



Available School Youth Services Support Team

School Based Youth Services Program at Ewing High School

Director
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Youth Development Specialist
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ASSYST SUMMER PROGRAM 2023

Description: The mission of the ASSYST program at Ewing High School is to provide a variety of year round intervention, recreational and support services to our students in a safe, encouraging and professional environment. Our services are structured to foster positive emotional growth and encourage youth to achieve their goals. We want to enrich and enhance the lives of our youth, increase the probability they will complete their high school education and guide them as they develop the skills necessary for employment, a trade, or higher education. Our activities and events are free of charge and open to all EWING HIGH SCHOOL youth who wish to participate. Our services include counseling, learning support, career planning, after school recreation, college planning, and referrals to community agencies when necessary.

Our 2023 Summer Program will empower your teen through dynamic arts and crafts, outdoor activities, field trips and key programs aimed at prevention, career development, health & safety, and social awareness. We also emphasize and encourage positive identity development, strong life skills and decision making, cultural investigation and academic excellence.

Eligibility Requirements: The ASSYST Teen Summer Program Registration is open to all current Ewing High School students as well as 8th graders from the Fisher Middle School who will be freshman during the 2023-2024 school year.

General Information:

- 👉 Space is limited and available only to 30 students. Students will be registered on a first come first serve basis.
- 👉 ASSYST Summer Program is 5 Weeks long beginning July 10, 2023 and ending on August 10, 2023. Summer program begins at 9:00 am and students dismiss at 3:00pm. Parents must indicate on the application whether students will be picked up or allowed to walk home. Sessions are Monday through Thursday only. ASSYST SUMMER CAMP IS NOT OPEN ON FRIDAYS.
- 👉 Parents are encouraged to set up a time to meet with the ASSYST staff if they have concerns about their teen or require extra support. Staff will make all efforts to accommodate the parent's schedule.
- 👉 Please note that if you require counseling services for your student; additional forms are available at ASSYST for your completion.
- 👉 Please indicate on your application any restrictions related to health that your child may have.
- 👉 Parent involvement is encouraged !!!!!

Rules:

- 👉 All students who attend ASSYST Teen Summer Program will have to abide by the Ewing High School and ASSYST Code of Conduct.
- 👉 Students must dress comfortably and appropriately; any student who does not abide by the Ewing High School dress code will be offered a cover up alternative (if available) or will be sent home.

Ewing High School, 900 Parkway Avenue, Ewing, NJ 08618 - P(609) 538-9800 x-2173 - F(609) 771-9132
sjohnson@ewingboe.org
1931 Brunswick Ave, Lawrence Twp, NJ 08648 - P(609) 396-5874 - F(609) 396-3451 - www.mercercouncil.org

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Nickname: _____

Date of Birth: ____/____/____ Age: _____ Gender: ___ Male ___ Female Grade in September 2023:

_____ (MUST BE A EWING HIGH SCHOOL STUDENT)

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Home

Phone: (____) _____ Student's Email: _____

Student's Cell Phone Number (optional) _____ Can Student Swim? Y or N T-

shirt size (circle one): Adult: SM MED LG XL XXL XXXL

PARENT or GUARDIAN:

Primary Contact #1 (circle one) Parent Guardian Other: _____ Name:

_____ Relationship to Student _____ Address:

_____ City:

_____ State: _____ Zip: _____ Home

Phone: _____ Work Phone: _____ Cell

Phone: _____ Email Address: _____

Primary Contact #2 (circle one) Parent Guardian Other: _____ Name:

_____ Relationship to Student _____ Address:

_____ City:

_____ State: _____ Zip: _____ Home

Phone: _____ Work Phone: _____ Cell

Phone: _____ Email Address: _____

PICK UP AUTHORIZATION:

The following person(s) are authorized, in addition to the mother and father or guardians listed above, to pick up my son/daughter from the ASYSST Summer Program.

Name Phone # Relationship to student Is your child allowed to walk home? (Circle one) Yes NO

EMERGENCY INFORMATION:

Physician's Name: _____ Phone # _____

HEALTH INSURANCE COVERAGE:

Carrier: _____ Policy/Group # _____

Subscriber Name: _____

In the event the parent(s) or guardian cannot be reached please contact:

Name: _____ Relationship: _____ Home
Phone Number: _____ Work/Cell Number : _____ Name:
_____ Relationship: _____ Home Phone
Number: _____ Work/Cell Number : _____

Does your son/daughter have any medical conditions, allergies, or special needs that the staff should know about?
Please list _____

Does your son/daughter have any behavioral or emotional issues that the staff should know about? Please
list _____

Is your son/daughter taking any medications to treat these conditions? Please list _____

Will your son/daughter need to take medication during the camp day? Please circle YES NO List Medications

PLEASE NOTE THAT ASYSST STAFF MEMBERS ARE NOT AUTHORIZED TO ADMINISTER MEDICATION. PLEASE CONTACT ASYSST FOR MORE INFORMATION.

HOUSEHOLD INFORMATION:

RACE/ETHNICITY:

- American Indian or Alaska Native •
- Asian
- Black or African American

- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander •
- White
- Other _____

ESTIMATED ANNUAL FAMILY INCOME:

	\$15,000 - \$24,999	\$75,000 - \$99,999
	\$25,000 - \$34,999	\$100,000 - \$149,999
	\$35,000 - \$49,000	\$150,000 - \$199,999
Under \$10,000	\$50,000 - \$74,999	\$200,000 or more

PLEASE CHECK THE BOX OF THE FOLLOWING SERVICES YOU HAVE USED IN THE PAST OR WOULD LIKE MORE INFORMATION ABOUT:

Foster/Adoption/Kinship Care

Food Stamps

Medicaid

DCF

Work First NJ

NJ Family Care

Child Support Services

Pre-natal/Post-Partum Depression

Services Home Energy Assistance Programs

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Would like more information about

Please List any other information that you would like to share about your family: _____



MEDIA RELEASE:

I grant permission for any and all photographs and videos of my child(ren) taken during his/her participation with the ASYSST program to be used by ASYSST and Mercer Council on Alcohol and Drug Addiction (MCADA) for promotional use in, but not limited to, television, newspapers, magazines, brochures, camp newsletter, and on-line media (such as Facebook, YouTube, the ASYSST Program and MCADA websites, etc.). I understand that no personal information will be associated with any photographs or videos without my consent and that no compensation is offered. I also understand that all photographs and or videos taken by the ASYSST staff are the property of ASYSST and MCADA.

Yes No

FIELD TRIP ACKNOWLEDGEMENT:

I hereby grant permission for my son/daughter to participate and attend all weekly field trips offered during the ASYSST Summer Program

Yes No

The undersigned does hereby give permission for my child named on page 2, to attend and participate in any ASYSST Teen Summer Program activities, events, and field trips.

Parent /Guardian Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Application deadline is July 7th 2023.

Applications must be submitted by mail or in person to:

ASYSST
Ewing High School
900 Parkway Ave.
Ewing, NJ 08618

For all inquiries you may contact ASYSST at sjohnson@ewingboe.org