

Grey Matter Registration Form

The Shippensburg Community Resource Coalition (SCRC), in collaboration with the Shippensburg Area Senior High School (SASHS), is requesting permission for your child to participate in Grey Matter. The six-week program will tentatively start in January 2021 and run in-person on Wednesdays at SASHS. If you attend the Newburg Community Classroom, Grey Matter will be held in-person on Wednesdays at the Community Classroom. This is a free school-based prevention program for high school students showing a lack of motivation, sadness, or irritability. Group sessions include building group trust, increasing participant involvement in fun activities, learning and practicing new ways of thinking, and developing plans to respond to life stressors.

If you have questions please contact Alexandra Jones, the SCRC's Community Youth Mobilizer and lead program facilitator, by email at scrc@shipresources.org and by phone at (717) 477-9100. Further information can also be found at any of the sites below:

- episcenter.psu.edu/ebp/blues
- thebluesprogram.weebly.com
- shipresources.org

This program is funded by the Pennsylvania Commission on Crime and Delinquency. Please begin the registration form now!

Primary Emergency Contact Information Please write in the following:	
First Name	
Last Name	
Relationship to Child/Participant	
Street Address	
Email	
Home Phone	
Office Phone	
Cell Phone	

Secondary Emergency Contact Information Please write in the following:	
First Name	
Last Name	
Relationship to Child/Participant	
Street Address	
Email	
Home Phone	
Office Phone	
Cell Phone	

Child/Participant Contact Information Please write in the following:	
First Name	
Last Name	
Email	

What is your child's/participant's age? Circle one.

15 16 17 18

What grade is your child/participant currently in for the 2020-2021 school year? Circle one.

9th 10th 11th 12th

How does your child/participant identify? Circle one.

Female Male Non-binary

Other (write-in): _____

What is your child's/participant's race? Circle all that apply.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Other (write-in): _____

What is your child's/participant's ethnicity? Circle one.

Hispanic or Latino Not Hispanic or Latino

Other (write-in): _____

Do you give your child/participant permission to participate in Grey Matter? Circle one.

Yes	No	Maybe, but I want more information.
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ATTENTION: If you answered “No” to the question above, please stop filling out the registration form. Without parent/guardian permission, youth cannot participate in Grey Matter. If you want to talk to someone about questions or concerns, please contact Alexandra Jones, the SCRC's Community Youth Mobilizer and lead program facilitator, by email at scrc@shipresources.org and by phone at (717) 477-9100.

Do you give your child/participant permission to be audio recorded during session for the sole purpose of SCRC staff development and program improvement? Circle one.

Yes	No	Maybe, but I want more information.
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Do you have any questions or comments about Grey Matter not addressed in the registration form? Please explain in the blank space below. If you have questions please contact Alexandra Jones, the SCRC's Community Youth Mobilizer and lead program facilitator, by email at scrc@shipresources.org and by phone at (717) 477-9100.

By signing and printing below, I consent that the information in this form is accurate. I understand that Grey Matter is not intensive therapeutic services and will function as an educational support group. Furthermore, I will not hold the SCRC responsible for any damages or injuries that occur during the six-week, in-person program. I acknowledge that SCRC staff persons leading this program are Mandated Reporters and required by law to report suspicion of child abuse or neglect. The SCRC has a responsibility to protect and serve the youth of Shippensburg, therefore I agree to have program facilitators communicate with school guidance counselors about my child. Lastly, I acknowledge that my child will/ I will communicate to my child:

- not to audio or video record sessions; and
- keep things that are shared by other students in the group setting confidential.

X _____
PRINT PARENT/GUARDIAN FULL NAME **DATE**

X _____
SIGN PARENT/GUARDIAN FULL NAME **DATE**

X _____
PRINT PARTICIPANT FULL NAME **DATE**