

# Empower Girls

## Summer 2023

An interactive group for rising 6<sup>th</sup>-8<sup>th</sup> grade girls

Each day the girls will come together to experience a themed small group atmosphere that inspires & challenges each of them to be **confident**, **creative**, and **compassionate** in today's challenging world. Girls will participate in group discussions, journaling, crafting and themed activities and games based on a daily topic.

*2 sessions this Summer:*

**Session "A"**  
Tuesday June 20<sup>th</sup> – Friday June 23<sup>rd</sup>  
9:30 a.m. – 1:00 p.m.

**Session "B"**  
Mon. July 31<sup>st</sup> – Thurs. August 3<sup>rd</sup>  
AND  
Mon. August 7<sup>th</sup> – Thurs. August 10<sup>th</sup>  
12:30 p.m. – 2:30 p.m.

**Onsite Location: Yellow House**  
554 South Main Street, Cheshire, CT

**Registration Fee: \$45.00 per child**  
(to cover materials and daily craft supplies per participant)

**Each group is limited to 10 participants.**

 **CHESHIRE YOUTH SERVICES**  
Enrich - Engage - Empower

To register your daughter please fill out and return the attached forms by **Friday, June 2<sup>nd</sup> for session "A"** and by **Friday, July 14, 2023 for session "B"**

Fill out the Registration Form, include a check made payable to 'Cheshire Youth Services' and drop it off at the Yellow House (Use the mail slot in the front door. It can be accessed 24 hours a day for contactless drop off) **OR** the form & check can be mailed directly to: Cheshire Youth Services, 84 South Main Street, Cheshire, CT 06410

For more information please contact Lauren at 203-271-6691 or email [lblackwell@cheshirect.org](mailto:lblackwell@cheshirect.org)



**TOWN OF CHESHIRE**  
**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF YOUTH SERVICES**  
84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410  
Telephone (203) 271-6690 FAX (203) 271-6626  
Email: yellowhouse@cheshirect.org or lblackwell@cheshirect.org



## EMPOWER GIRLS Summer 2023 REGISTRATION/PERMISSION FORM

Please complete this form and return with \$45.00 Registration Fee it to Cheshire Youth Services by  
**Friday, June 2<sup>nd</sup> for session "A"** and by **Friday, July 14, 2023 for session "B"**  
to: **Cheshire Youth Services, Attention: EMPOWER GIRLZ, 84 South Main Street, Cheshire, CT, 06410.**

Note: There is limited space available (10 female participants in-person) for each session so please send your registration form in early.

There is fee associated with the session. **Make checks payable to: Cheshire Youth Services** Please note that transportation is not provided for this session, a parent is responsible for drop off/pick up each day.

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Please indicate below which session you'd like to sign up for:

\_\_\_\_\_ session "A" 4 day: 6/20/23-6/23/23 \_\_\_\_\_ session "B" 2 week: 7/31/23-8/10/23



\*\*\*Does your child have food/drug allergies or dietary restrictions our staff should be aware of?

\_\_\_\_\_

\*\*\*Please list any behavioral concerns and/or medical conditions that would assist our staff while your child is in our care:

\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*(Must be someone NOT living at the residence listed above, someone other than their legal guardian).*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I/WE, \_\_\_\_\_ give permission for \_\_\_\_\_ to participate in the *Cheshire Youth Services – Empower Girls Enrichment Program*. I/WE are aware of the purpose and scope of these activities and accept responsibility for the normal and general risks involved and release Cheshire Human Services, its employees and agents of liability for any injury or losses which may occur by way of our daughter's participation in such activity. If it is necessary for my child's health to have emergency transportation or medical care administered, I give permission for the onsite Supervisor/Coordinator to authorize this care for my daughter if I am unable to do so.

**X**

\_\_\_\_\_  
(Parent or Guardian's Printed Name)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

# EMPOWER GIRLS \* Summer 2023

## Program Focus Survey

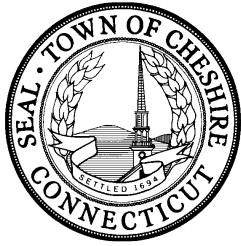
Hello Parent, each session of **Empower Girlz** is customized to address the topics that are most relevant to the girls participating in that group. The weekly curriculum will be based on the feedback I receive from these surveys. Please read through each topic first, then rank them all on a scale of 1 to 7, in the way that you feel YOUR daughter would benefit from learning about or having more discussion on the following...

