School Based Youth Services Program







What is the Teen Center?

The School Based Youth Services Program Teen Center at PCTVS is a safe, fun place for students to do their homework, access resources, participate in educational workshops and recreational activities, and socialize with their peers. We strive to help students succeed in high school and beyond and develop an emotionally and physically healthy lifestyle.

How did we get a Teen Center at PCTVS?

Passaic County Technical Vocational Schools has partnered with the New Jersey Community Development Corporation in Paterson to create this program, which is funded by the New Jersey Department of Children and Families. The program began in 1987, and there are now more than 80 of them in high schools and middle schools throughout New Jersey. The Teen Center at PCTI opened its doors in September of 2005.

What kinds of services does the Teen Center provide?

The Teen Center offers a wide range of activities and resources to assist students and their families. Here are just a few of the **FREE** services offered by the Teen Center:

- Learning Support Services
- Health and Wellness Education
- Employment Services

- Mental Health Counseling
- Recreational Activities
- After-School Opportunities

Who works at the Teen Center?

The Teen Center is always supervised by adult staff members. We have four full-time staff: Program Director, Mental Health Clinician, Youth Development Specialist, and Employment Specialist. In addition, we collaborate with various community organizations to bring in guest presenters on a regular basis.

Where is the Teen Center, and when can students go there?

We are located behind the F-wing Media Center in Trailers #1 & 4. We are open every day from 8:30 am to 5:00 pm, including summer and holiday breaks. Students can access services throughout the school day and come in after school for programs and recreational activities.

How can a student utilize the services in the Teen Center?

For a student to take part in our program, a parent or guardian must sign the consent form found on the back of this informational sheet. Students who are 16 or older may sign for themselves, although parental consent is preferred. The consent form is good for all four years. Participation in all our services is **confidential**, voluntary, and **completely free**.

Can I speak to one of the staff members? Can I come by and visit?

Yes and yes! Please feel free to call us at 973-389-2029 or email us at <u>pctiteencenter@njcdc.org</u> between 8:30 AM – 5PM if you have any questions or would like more information about our program. Stop in to visit us anytime!

School Based Youth Services Program





COMMUNITY DEVELOPMENT

Parent/Guardian Consent Form

Name of Student:		School ID #:	
Date of Birth:	Gender:	Grade:	PCTI or STEM:
Ethnicity: (optional) White/Nor	n-Hispanic 🗆 Hispanic/Latin	o □ Black □ Asian Ame	erican \Box multiracial \Box other:
Home Address:	Address:City/Town:		
Zip Code:	-		
Parent/Guardian Name(s):			
			Cell Phone #:
Parent/Guardian Email Addres	SS:		
Is the student eligible for free	or reduced lunch? (Choose	one) Yes or No:	
Primary Language Spoken in	your home:		
Note: All services cannot be g	uaranteed due to capacity.		
ŗ	nt to have the above PC The School Based Youtl nsent to limited services	h Services Program a	
Parent/Guardian Signature:			Date:
Student Signature (16+ years old may self-consent):			Date:
	Alternate Emerge	ency Contact Informat	ion
Name:			
Relationship to Student: _		Phone Number:	

School Based Youth Services Program







Dear Parent/Guardian.

During the course of your child's participation, the School Based Youth Services Program Teen Center at PCTVS and our parent organization New Jersey Community Development Corporation (NJCDC) will be publicizing our various programs, activities and events. These opportunities for publicity could take the form of brochures, flyers or posters, newspaper articles, video tapings and even Internet web pages. An important part of these may include pictures of our student participants and staff.

We need your permission before we use any pictures of your child. Please indicate below whether or not you are willing to have NJCDC and the School Based Youth Service Program use pictures of your child for publicity purposes.

If you have any questions regarding this matter, please feel free to contact me at the number listed above.

Thank you for your time and consideration.

Sincerely,

Teen Center staff

Child's name: _____

Media & Photo Release Consent

"Parent/Guardian of the aforementioned Participant in the PCTVS School Based Youth Services Program consents and agrees to execute a "Media and Photo Release" form acceptable to the program's Company, New Jersey Community Development Corporation, and acknowledges that the Participant's name, images of the Participant and the Participant's work may be used in the Company's online, video, or print materials for the purposes of publicity, marketing, development or outreach at the sole discretion of the Company."

Please choose one of the following:

_____ My child CAN be photographed for inclusion in NJCDC marketing materials.

My child CANNOT be photographed for NJCDC marketing materials.

Parent/Guardian's Name: _____

Signature: _____ Date: