PROGRAM REGISTRATION FORM

Programs Involving Children

Lesley University is committed to providing a positive environment that promotes the education of children who participate in university sponsored and operated programs. The University's *Protocol for Programs Involving Children* sets forth the University's requirements for programs involving children under age 18 ("children").

The University requires all programs involving children that are subject to the *Protocol* to be registered with the University General Counsel at least **60 days prior** to the program's start date and to provide updated program information as necessary.

To register a program, please complete this form and submit it to the University General Counsel's Office, at legal@lesley.edu. **IRB research** registration, please also copy the Institutional Review Board at irb@lesley.edu. Student researchers must also copy your faculty advisor.

SECTION 1: PROGRAM IDENTIFICATION

Program Name *For IRB research proposals provide the Title of Research.*	
Sponsoring Department or Division	
Faculty Advisor *For IRB research proposals include the name of the supervising faculty serving as Principal Investigator.*	
Cabinet-Level Approval Received?	☐ Yes ☐ No
IRB Pre-Review Approval Received?	☐ Yes ☐ No ☐ N/A
Registration Type	☐ New Program ☐ IRB Research Resubmission ☐ Program Registration Renewal

SECTION 2: PROGRAM SUPERVISOR

Program Supervisor *For IRB research proposals the Program Supervisor is the researcher.*	
Email Address	
Phone Number	
Prior-Year Program Supervisor *If this is a renewal list the prior supervisor. If new program check N/A.*	☐ N/A

SECTION 3: PROGRAM DESCRIPTION AND SCHEDULE

Description of the Program and Activities

Provide a brief summary of the program or research, its purpose, and the activities involved.

Anticipated Number of Child Participants	
Age Range of Participants	
Program Start and End Dates	
Program Duration *e.g., 6 weeks*	
Program Days of Operation *e.g., Monday through Friday, Tuesday and Thursday*	
Program Hours *e.g., 9:00 AM to 3:00 PM*	
Program Location(s) *Building name(s), room number(s), or off-site location. For off-site locations include the full address.*	
Program Website or Webpage	☐ N/A

SECTION 4: PROGRAM ADVERTISING

Describe how the program will be advertised to prospective child participants and their families. Attach a copy of any flyer, email, or other advertising materials to this form. ***For IRB research proposals, describe how the child subjects will be identified and enrolled in the study.***

SECTION 5: PROGRAM STAFFING

For the purpose of the following questions, the term **"interact"** includes any and all communication or interpersonal contact between faculty, staff, researcher, students, volunteers, or third parties and a child participant.

Faculty

List names and titles of all faculty who will interact with child participants.

Staff

List names and titles of all staff who will interact with child participants.

Will Lesley students interact with child participants?	☐ Yes ☐ No
If yes, describe their work and indicate whether they will be graduate or undergraduate students, as well as the anticipated number of students:	
Will volunteers or other third parties work with child participants?	☐ Yes ☐ No
If yes, describe their work and indicate their relationship with the University, as well as the anticipated number of volunteers	
Estimate Total Staff-to-Child Ratio *e.g., 1:8*	1:1 and 1:4

SECTION 6: TRANSPORTATION & SPECIAL CIRCUMSTANCES

Will child participants take part in activities in a lab, makerspace, or work with hazardous materials or equipment?	☐ Yes ☐ No
If yes, describe:	
Will child participants be potentially exposed to any allergens during Program activities or in the space(s) the Program will take place?	☐ Yes ☐ No
If yes, describe:	
Will the Program involve overnight stays, housing, disrobing, or changing clothing?	☐ Yes ☐ No
If yes, describe:	
Will the Program involve one-on-one interaction between faculty, staff, researcher, students, volunteers, or third parties and a child participant?	☐ Yes ☐ No
If yes, describe:	
Will the Program involve field trips or travel, including transportation?	☐ Yes ☐ No
If yes, describe:	
Will the Program involve any transportation of child participants? 🗐 *If yes, transportation is involved, attach a transportation plan for review.*	☐ Yes ☐ No
Arrival and Departure Plan	

Describe how child participants will arrive at and depart from the Program, including whether Lesley has any role in their arrival or departure:

Departure Supervision

Describe how Lesley will supervise the departure of child participants, including checking that they are departing with an approved person:

SECTION 8: FOOD AND SNACKS

Will food or snacks be provided to child participants? ☐ Yes ☐ No

If yes, describe the type of food and snacks that will be provided:

If yes, describe how the Program will ask parents/guardians about food allergies and the plan for the types of food or snacks to provide:

SECTION 9: PARTICIPATION AGREEMENTS AND DOCUMENTS

Does the Program have the following agreements? 🗐 Please attach a copy of any agreements to this registration form.

☐ Participation agreement for parents/guardians (and child participants, depending on their age) to review and sign

☐ Waiver or release for parents/guardians (and child participants, depending on their age) to review and sign

☐ Informed Consent and/or Child Assent Form

☐ Other (describe):

SECTION 10: TRAINING, BACKGROUND CHECKS, AND RECORD RETENTION

Requirements:

The *Protocol for Programs Involving Children* require training and background checks for program supervisors and program staff before they may participate in a Program.

Program supervisors are responsible for contacting Human Resources about background checks for themselves and any program staff, and for ensuring that background checks and training are complete before program staff have any interaction with a child.

*For **IRB research** registrants, the student researcher is considered the program supervisor for the Protocol's purposes and the items below are submitted to and maintained by the IRB.*

Please indicate where the following Program records will be maintained and stored:	
Training completion records for Program Supervisor	☐ IRB
Training completion records for faculty, staff, students, and volunteers	☐ IRB N/A
Background check confirmations from Human Resources	☐ IRB
Guidelines for Interacting with Children acknowledgment forms signed by Program Supervisor	☐ IRB
Guidelines for Interacting with Children acknowledgment forms signed by faculty, staff, students, and volunteers	☐ IRB N/A
Participation forms, agreements, waivers, and/or informed consent or assent forms	☐ IRB

SECTION 11: CERTIFICATION AND SIGNATURE

By signing below, I certify that I have reviewed the Procedures for Programs Involving Children, reviewed and signed the Policy for Interacting with Children, and completed the online training courses "Protecting Children: Identifying and Reporting Sexual Misconduct" and "Protecting Children: Hiring Staff Who Work with Minors" and have requested a background check from Human Resources prior to completing this registration form.

If you have not yet completed the training, indicate that below.

Printed Name of Program Supervisor	
Signature of Program Supervisor	
Date	Click or tap to enter a date.

Training Status:

☐ I have completed the required training.

Date of completion: Click or tap to enter a date.

☐ I have not yet completed the required training but will do so prior to the program start date.