



## 2020-2021 K-8 ENRICHMENT ENROLLMENT PACKET

MAIN CAMPUS: 205 LAFAYETTE AVE., D7

### Important Note:

Please fill out this form in its entirety. **Incomplete applications will not be considered for enrollment.** If a question or section does not apply, do not leave the space blank; instead, please write "None" or "N/A".

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Grade for 2020 - 2021 school year \_\_\_\_\_

Teacher Contact Information for 2020-2021: \_\_\_\_\_

Students Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Birth date: \_\_\_\_\_ Age \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Child Lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Does the parent/guardian speak English? Yes \_\_\_ No \_\_\_ Some English

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you able to receive text messages? Yes \_\_\_ No \_\_\_

E-mail address (please print clearly): \_\_\_\_\_

Where can you be reached while your child is in the program? \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Does the parent/guardian speak English? Yes \_\_\_ No \_\_\_ Some English

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you able to receive text messages? Yes \_\_\_ No \_\_\_

E-mail address (please print clearly): \_\_\_\_\_

Where can be reached while your child is in the program? \_\_\_\_\_

### EMERGENCY CONTACT

Provide phone number of at least 2 people, other than the parents/guardians listed above, who can be contacted in case of an emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please list all other family members in household**

Name	Age	School	Relationship to Student

**Pick-Up / Dismissal Authorization**

\* **Important Note:** Anyone who is not listed will not be able to pick up your child unless advance written notice is given by you. Program staff will not be able to accept phone calls for authorization.

**Please list the names of individuals authorized to pick up your child.**

NAME	RELATIONSHIP TO STUDENT

**MEDICAL INFORMATION**

MEDICAL CONDITIONS		
1.	2.	3.
<b>ALLERGIES TO MEDICATIONS OR FOOD</b>		
<b>MEDICATION/FOOD ALLERGIES</b>		<b>REACTION</b>

CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

**\*If your child requires medication to be given during the Enrichment Program, then a signed document is required from the parent indicating circumstances under which medication should be given. This includes Epi Pens. This documentation will be kept in your child’s personal file. Please note that calls will be made to parents to confirm the administration of the medication.**

**ADDITIONAL INFORMATION**

Does your child have any religious, holidays, practices, restrictions or limitations for which we need to know?

What are your child's greatest **strengths**: (Please include any academic, physical, behavioral, and social strengths.)

What are your child's greatest **challenges**? (Please include any academic, physical, behavioral, and social challenges.)

What are your child's greatest interests or hobbies?

Please explain any specific learning disabilities, behavioral disorders, medications, etc. that may affect your child's performance?

Please share any additional information that you feel would be helpful for our program staff to know in order to best meet the needs of your child?



**SCHOOL COMMUNICATION RELEASE**

**2020-2021**

I give permission for the school personnel (administrators, counselors, and teachers) of my child's school to share his/her academic information with the AVPRIDE program staff. This is to include, but not limited to: Infinite Campus or other school programs for grades, logins, progress, and special education meeting, goals, and SST meetings. I understand that any information shared will solely be used for the purposes of aiding my child's academic success.

\_\_\_\_\_  
**Child's Name (print)**

\_\_\_\_\_  
**Parent/Guardian Name (print)**

\_\_\_\_\_  
**Parent/Guardian Name (signature)**

\_\_\_\_\_  
**Date**

Name of student \_\_\_\_\_

**Please read each section carefully.** Your signature must be given for **General Release of Liability** for your child to participate in our program.

**General Release of Liability**

In consideration of my child being allowed participation privileges in any AVPRIDE programming, I hereby assume full responsibility for any risk of bodily injury, death, and/or property damage while using the premises or any facilities or equipment hereon. I further agree to hold harmless the AVPRIDE, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of AVPRIDE, and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

**\*I have fully read, understood, and accept the terms and conditions of General Release of Liability.**

\_\_\_\_\_  
**Parent/Guardian Name (print)**                                  **Parent/Guardian Name (signature)**                                  **Date**

**Media Release**

I hereby consent to publish in print or electronically the likeness/image, speech in any audio, video, film or photograph made by any AVPRIDE, and its partner’s participants/volunteers. I expressly release all claims against AVPRIDE, and its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program, including any compensation claim related to the use of the materials.

