



SITE LOCATION: 3304 E. 126TH STREET, CLEVELAND, OH 44120
MAILING ADDRESS: 12200 FAIRHILL ROAD, CLEVELAND, OHIO 44120
PHONE: 216-471-8310; EMAIL: CBAYEP@GMAILCOM

Student Application and Enrollment Forms

STAFF USE Date Received: _____ Received By: _____

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) _____

Birth day: _____ 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)

African American	
American Indian or Alaska Native	
Asian	

Hispanic or Latino	
White	
Other:	

MEDICAL/HEALTH INFORMATION

In the event of an emergency, do we have your permission to allow EMS to transport your child to the nearest emergency room? Yes No

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

Is student receiving any Behavioral Health Services? Yes No 504 IEP

Is the student taking any medications? Yes No

If yes, what medications and why _____
Medication cannot be distributed by our staff. Medication can be locked in a secure place and medication reminders can be given to children.

Does student have any of the following?

Asthma Chronic or recurring illness Explain _____

Dietary Restrictions: <input type="checkbox"/> yes <input type="checkbox"/> no	Medication Allergies: <input type="checkbox"/> yes <input type="checkbox"/> no	Food Allergies <input type="checkbox"/> yes <input type="checkbox"/> no
Please list: _____	Please list: _____	Please List: _____

Status of child's vision, hearing and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

Yes No If yes, please explain: _____

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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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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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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**Youth
Enrichment
Program**
of Greater Cleveland

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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)

Student(s) Name (s)	Persons Authorized to Pick Student Up from Program	Telephone Number

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!

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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.

SCHOOL DISTRICT: _____ SCHOOL: _____ ACADEMIC YEAR _____

STUDENT'S NAME: _____ GRADE: _____

NAME(S) OF TEACHER(S) _____

SIGNATURE OF PARENT/GUARDIAN _____

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