: \$102.50 Session 2: \$205 Session 3: \$51.25**

Family Size	2	3	4	5	6	7	8
Income	\$67,840	\$76,320	\$84,800	\$91,600	\$98,400	\$105,200	\$112,000

**D** - Our family's total annual income is **less** than or equal to what is listed below.

We qualify for a fee of: **Session 1: \$68.50 Session 2: \$137 Session 3: \$34.25**

Family Size	2	3	4	5	6	7	8
Income	\$50,880	\$57,240	\$63,600	\$68,700	\$73,800	\$78,900	\$84,000

**E** - Our family's total annual income is **less** than or equal to what is listed below.

We qualify for a fee of: **Session 1: \$34.50 Session 2: \$69 Session 3: \$17.25**

Family Size	2	3	4	5	6	7	8
Income	\$35,616	\$40,068	\$44,520	\$48,090	\$51,660	\$55,230	\$58,800

**F** - Our family's total annual income is **less** than \$10,000 (any family size)

We qualify for a fee of: **Session 1: \$7 Session 2: \$14 Session 3: \$3.50**

**G** - My child qualifies for free lunch status and I am therefore requesting a fee waiver. Please contact a Community Programs Manager for a fee waiver form.

**H** - My child came to the United States of America as a refugee. I am requesting a full scholarship.

**I will make future payments online**  **I will make future payments by check or money order**

**I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.**

CHILD NAME: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

FOR OFFICE USE ONLY  
 Verified: \_\_\_\_\_

**DEPARTURE & EMERGENCY CONTACT INFORMATION SUMMER 2024**

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**#1 PARENT/GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **BEST#:** - -

**EMAIL:** \_\_\_\_\_ **SEND PROGRAM UPDATES:** Y  N  **VIA:** EMAIL  TEXT

**#2 PARENT/GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **BEST#:** - -

**EMAIL:** \_\_\_\_\_ **SEND PROGRAM UPDATES:** Y  N  **VIA:** EMAIL  TEXT

**ALT PARENT/GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **BEST#:** - -

**EMAIL:** \_\_\_\_\_ **SEND PROGRAM UPDATES:** Y  N  **VIA:** EMAIL  TEXT

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**DEPARTURE OPTIONS: PLEASE CHECK ALL THAT APPLY**

- Parent/Guardian will pick up child by 5:30 pm
- Child can sign themselves out and walk home
- Child can sign themselves out and walk home with an older brother or

SIBLING NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

SIBLING NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

- Other adult(s) can pick up child

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

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**CHILD HAS ALLERGIES:** Y  N  **PLEASE LIST:** \_\_\_\_\_

**CHILD HAS SPECIAL NEEDS:** Y  N  **PLEASE LIST:** \_\_\_\_\_

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**SWIMMING INFO:**  My child can swim  My Child doesn't know how to swim

**IN CASE OF EMERGENCY: PLEASE LIST AT LEAST TWO PEOPLE TO CONTACT**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**In case or injury sustained to my child, I give permission to have my child treated at any legitimate medical facility by qualified medical personnel.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

## YOUTHCITY AFTERSCHOOL & SUMMER PROGRAM GRIEVANCE POLICY

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Should a program participant, parent, or guardian have a concern with YouthCity Afterschool and Summer program or staff, the following grievance procedure should be used.

If comfortable, please discuss the concern with Community Program Manager or Program Assistant first.

If you are unable to discuss the concern with your site-based program leadership, or are unable to come to a resolution, please express your concern verbally or in writing to a Youth & Family Associate Director. An Associate Director will contact you to discuss the concerns with you and with the staff member involved to determine a resolution.

If your concern is not resolved to your satisfaction, or if you have a concern about the program Associate Director, you may express your concern verbally or in writing to Salt Lake City's Youth and Family Division Director. The Division Director will discuss the concern with you and with the staff involved to determine a resolution.

If your concern is not resolved to your satisfaction, or if you have a concern about the Division Director, you may put your concerns in writing to the Deputy Director of Salt Lake City's Community and Neighborhood Department. Deputy Director will make a final decision about how the matter will be resolved and mail a response to the participant.

