



Mt Healthy Alliance Inc.

Serving One Another in Love
Galatians 5:13

PLEASE KEEP THIS PAGE FOR YOU AND YOUR CHILD TO REVIEW

HOURS: Mondays, Tuesdays, and Fridays

4 – 6 p.m.

7605 Hamilton Avenue

Welcome to our Zone 2:31 Program provided by Mt. Healthy Alliance, Inc.! We consider it a privilege to serve the families of our community. While at the Zone, your children will receive assistance with his/her homework, have a snack, and play games.

For your children's safety we have established a few guidelines to be followed.

- * We encourage parents to arrange transportation for their children to and from Zone 2:31.
- * Parent(s) must fill out the Zone 2:31 Parent Permission Slip for youth to participate in Zone 2:31 fun.
- * Mt. Healthy Alliance, Inc. is not responsible for any child choosing to walk to or from the program.
- * Parents are responsible for their child's ride home; classes end promptly at 6:00 p.m. at which time parents are expected to pick up their children. If special circumstances exist regarding your child(ren), please notify the Youth Director.

While in our care youth are required to:

- * Participate in group activities provided
- * Respect leaders, peers and facility
- * Remain in designated areas
- * Complete their home work before participating in activities

Consequences for failure to comply with behavior requirements:

- * Time out from activities
- * One-day suspension; return to program with a written apology signed by child
- * Parents will be contacted immediately if their child departs the premises without authorization.

If Zone 2:31 is unable to reach the parent, we will call the emergency contact person. If neither party is available, we will contact the police department. Your child's safety is extremely important!

For further questions contact: Zack Whittle, Youth Director at 513-546-9146.

Before enrolling, you and your child must read and agree to the parent/student agreement on the previous page. Remember to include an emergency contact name and phone number. All children must be enrolled before his or her fourth visit to Zone 2:31.

To enroll your child please print and returns this portion to Mt. Healthy Alliance, Inc., Zone 2:31, at 7605 Hamilton Avenue, Cincinnati, Ohio 45231 Mondays or Tuesdays or email to youth@mthealthyalliance.org.

Zone 2:31 Permission and Agreement

Child Printed Name _____ Child Signature _____

Parent Printed Name _____ Parent Signature _____

Address _____

Phone # _____

Email _____

Grade _____ Age _____ Birth Date _____

Today's Date _____

Emergency Contact-Name _____

Phone # _____

May we use your child's photograph for publication? ____ Yes ____ No

(For additional child)

Zone 2:31 Program Permission and Agreement

Child Printed Name _____ Child Signature _____

Parent Printed Name _____ Parent Signature _____

Grade _____ Age _____ Birth Date _____

Today's Date _____

Emergency Contact-Name _____

Phone # _____

May we use your child's photograph for publication? ____ Yes ____ No