

Boy's Council at Brown

This club offered at Brown Middle School by Madison Youth and Family Services will serve 5th and 6th grade boys in a manner that will provide them with skills that will help them in school, sports, and home life. These skills should lay the foundation to their maturity into respected young males within their schools and community.

Interested 5th and 6th grade boys will provided an application form, which can be found on our lobby table or obtained from one of our school counselors at Brown or from the MYFS website. Parents should complete the registration form and return it to Brown School main office by **Friday, September 30.**

This club will meet on **Thursday's after school from 3pm-4pm, starting October 6th**. This **10-week** program is based off of the One Circle Foundation's *The Council*, which is a strength-based, group approach, to promote healthy development for boys and young men. Below are the different topics we will cover throughout the fall.

If you have questions contact Derek Cornwell directly at cornwelld@madisonct.org

Topics to be covered in the group:

- Creating our Council
- Getting connected (communication)
- Healthy Competition part 1 (winning together)
- Healthy Competition part 2 (playing hard, safe, and fair)
- Bullying (stop the bullying)
- What's your choice? Part 1 (active listening)
- What's your choice? Part 2 (Boy's and their emotions)
- Boy's Unspoken Rules (Media portrayal of males)
- Male & Female (Roles and Expectations)
- Staying Connected



MADISON YOUTH AND FAMILY SERVICES
10 School Street
Madison

Phone: (203) 245-5645
Fax: (203) 245-5648

Boy's Council Registration

Name: Date of Birth:

Address:

Grade: Homeroom Teacher:

What is one thing I could do, to make you excited about coming to this club every week? (snacks, music, games, etc.)

Parents/guardians, please complete the following:

Name(s):

Address (if different from above):

Phone: Email:

Can we send you text updates about the program? Yes No
Can your email be shared with the group? Yes No

If we cannot reach you, who else should we contact in case of emergency?

Name:
Relationship to the child:
Telephone:

Does your child have any allergies, medical conditions or other concerns we should be aware of?

I do give my permission for to participate in Boy's Council. I understand that he must have his own transportation to and from Brown and that his name and/or photo may be used in print and online by Madison Youth & Family Services to recognize and promote this program.

Date:

Parent/Guardian Signature

Please return to the Main Office by September 30th at 3pm.

Boy's Council will meet on Thursdays after school from Oct. 6th - Dec 8th

If you have any questions please contact Derek Cornwell through email at cornwelld@madisonct.org or call (203)245-5656.

Boys Council Participation Agreement and Consent for Communication

Name of Participant: _____

Name of Parent/Guardian: _____

I give permission for my child to participate in the Madison Youth and Family Services (MYFS) Boys Council program. I further understand and acknowledge that the school personnel, including but not limited to the school administrators, teachers and/or school counselors may share pertinent information with MYFS program facilitators. Information may include the identification of needs for the student as it relates to the Boys Council program, as well as the student's personality characteristics to aid in the process of making a well-rounded group. Information related to the student's experience with Boys Council may also be shared by the MYFS program facilitators to school personnel as necessary. This is done to provide the proper needs for the student as well as making sure he has a positive experience in Boy's Council

My signature below provides consent for participation and consent for the communication to occur between Brown School and the Boys Council program. This consent will automatically expire at the completion of the program. This consent can be revoked at any time by a parent/guardian by contacting the program facilitator or by contacting Melissa Balletto, Assistant Director of Prevention, MYFS, at (203) 245-5645.

Parent/Guardian: _____ Date _____

Staff: _____ Date _____

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