## YOUTHCITY PROGRAM RULES AND BEHAVIOR MANAGEMENT PLAN

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We believe participants have the most fun when they respect themselves, respect others and respect the YouthCity spaces. In order to facilitate a safe and enriching learning environment we have 3 simple rules:

### 1. RESPECT YOURSELF

- Participate in YouthCity classes and programs
- Use good manners and be polite
- Speak and act appropriately at all times. This means no profanity (cursing) written or spoken
- Come prepared for activities and classes so you can fully participate
- Talk to an adult immediately if you feel bullied

### 2. RESPECT OTHERS

- Follow directions the FIRST time they are given—the staff are there to help you be safe and have fun
- Keep your hands, feet, and all objects to yourself. YouthCity has ZERO tolerance for violence
- Stay in the YouthCity section of the building at all times
- Stick together – remain within the sight of a YouthCity staff member at all times
- Follow the golden rule—treat others how you want to be treated
- Say “I’m sorry” when needed
- Offer to help others
- Refrain from bringing money and purchasing items from food vendors and vending machines
- Talk to an adult immediately if you see bullying

### 3. RESPECT THE SPACE

- Take care of all YouthCity property, supplies, and computers
- Put things away as you go make sure each space is cleaner than you found it
- Walk quietly when inside buildings
- Be respectful when riding in a YouthCity van
- Seat belts must be worn at all times
- Keep your hands to yourself
- Keep your voice down
- Remain in your seat
- Only enjoy food or drink when given permission by YouthCity staff
- Leave toys/games/electronics at home as they can distract from our programs and classes

## YOUTHCITY PROGRAM RULES AND BEHAVIOR MANAGEMENT PLAN CONTINUED

<b>ALERT</b>	<b>WARNING</b>	<b>COOL DOWN</b>	<b>CONSEQUENCES</b>
<p>YouthCity staff will ALERT the child when a reaction, behavior or choice is inappropriate for the setting. An ALERT is provided to inform the youth that what they are doing is not okay and staff will provide instruction and/or re-direction so the youth may make a different choice going forward.</p> <p>Staff use ALERTS to help inform and teach respectful and appropriate behavior for YouthCity. Staff help youth think through their choices and take personal responsibility for their choices.</p>	<p>YouthCity staff will provide a WARNING when an inappropriate reaction or behavior and/or poor choice continues. A WARNING is provided as a firm re-direction and reminder of what is expected at YouthCity.</p> <p>Staff use WARNINGS to teach youth what behavior is expected at YouthCity and reinforce self-regulation strategies. Staff help youth think through their choices and take personal responsibilities for their choices.</p>	<p>YouthCity staff will implement a COOL DOWN when a youth has disrespected the space, other participants, or themselves. COOL DOWNS are used if negative behaviors or responses continue to escalate. Once a youth receives a COOL DOWN they are temporarily removed from the activity and invited to calm down, gain control and re-think their choices.</p> <p>Staff will implement a COOL DOWN to teach youth that creating space and interrupting negative behavior patterns is key to developing self-regulation. After the youth has gained control and can take responsibility of their behavior and choices they may return to the activity or group. Staff will help youth think through their actions and take personal responsibilities for their choices.</p>	<p>YouthCity Program Leadership will issue a CONSEQUENCE due to continuous and / or escalating negative behavior. A CONSEQUENCES may include the temporarily removal from the activity, alternative activities, suspension, or expulsion from the program. Program Leadership will contact parents as needed.</p> <p>Staff use CONSEQUENCES to help youth take responsibility for their choices, responses, and behaviors.</p>

**PHYSICAL VIOLENCE / ZERO TOLERANCE:**

It is our responsibility to keep all children and staff safe. To help ensure safety, any child engaging in an aggressive physical altercation will be suspended.

**SUSPENSION and EXPULSION:**

If negative behavior persists, the participant could be suspended and/or dropped from the program. Before a suspended child is eligible to return to YouthCity, the program participant, parent/guardian and Community Program Manager must attend a meeting to discuss future behavior expectations & the possible return to full participation in YouthCity Programs.

PARTICIPANT SIGNATURE: _____	DATE: <u>   </u> / <u>   </u> / <u>   </u> mm dd yyyy
PARENT SIGNATURE: _____	DATE: <u>   </u> / <u>   </u> / <u>   </u> mm dd yyyy