Maui Teen Day

"Join other young people to learn about resources, get inspired and enjoy food and prizes!"

Monday, January 4, 2015 11:00 am - 4:00 pm Queen Liliuokalani Children's Center

- Foster Youth Alumni Share their Success Stories
- Discover Resources for You
- Talk Story with Family Court Judge
- Great Door Prizes
- Lunch Provided

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### **RSVP by Dec. 22, 2015**

Questions? Contact your Social Worker, GAL, CASA or Paula Higuchi (Event Coordinator) at 808-242-4363 A Special Guest speaker, the one and only JENNA ROBINSON



For current foster youth between 14-21 and: Social Workers, GAL's, CASA's, Resource Caregivers (Foster Parents), Guardians, Adoptive Parents and Probation Officers are welcome to attend with youth.



I liked it all but especially liked meeting new friends who can understand me. We've stayed in touch. After meeting the judge I felt excited about going to my hearing. Teen Day boosted my spirit.

### What foster

youth are saying about Teen Day:

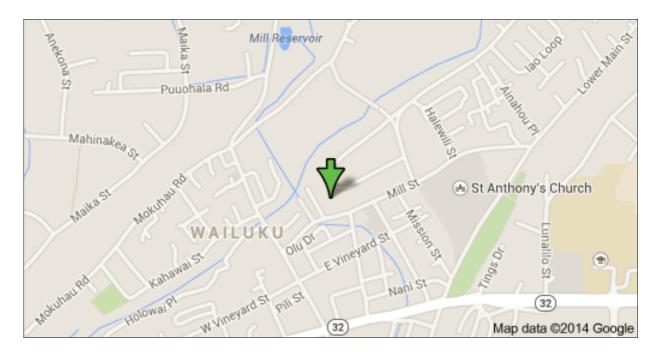
I met kids that go through what I go through. It was helpful. Honestly, it was good.

An Event to Lend a Guiding Hand to Current & Former Foster Youth Ages 14 and Older

# Map & Directions to the Queen Lili'uokalani Children's Center

Queen Liliuokalani Children's Center is located at 1791 Wili Pā Loop, Wailuku.

There are a few parking spaces in front however, there is ample street parking along Wili Pā Loop.





Queen Liliuokalani Children's Center Friday, January 9, 2015 11:00 a.m. – 4:00 p.m.

Complete form with as much information as possible.

| Name:                                                                                                                                                                                                                               | I am currently or I was in foster care                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Have you attended a Teen Day in the past?                                                                                                                                                                                           | Gender: $\Box$ M $\Box$ F                                                   |
| Have you attended a court hearing in your foster care case?                                                                                                                                                                         | ) No                                                                        |
| My current legal status is:                                                                                                                                                                                                         | p 🗆 Adopted                                                                 |
| Birth Date: School:                                                                                                                                                                                                                 | Grade:                                                                      |
| Youth's Phone & E-mail:                                                                                                                                                                                                             |                                                                             |
| Social Worker Name:                                                                                                                                                                                                                 | Attending: □Yes □No □□Maybe                                                 |
| Social Worker's Phone Number & E-mail:                                                                                                                                                                                              |                                                                             |
| Youth's Caregiver Name:                                                                                                                                                                                                             | Attending: □Yes □No □□Maybe                                                 |
| Caregiver's Phone Number & E-mail:                                                                                                                                                                                                  |                                                                             |
| GAL/CASA Name                                                                                                                                                                                                                       | Attending: □Yes □No □□Maybe                                                 |
| GAL/CASA's Phone Number & E-mail                                                                                                                                                                                                    |                                                                             |
| <i>Who will transport you to Teen Day?</i><br>If you need help finding transportation, please talk to your caregiver, social                                                                                                        | worker, GAL or Delia@ 808-748-7052.                                         |
| Transporter's Phone Number and/or E-mail:                                                                                                                                                                                           |                                                                             |
| <b>Permission</b> ( <i>If youth is a minor</i> ): I give permission for<br>program. If I or the youth's social worker cannot be contacted and the youth<br>hospitalization, I give my permission to commence treatment immediately. | to participate in the Teen Day<br>named above requires medical attention or |
| Print Name:Legal Rela                                                                                                                                                                                                               | tionship to Youth:                                                          |
| Signature                                                                                                                                                                                                                           | Date                                                                        |
| Space available on a first come, first served bas<br>Questions? Contact Delia Ulima a                                                                                                                                               | •                                                                           |

Return this form to Paula Higuchi, event coordinator, via e-mail, fax or US Postal Service:: Via email, PaulaH@bgcmaui.org Via fax at 808-2490255 Or US Postal Service at BGC Maui ATTN: Paula 100 Kanaloa Avenue Kahului, HI 96732



Queen Liliuokalani Children's Center Friday, January 9, 2015 11:00 a.m. – 4:00 p.m.

Please complete registration form and return to . (Contact info below.)

| Name:                        |                                                                                                                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Communi</b><br>(Please ma | i <b>ty Role:</b><br>ark all that apply)                                                                                                                                                                |
| 🗆 Resour                     | rce Caregiver (formerly referred to as a Foster Parent) 🛛 Legal Guardian 🛛 Adoptive Parent                                                                                                              |
| □ Social/                    | Case Worker 🛛 GAL/CASA 🗆 Judiciary 🗆 Service Provider 🗆 Other                                                                                                                                           |
| Phone:                       |                                                                                                                                                                                                         |
| E-mail _                     |                                                                                                                                                                                                         |
| Will you b                   | e transporting youth to Teen Day?                                                                                                                                                                       |
|                              | If you are transporting youth to the event, please be sure that each youth has registered for the event.                                                                                                |
| Number o                     | of Youth I am transporting:                                                                                                                                                                             |
| Name(s) o                    | f Youth I am transporting:                                                                                                                                                                              |
| Youth's N                    | ame:                                                                                                                                                                                                    |
|                              | Space available on a first come, first served basis! RSVP by December 19, 2014                                                                                                                          |
|                              | Questions? Contact Delia Ulima at 808-748-7052                                                                                                                                                          |
|                              | Return this form to Paula Higuchi, event coordinator, via e-mail, fax or US Postal Service::<br>Via email, PaulaH@bgcmaui.org<br>Via fax at 808-2490255<br>Or US Postal Service at BGC Maui ATTN: Paula |

100 Kanaloa Avenue Kahului, HI 96732

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