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Please rank the topics below in order from 1 to 7 (**1 = MOST important to 7 = least important**) using each number only once.

- \_\_\_\_\_ **Building Confidence / Enhancing Self-esteem**
  - Discovering her voice and how to speak up for herself.
  - Valuing her uniqueness.
  - Embracing the positive things that she enjoys (even if her friends don't like "it" or think it's cool)
  - Not allowing fear to hold her back from new experiences or new friends.
- \_\_\_\_\_ **Bullying**
  - Recognizing when it happens.
  - Learning strategies to confront and/or report bullying situations, before, during and after.
  - How NOT to become the Bully or a Bystander.
- \_\_\_\_\_ **Conflict Resolution / Effective Communication**
  - Practicing active listening.
  - Valuing others opinions.
  - Understanding the importance of having a non-confrontational disagreement.
  - Acknowledging their behavior or wrong doings, forgiveness and accepting genuine apologies.
- \_\_\_\_\_ **Friends or frENEMIES**
  - Making new friends; seeking out positive and supportive friends.
  - Maintaining genuine friendships and avoiding toxic ones.
  - Acknowledging when a friend has become a frenemy.
  - How to handle the loss of a friendship or group of friends and starting over.
- \_\_\_\_\_ **Healthy Living Choices**
  - Importance of eating well, getting enough sleep & physical activity.
  - Mind & body health connection.
  - Addressing peer pressure & substance avoidance strategies.
- \_\_\_\_\_ **Internet Safety**
  - Keeping personal information private & being selective about what they choose to post online.
  - Understanding online dangers & navigating social media sites
  - Recognizing cyberbullying, when they've seen it or done it.
- \_\_\_\_\_ **Stress Reduction & Self Control**
  - Learning strategies on how to handle everyday stress.
  - Time management strategies.
  - Deescalating high stress feelings or situations.
  - Recognizing and accepting the things we can and cannot control.

Notes for the Program Facilitator: \_\_\_\_\_



# TOWN OF CHESHIRE

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Telephone (203) 271-6690 FAX (203) 271-6626

## EMPOWER GIRLS \* Summer 2023

### Image Use and Release Statement:



In consideration of your child's participation in Cheshire Youth Services' and Yellow House Programs, occasionally pictures and/or video are taken during trips and events. Some of these pictures and/or videos may contain images of your child. \*The images taken on occasion are used for our program advertisements, department newsletters, submitted for content on the official Cheshire Youth Service or Town of Cheshire website and official social media websites, or used in local newspapers. For more information regarding these images please contact Cheshire Youth Services at (203) 271-6690 or email [yellowhouse@chshirect.org](mailto:yellowhouse@chshirect.org)

Child's First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_ I **DO** give permission for my child's picture/video to be taken for use for the purposes mentioned above.\*

\_\_\_ I **DO NOT** give permission for my child's picture/video to be taken for use for the purposes mentioned above.\*

**X**

(Parent or Guardian's Printed Name)

(Parent or Guardian's Signature)

(Date)

*IMAGE USE DISCLAIMER: While your child's safety and privacy are of the utmost importance to our department, there may be an occasion your child's image will appear in group pictures or in the background of photos taken during our programs and activities. Our staff will try our best to prevent this from occurring, on the occasion that a local reporter visits our events, there may be group images taken that your child may be used in the local newspapers and on their website.*

## EMPOWER GIRLS \* Summer 2023

### DEMOGRAPHICS

(Please check *one* option for each category):

*Note: We provide certain demographic information from this form to the State of CT Department of Education, Department of Children, Youth & Family Services and Court Support Services Division for statistical data and research purposes. All names and personal information is kept confidential.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

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

Grade: \_\_\_\_\_

#### Race:

- \_\_\_ American Indian/Alaska Native  
\_\_\_ Asian  
\_\_\_ Black/African American  
\_\_\_ Native Hawaiian/Other Pacific Islander  
\_\_\_ Multi Racial  
\_\_\_ White/Caucasian

#### Ethnicity:

- \_\_\_ Hispanic/Latino  
\_\_\_ Not Hispanic/Latino

#### Gender:

- \_\_\_ Female  
\_\_\_ Male  
\_\_\_ Other: \_\_\_\_\_