Student Application and Enrollment Forms

The Youth Enrichment Program is a Cleveland Baptist Association Partner Organization and a Rizpah’s Children Network Partner

8/5/21
Student Application Form

NAME/CONTACT INFORMATION

Student’s Name (Last) __________________________ (First) __________________________ (MI) __________

Birthday: __________ Age: __________ Grade: __________ Gender: Male or Female

Address: Street ____________________________________________________________________________

City __________________________ State __________________________ Zip Code __________

Parent/Guardian’s Printed Name ____________________________________________________________________________

(Please note: student can only be enrolled by a parent or guardian)

Relationship to Student ____________________________________________________________________________

Primary Contact Telephone Number for Guardian ____________________________________________________________________________

Work Phone: __________ Cell Phone: __________ Email: __________

Name of Student’s Elementary school: ____________________________________________________________________________

TRANSPORTATION PERMISSION:

Do we have your permission to transport your child to and from the program site using the Youth Enrichment Program Transportation Service at a cost of twenty-five cents per mile per day?

____ Yes ____ No (student will be transported to and from site by parent/guardian)

If Yes, please select one of the following options:

_____ Roundtrip (school to site; site to home) or _____ Roundtrip (home to site and site to home)

___ One-way (school to site only) ___ One-way (site to home only)

EMERGENCY CONTACT(S):

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached, AND are authorized to pick up the child from the program:

Name: __________________________ Relationship to child: __________________________

Phone Number(s) __________________________

Name: __________________________ Relationship to child: __________________________

Phone Number(s) __________________________

RACIAL/ETHNIC GROUP (for funding sources data collection purposes)

<table>
<thead>
<tr>
<th>African American</th>
<th>Hispanic or Latino</th>
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<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>White</td>
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<tr>
<td>Asian</td>
<td>Other:</td>
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**PARTICIPATION CONSENT FORM**

As the parent or legal guardian of ____________________________________________(student)

I, __________________________________________________(parent or legal guardian) consent

and agree to the following:

(Please initial where appropriate)

____ I release the Cleveland Baptist Association and its insurers from all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the Youth Enrichment Program.

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8/5/21
I grant permission for my son or daughter’s photo, audio, video, or projects to be taken, displayed, and/or used by the Youth Enrichment Program during activities, events, or programming. I release any rights that I may have to the said photo or video materials. Occasionally Program staff wish to photograph, video or otherwise record activities and events. These images may be used for promoting programs through our website, CDs, DVDs, reports, publications, newspapers, or other non-commercial promotional materials. Student’s name, grade, and school district may also be used.

I grant permission for my son or daughter to participate in all scheduled onsite or offsite activities offered by the Youth Enrichment Program.

I understand that any program fees paid are non-refundable

I understand and have read all sections of this application and agree to follow all the outlined guidelines of the Youth Enrichment Program offered Programs.

*****SIGNATURE IS REQUIRED*****

Parent (Guardian) Name (please print): ___________________________________________________

Parent (Guardian) Signature: ___________________________________________________________

Student’s Name (please print): __________________________________________________________

Date ______________________________

The Youth Enrichment Program is a non-sectarian Community Service and Outreach Mission of the Cleveland Baptist Association. All are Welcome!

Please Note: There is no cost for student attendance, however, there may be occasional field trips and outings for which a fee may be required.

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8/5/21
STUDENT GUIDELINES

The Youth Enrichment Program is an after-school program with several goals:

1) To provide a safe place for the students. For that reason all volunteers and staff will be vigilant in the oversight of student possession and/or use of harmful substances or paraphernalia. Students must be able to control their behavior and follow instructions of on-site adults so everyone stays safe.

2) To provide homework help for students with their daily homework assignments from school Students must bring their homework with them each day.

3) To provide students with a nutritious after-school meal. We realize that there have been several hours since the students had lunch. It is difficult to concentrate on their homework if they are hungry. Students are required to be attentive to the seating and serving instructions of the cafeteria volunteers.

4) To provide academic enrichment, remedial reading and math skills. Students will have the opportunity to experience one-on-one tutoring if needed.

   All students will have the opportunity to work on special projects, arts and crafts, etc. as long as they are not disruptive to the other students who may still be working on their homework.

5) To provide special enrichment activities such as drama, art, and music. Students are expected to participate freely in these extracurricular activities.

6) To provide recreation and exercise activities, including Yoga and other isometric exercises and recreation. Students must be physically able to safely participate in these activities.

Please be sure your students are aware of these guidelines and that you expect them to be followed.

As parent or legal guardian of _________________________________________________ (student)
I, _________________________________________________ (parent or legal guardian) agree to assure that my son or daughter conforms to these behavioral guidelines.

I, _________________________________________________ (student) agree to abide by these behavioral guidelines.

The Youth Enrichment Program reserves the right to suspend or discharge any student who is found to be inappropriate for our program and the guidelines as set forth above. Grounds for dismissal include, but are not limited to: physical assault or serious threat of assault; major property damage; or any disruptive program/classroom behavior.

Depending on the offense, arrangements must be made to meet with the Site Director or to pick up the child immediately.

(Please Note the following Disciplinary process: First incident, warning; Second incident, parent conference, third incident of the same type will lead to suspension/dismissal from the program).

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STUDENT PICK UP AUTHORIZATION

*All persons picking up children must present photo ID*

Please List the name and telephone number of adults other than the parent/guardian who are authorized to pick up your student.

(Please Note: Program will ask for signature and photo ID of person picking up the student on a daily basis using our sign-out form)

<table>
<thead>
<tr>
<th>Student(s) Name (s)</th>
<th>Persons Authorized to Pick Student Up from Program</th>
<th>Telephone Number</th>
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If there are individuals who are NOT authorized to pick up the student(s) please list their name(s) below. We will make every effort to contact you if these individuals arrive to pick up your child.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank You!
**RELEASE OF INFORMATION**

It is the objective of our organization to partner with parents and the school district to ensure that each individual's needs are properly assessed through the use of data collection and assessment. The information collected including, but not limited to, report cards, test scores, attendance, and income, will be kept confidential and used for program objectives and outcomes.

I do hereby authorize the Youth Enrichment Program to obtain information from the school system regarding my son/daughter’s school attendance, behavior records and copies of report cards and OSSA scores.

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<th>SCHOOL DISTRICT:</th>
<th>SCHOOL:</th>
<th>ACADEMIC YEAR</th>
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<tr>
<th>STUDENT'S NAME:</th>
<th>GRADE:</th>
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<th>NAME(S) OF TEACHER(S)</th>
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<table>
<thead>
<tr>
<th>SIGNATURE OF PARENT/GUARDIAN</th>
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