**\* I have fully read, understood, and accepted the terms and conditions for Media Release.**

\_\_\_\_\_  
**Parent/Guardian Name (print)**                                  **Parent/Guardian Name (signature)**                                  **Date**

**I DO NOT agree to the Media Release**

\_\_\_\_\_  
**Parent/Guardian Name (print)**                                  **Parent Guardian Name (signature)**                                  **Date**

**Emergency Medical Treatment**

I will be contacted in the event of a medical emergency. If I cannot be reached, I hereby authorize AVPRIDE, Inc., via the program staff to arrange for transportation for emergency medical treatment in case of accident or acute illness of volunteer/participant. In the event it is not possible to receive instruction for the participant’s care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant’s health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the program staff and AVPRIDE in conjunction with any authorized event. **\* I have fully read, understood, and accepted the terms and conditions for Emergency Medical Treatment.**

\_\_\_\_\_  
**Parent/Guardian Name (print)**                                  **Parent/Guardian Name (signature)**                                  **Date**

**I DO NOT agree to the Emergency Medical Treatment**

\_\_\_\_\_  
**Parent/ Guardian Name (print)**                                  **Parent/ Guardian Name (signature)**                                  **Date**

**If I have any reservations to medical attention administered to my child, I will list them here:**

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**Parent/Family Participation Agreement  
2020 - 2021**

Participation in AVPRIDE's Enrichment Program is a privilege for those students who meet certain criteria. Funding and support from organizations, various church and community partners, means that we can offer the program at a REDUCED RATE to you and your family. There are however, specific requirements that must be met in order to enroll and maintain eligibility in our program. Research shows that students have a greater chance for success when parents are involved in their education.

Please read the following information, initial each bullet and sign at the bottom of this agreement; indicating that you have read, understand and agree:

\_\_\_\_\_ I/we understand that my student(s) will be expected to follow the Fayette County Board of Education's Code of Conduct while participating in AVPRIDE'S program(s) and behave in a respectful manner toward AVPRIDE staff, other students, and volunteers/partners who support AVPRIDE programs..

\_\_\_\_\_ I/we understand that the absence of student(s) for more than two days a week for a period of 1 month, may result in my/our student(s) being withdrawn from the program.

\_\_\_\_\_ I/we understand that I/we must attend AVPRIDE meetings/assemblies/events.

\_\_\_\_\_ I/we understand that I/we must volunteer at the enrichment program for a least once a month.

\_\_\_\_\_ I/we understand that I/we may be required to donate snacks, drinks, and/or class supplies when needed. Appropriate notice will be given when a donation is needed.

\_\_\_\_\_ I/we understand that my student(s) must be signed out of the program, in writing, every day by designated persons only.

\_\_\_\_\_  
**Parent/Guardian Name (print)**

\_\_\_\_\_  
**Parent/Guardian Name (signature)**

\_\_\_\_\_  
**Date**

**Enrichment Program  
Behavior Management Policy**

## 2020-2021

Child's Name: \_\_\_\_\_

The staff of AVPRIDE'S Enrichment Program request that you take time to discuss this information with your child prior to his/her enrollment in the program. It is important that both you and your child understand and agree to this policy. Disrespect to any staff will *NOT* be tolerated. Any student who repeatedly disobeys the rules will be referred to the Program Director and may be at risk of being removed from the program.

***The behavior rules of AVPRIDE'S Enrichment Programs are as follow:***

- Ø Follow all directions given by staff.
- Ø Treat others as you would like to be treated. Be polite.
- Ø Respect others (peers, staff, and volunteers) and the property of others.
- Ø Everyone must help set up and clean up.
- Ø Always get permission from staff before leaving an area.
- Ø Disorderly conduct to include obscene language, teasing, bullying, threatening
- Ø Fighting will **not** be tolerated under **any** circumstances!
- Ø No talking while the staff is talking.
- Ø Personal music players and cell phones are **NOT** permitted to be used during program hours including transportation times on the van or bus

***Discipline procedures will be handled through the following procedures:***

- 1. First Offense:** A conference between staff member and child will be held to determine the problem and seek solutions. The staff will complete a behavior report explaining the disruptive behavior and the action that was taken to try to stop the inappropriate behavior.
- 2. Second Offense:** A behavior report will be completed by the staff member, and the staff will also call the parent/guardian. The behavior of the child will be discussed, and the parent/guardian will be asked to participate in resolving the problem. This behavior report will be given to the parent to read, sign, and return.
- 3. Third Offense:** Staff will complete a behavior report. The parent/guardian will be called or visited by the Program Director to set up a conference to discuss the problem and seek solutions for the student to continue in the program. (Depending on the severity of the situation, the child may or may not remain in the program until a conference is held and a decision is reached.)

After the conference, the Program Director will determine whether or not the child's behavior will result in exclusion from the Enrichment Program. If a child is excluded she/he might not be considered for re-enrollment.

**I have read and agree with this policy. I will discuss it with my child. Please sign the behavior management plan policy.**

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian name (signature)

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER OF LIABILITY



## **HOLD HARMLESS AGREEMENT FOR TRANSPORTATION OF STUDENTS**

Transporting your child(ren) to and from AVPRIDE related activities by van/bus by an AVPRIDE driver and partners during the 2020-2021 academic year.

