

Your child is invited to participate in Cheshire Youth Services'

# Teen-2-Teen Program

## What is Teen-2-Teen?

Teen-2-Teen is a 8-week afterschool program created to address many of the issues related to being a youth during the often difficult middle school years. The program is designed to build healthy peer relationships between middle school students and trained high school mentors. Each week, 7<sup>th</sup> and 8<sup>th</sup> grade students will be paired with high school mentors and Yellow House Staff to serve as positive role models to help the middle school students develop the necessary life-skills needed to make positive choices and good decisions through group activities and discussions which focus on:

- ~The development of leadership and problem-solving skills
- ~The enhancement of self-esteem & well-being and
- ~The development of trust & social support



The program also includes a Homework Help Hour, during which high school mentors serve as tutors for middle school students, assisting with organizational skills, time management, and areas of academic difficulty.

### **Teen-2-Teen Schedule:**

*Program takes place at the Yellow House –  
554 South Main Street  
(building across the street from Cheshire High School)*

WEEK #1:	MON.	OCT. 20 <sup>TH</sup>	3:00p.m.-5:30p.m.
WEEK #2:	MON.	OCT. 27 <sup>TH</sup>	3:00p.m.-5:30p.m.
WEEK #3:	MON.	NOV. 3 <sup>RD</sup>	3:00p.m.-5:30p.m.
WEEK #4:	MON.	NOV. 10 <sup>TH</sup>	3:00p.m.-5:30 p.m.
WEEK #5:	MON.	NOV. 17 <sup>TH</sup>	3:00p.m.-5:30 p.m.
WEEK #6:	MON.	NOV. 24 <sup>TH</sup>	3:00p.m.-5:30p.m.
WEEK #7:	MON.	DEC. 1 <sup>ST</sup>	3:00p.m.-5:30p.m.
WEEK #8:	MON.	DEC. 8 <sup>TH</sup>	3:00p.m.-5:30p.m.

*MAKE-UP DAY: MON. DEC. 15<sup>TH</sup> 3:00 p.m.-5:30 p.m.  
Or FIELD TRIP DAY (3:00p.m.-7:00p.m.) TBD*

The program will be held afterschool at the Yellow House (554 South Main Street). Bus transportation will be provided from Dodd to the Yellow House. Please note: If there is a school closings due to inclement weather the program will be cancelled that afternoon. *There is NO cost for this program, transportation from Dodd and snacks will be provided each day to each child at no additional cost.*

*If you are interested in having your child participate in the program, please fill out the registration form, demographic information and photo release and return it to:*

**Cheshire Youth Services, Attention: Teen-2-Teen, 84  
South Main Street, Cheshire, CT 06410  
No later than Friday, October 10, 2014.**

For more information please contact Cheshire Youth Services  
at 203-271-6690 or e-mail Lauren Blackwell-Rynich at: [lblackwell@cheshirect.org](mailto:lblackwell@cheshirect.org)



# TOWN OF CHESHIRE

## DEPARTMENT OF HUMAN SERVICES

84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410

Telephone (203) 271-6690 FAX (203) 271-6626

Email: [cheshireyouthservices@chshirect.org](mailto:cheshireyouthservices@chshirect.org) or [lblackwell@chshirect.org](mailto:lblackwell@chshirect.org)

### Teen-2-Teen ~ REGISTRATION FORM (PART 1)

Please complete this form and return it to Cheshire Youth Services by **Friday, October 10, 2014**. Space for this program is on a first come, first serve basis and only **15** spots are available. Once your registration form is processed, you will receive a confirmation e-mail with more information regarding the start day.

*This form may be mailed to Cheshire Youth Services, 84 S. Main St, Cheshire, CT 06410, dropped off in the front door mail slot at the Yellow House, faxed to (203) 271-6626, or turned in at the Youth & Human Services Department at Cheshire Town Hall.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Email Address (for registration confirmation): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Dad's Cell Phone #: \_\_\_\_\_ Mom's Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
(Must be someone NOT living at the residence above)

Emergency Contact's Cell Phone #: \_\_\_\_\_

Please list any medical problems/food allergies that our staff should be aware of: \_\_\_\_\_

I/WE, \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in the Cheshire Youth & Human Services Teen-2-Teen program and activities. I/WE are aware of the purpose and scope of these activities and accept responsibility for the normal and general risks involved and release Cheshire Youth & Human Services, its employees and agents of liability for any injury or losses which may occur by way of our son's or daughter's participation in such activity. If it is necessary for my child's health to have emergency transportation and/or medical care administered, I give permission for the Program Supervisor to authorize this care for my son/daughter if I am unable to do so.

Please indicate with an "X" which area(s) you feel your child would benefit most from learning about or having more instruction on:

\_\_\_ Studying Skills & Time Management Techniques \_\_\_\_\_ Stress/Anger Reduction & Relaxation Techniques

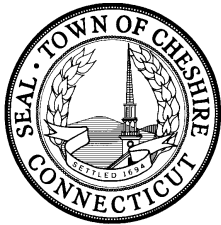
\_\_\_ Enhanced Self-esteem & Personal Well Being \_\_\_\_\_ Communication Skills

\_\_\_ Internet Safety (keeping personal information private) \_\_\_\_\_ Positive Peer Friendships & Healthy Relationships

\_\_\_ Bullying (recognizing when it happens & learning ways to handle those situations, how to report incidents they may encounter).

\_\_\_ Healthy Living Choices (lessons focused on eating well, importance of sleep, physical activity, & alcohol/drug avoidance strategies).

\_\_\_ Other: \_\_\_\_\_



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Email: [cheshireyouthservices@chshirect.org](mailto:cheshireyouthservices@chshirect.org) or [lblackwell@chshirect.org](mailto:lblackwell@chshirect.org)

### Teen-2-Teen FALL 2014~ REGISTRATION FORM (PART 2)

#### DEMOGRAPHICS (Please check one in each category):

*Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical data and research purposes. All names and personal information is kept confidential in our offices. Your name, or your child's name does NOT accompany your demographic information when reported to the state.*

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Age: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White/Caucasian
- Hispanic/Latino

#### Household:

- 2 Birth Parents or Adoptive Parents
- 1 Step & 1 Birth/Adoptive Parent
- Single Parent - Female
- Single Parent - Male
- Grandparent
- Relative/Guardian
- DCF (Dept. of Children & Family)
- Foster Parent
- Joint Custody
- Other

#### Free/Reduced Lunch:

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch
- Not Eligible



Occasionally, pictures and/or video are taken during Cheshire Youth Service programs and events. Some of these pictures may be used in advertisements, be put on the official Cheshire Youth Services or Town of Cheshire website, official Yellow House Facebook or Shutterfly websites or used in newspapers

\_\_\_\_\_ I **DO** give permission for my child's picture/video to be taken for use in local newspapers, school newsletters, CYC and Town website, official Yellow House Facebook and Shutterfly websites and advertisements, etc.

\_\_\_\_\_ I **DO NOT** give permission for my child's picture/video to be taken for use in local newspapers, school newsletters, CYC and Town website, official Yellow House Facebook and Shutterfly websites and advertisements, etc.

(Parent or Guardian's Printed Name)

(Parent or Guardian's Signature)

(Date)