

Registration - College Sponsored Programs Involving Minors

Program: \_\_\_\_\_

Sponsoring Office/Department: \_\_\_\_\_

Is this a new program approved by the provost \_\_\_\_\_

Location of Program Office on Campus: \_\_\_\_\_

Location of Program activities on / off campus or online: \_\_\_\_\_

Is this a new Program approved by the Provost ?  Yes  No

Anticipated Program start date: \_\_\_\_\_

Annual Program Review  Yes  No

Program overview:

\_\_\_\_\_  
\_\_\_\_\_

Program Director: \_\_\_\_\_ TC Office Phone: \_\_\_\_\_

Primary Program Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ TC Office Phone: \_\_\_\_\_

Mail Stop: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Program Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ TC Office Phone: \_\_\_\_\_

Mail Stop: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Type and Number of Program staff:**

TC Faculty: \_\_\_\_\_  Professional Staff: \_\_\_\_\_  College Work  
Study: \_\_\_\_\_  Adult Volunteers: \_\_\_\_\_  Graduate Assistants: \_\_\_\_\_  
 Other \_\_\_\_\_

**Program schedule (dates):**  Ongoing each academic semester (Fall and Spring)  
 Ongoing each summer (session#1 and/or #2)

As scheduled-

**Planned dates for next Program event:**

\_\_\_\_\_  
**Planned dates for recurring Program:**

\_\_\_\_\_

**Program Schedule (days of the week and times of the day):**

\_\_\_\_\_

**Does this program have an online component ?**  Yes  No

**Does this Program include an off-campus/off-site component?**  Yes  No  
*(If YES, please list off-site location(s)):*

\_\_\_\_\_

**Ages of Minors eligible to participate (check all that apply):**  0-5  6-12  13-17

**Estimated number of Minor participants for each regularly scheduled Program event/session:**

\_\_\_\_\_

\_\_\_\_\_

**Supervision ratio (Authorized Adult to Minor):**

\_\_\_\_\_

**Does the Program use/maintain Authorizations/Waivers and Releases approved by the TC General Counsel for:**

**Participation:**     Yes             No  
**Photographs:**    Yes             No  
**Recording**         Yes             No  
**Medical:**          Yes             NO  
**Video:**             Yes             No  
**Medication:**     Yes             No  
**Transportation:**  Yes             No  
**Volunteer waiver**  Yes             No  
**Others:** \_\_\_\_\_

**Does the Program successfully complete personnel background investigations that meet the requirements for all Authorized Adults serving in the Program?**

Yes     No : \_\_\_\_\_

**College Sponsored Programs hosting Minors on / off campus or online should complete this registration form, along with the Authorized Adult Roster. Those on the Adult Authorized Roster will be provided with access to complete a confidential background check, return both forms to the TC Office of Public Safety, Mail Stop 225, Suite 1A Whittier Hall, Attention: Director, Investigations. Authorized Adult rosters shall be maintained in the Office of Public Safety.**

**College Sponsored Programs hosting Minors on or off Campus or online must comply with *Teachers College Policies and Guidelines for the Supervision of Minor Children on Campus.***

**As the Faculty/Director of this College Sponsored Program hosting Minors Programs/Events, my signature below certifies that I have received, read, and understand the *Teachers College Policies and Guidelines for the Protection of Minors*, and agree to comply with the *Teachers College Policies and Guidelines for the Protection of Minors.***

**Program Faculty/Director:** \_\_\_\_\_

(Please print name)

**Signature:** \_\_\_\_\_ **Date of signature:** \_\_\_\_\_

**Department Chair Name** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Department** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of the Provost Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

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**For Office of Public Safety use only:**

**Received:** \_\_\_\_\_

**Site visit:** \_\_\_\_\_

**AA Roster:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Form # OPS.M.2015.201

Revised 3/13/2023