Please read this form carefully and be aware that in signing this waiver you agree that your child(ren) can be transported by van/bus by an AVPRIDE driver and or partners to any activities associated. I do hereby fully release and discharge AVPRIDE and its staff and partners from any and all claims from injuries, damage or loss which I, or any child(ren) may have or which may occur to my child(ren) on account of his/her being transported by van/bus by AVPRIDE staff members. You will be waiving your rights to all claims for injuries to you and/or your child(ren), that are sustained out of being transported by van/bus by an AVPRIDE driver and partners. You will be required to indemnify, hold harmless and defend AVPRIDE and its staff and partners from any and all claims sustained by me or my child(ren), and arising out of, connected with, or in any way associated with being transported by van/bus by an AVPRIDE driver.

In consideration of my child(ren) being allowed to be transported by van/bus by an AVPRIDE driver as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported. I agree to assume the full risk of injuries that may be sustained by any minor child(ren) of mine, as a result of being transported by van/bus by an AVPRIDE staff member, partners and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my child(ren) that the child(ren) may have against AVPRIDE.

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**Name of Child**

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**Parent/Guardian Name (print)**

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**Parent/Guardian Name (signature)**

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**Date**

## **MEMORANDUM OF UNDERSTANDING**

AVPRIDE program staff and the parents of the students participating in AVPRIDE programs (Enrichment & Bridges) agree that this **Memorandum of Understanding** outlines how the parents, the AVPRIDE staff, and the students will share the responsibility for

improved student academic achievement and the means by which the AVPRIDE and parents will build and develop a partnership that will help the participants to be successful during the 2020-2021 school year.

**AVPRIDE Responsibilities**

*The AVPRIDE program staff will:*

1. Provide increased program quality and instruction in a supportive and effective learning environment.
2. Hold parent-staff conferences (at least twice a year) to develop and measure goals as it relates to the individual child’s achievement. Specifically, those conferences will be held in August and January to provide parents with reports on their child’s progress and performance. Monthly updates also will be provided.
3. The staff welcomes and encourages your feedback, suggestions, and concerns. We can be made available for private conferences with parents by phone Monday – Friday by appointment only. The daily program activities cannot be interrupted.
4. Provide parents opportunities to volunteer and to observe activities unless there are community-wide health or safety concerns.
5. Provide information to parents of participating students in an understandable and uniform format, and, to the extent practicable, in a language that parents can understand.

**Parent Responsibilities**

*We, as parents, will support our children’s learning and social development in the following ways:*

1. Ensuring that my child attends the enrichment program every day until the program day ends.
2. Supporting the enrichment events and activities, such as Open House, Parent Conferences, Village Assemblies, and any other events scheduled.
3. Volunteering with the enrichment program (Reader Leader, donations of items, help during homework or enrichment time)
4. Participating, as appropriate, in decisions relating to my children’s education.
5. Promoting positive use of my child’s extracurricular time.
6. Communicating with the enrichment program staff by promptly reading all notices either received by my child or by mail and responding as appropriate.
7. Serving, to the extent possible, on policy advisory groups, such as being a parent representative on the Village Assembly, which is made up of parents who meet twice a year to offer programs to engage parents in activities to support their students.
8. Timely payments in the preferred time frame.

**Student Responsibilities**

*I, the student, will share the responsibility to improve my academic achievement and social development. Specifically, I will:*

1. Complete school assignments and ask for help when I need it.
2. I will attend the enrichment program every scheduled day.
3. Demonstrate respect and cooperation with all program staff, volunteers, and other students at all times.
4. Actively participate in all activities.
5. Give to my parents or the guardian all notices and information received by me from the enrichment program staff.

_____	_____	_____
Program Staff Name (print)	Program Staff Name (signature)	Date
_____	_____	_____
Parent /Guardian Name (print)	Parent/Guardian Name (signature)	Date
_____	_____	_____
Student (print)	Student (signature)	Date



## Teacher Recommendation Form

Dear \_\_\_\_\_,

This is to inform you of your child's acceptance into the AVPRIDE Enrichment Program. To complete the admission formalities, we request the recommendation of your child's teacher from the previous year. Please submit this form to his/her teacher and have him/her to complete it.

### TEACHER RECOMMENDATION

\_\_\_\_\_ was in my class for the **2019-2020 (past)** school year. Based on academics, behavior, or social performance, it is my professional observation that he/she would benefit from attending your enrichment program to increase school performance in the following selected areas. Please feel free to add specific comments.

\_\_\_\_\_ Academics

\_\_\_\_\_ Behavior

\_\_\_\_\_ Social/Emotional Skills

\_\_\_\_\_ Mentorship

Please indicate any thoughts you might have on how the AVPRIDE Enrichment Program staff can best help this student be academically and socially successful this year:

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Teacher Contact Information: \_\_\_\_\_