



## 2022/2023 School Year Registration Packet

**Program:** Restorative Training Center (RTC)

**Purpose Statement:** Creating an environment conducive for learning and training to ensure that youth in need are guided to become cognitive, problem solving, disciplined, respectful young learners in school, the community, and prepped to become individual leaders of tomorrow.

**Description:** Our RTC program will host youth grades 1<sup>st</sup>-12<sup>th</sup> to the Paul I. Phillips Boys & Girls Club during the typical school day. Qualifying youth will be experiencing short-term or long-term suspensions at school. In collaboration with local schools and parents, RTC will serve as a tool for parents and schools to provide youth with a second chance for learning. After completing the program, a meeting will be held to go over a written contract that has been collaboratively created by the RTC administration and youth. The contract will address reentry into the school with positive behavior and engagement.

### Schedule:

- Tuesday, Wednesday, Thursday at Paul I. Phillips BGC (726 Madison Ave SE)
- 8:00 Introduction - Rules and Expectations
- 8:15 Gym Activities
- 9:00 Social and Emotional Learning
- 9:30 School Work (snack provided)
- 12:00 Lunch (brought from home)
- 12:30 School Work
- 2:00 Restorative Justice Conversations
- 2:30 Dismissal to Boys & Girls Club or home

### Requirements:

- Student is experiencing short-term or long-term suspension at their school
- Must be enrolled in school in grades 1st-12<sup>th</sup>
- Must attend school in Kent County
- All participants must complete a Boys & Girls Clubs of Grand Rapids membership application if staying past 2:30
- All students must have transportation to and from the program
- Students should bring athletic clothes and shoes to participate in gym sessions, as well as a packed lunch

### Code of Ethics

Today, I became a proud member of RTC and as I learn & grow I will treat others with much RESPECT;  
I am here to work on and develop self PRIDE so when I return to school I show a positive SIDE;  
While I am here, I will complete my work and correct my WRONG because as I get older this will make me STRONG;  
And even though school rules & learning can be TOUGH, I will do the best I can which is ENOUGH  
I will RISE UP!

*After 2:30pm, participants may stay and attend Boys & Girls Clubs of Grand Rapids' out of school program until 7pm or until Club closes that day*

**Student Information & Consent Form**

Student Name (First & Last): \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

Dates of Suspension: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Areas for Development**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic Needs/Classwork Due**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations/Additional Information**

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\_\_\_\_\_

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Does the student plan to stay past 2:30 and attend The Boys & Girls Club?  Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/School Administrator Name: \_\_\_\_\_

*(optional)* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suspension Report provided by the school?  Yes  No

**Please return completed referrals to Eddie Edwards at [rtcgrandrapids@gmail.com](mailto:rtcgrandrapids@gmail.com) or drop off at Paul I Phillips Boys & Girls Club located at 726 Madison Ave SE, Grand Rapids, MI 49503**

**For questions call Eddie Edwards at 313-449-6770**



**CONSENT TO OBTAIN & DISCLOSE INFORMATION  
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I hereby authorize Restorative Training Center to share, exchange, use, or disclose privileged communication/protected health information from the case record of:

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
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This release and use is for the following purpose(s): To assist Restorative Training center in supporting students to become cognitive, problem solving, disciplined, respectful young learners in school, the community, and prepped to become individual leaders of tomorrow

<i>To release specific case records to and request case record information from:</i>
<b>Name of School:</b>
<b>Address:</b>
<b>Phone:</b>

<b>Type of Disclosure:</b> <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Electronic
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<b>Records to be Released:</b> <input type="checkbox"/> Progress notes <input type="checkbox"/> Mental health treatment plans <input type="checkbox"/> Educational records including report cards, IEPs and 504 Plans <input type="checkbox"/> Disciplinary reports <input type="checkbox"/> Social History <input type="checkbox"/> COVID exposure and positive cases <input type="checkbox"/> Exclude the following information _____
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<b>This authorization is valid until:</b> <input type="checkbox"/> One year from the date of signature <input type="checkbox"/> The following date or event: _____
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<b>In signing this authorization I understand:</b> <ul style="list-style-type: none"><li>• This authorization is voluntary and services are not dependent on my authorization.</li><li>• I have a right to receive a copy of my authorization.</li><li>• This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation.</li><li>• If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.</li></ul>
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<i>I have had the opportunity to have this form explained to me and have my questions answered.</i>	
<b>Signature of Parent or Guardian</b> _____	
<b>Printed Name</b> _____	<b>Date</b> _____
<b>Signature of Witness</b> _____	
<b>Printed Name</b> _____	<b>Date</b> _____