

Student Application/Enrollment Form

Enrollment Fee: (Waived for Virtual Sessions in September & October)

STAFF USE Date Application Received: _____ Received By: _____ Enrollment Fee Rcvd By: _____

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: _____

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

African American	
American Indian or Alaska Native	
Asian	

Hispanic or Latino	
White	
Other:	

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) _____

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.

_____ 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 paid program/enrollment 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.

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

Parent (Guardian) Name (please print): _____

Parent (Guardian) Signature: _____

Student's Name (please print): _____

Date _____

If you have any questions, please contact the CBA office at 216-325-7730 or
email:cbayep@gmail.com

STUDENT GUIDELINES
EXPECTATIONS IN THE VIRTUAL CLASSROOM

- 1) Students will remain muted while on screen except when invited to speak
- 2) Students are expected to refrain from chatting with each other during sessions
- 3) Students are expected to leave their screen blank or with a photo if they have to leave the session
(bathroom break, etc.)
- 4) Screen sharing is limited to the tutor or session volunteer: screen sharing by students is not permitted

Following are the Goals of The Youth Enrichment Program Virtual After-School Program

- 1) To provide homework help for students with their daily homework assignments from school
- 2) 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.

- 3) To provide special enrichment activities such as drama, art, and music. **Students are expected to participate freely in these extracurricular activities**
- 4) 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.

Date: _____

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.

This form is to be signed and sent to the student's teacher to authorize communication between the school and the Youth Enrichment Program during the 2020-2021 Academic Year.

RELEASE OF INFORMATION

I do hereby authorize the Youth Enrichment Program (YEP) to communicate with my son/daughter's teachers about daily homework or in-school assignments in order to allow YEP tutors to provide the most meaningful assistance to my student. I also 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. The information collected will be kept confidential and used for program objectives and outcomes.

SCHOOL DISTRICT: _____ SCHOOL: _____

STUDENT'S NAME: _____ GRADE: _____

NAME(S) OF TEACHER(S) _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____

