

SY 2019-2020

Student Checklist

- Enrollment Application
- Recent Photo of Child
- Latest School Progress Report and/or Report Card
- Most recent copy of Physical Form including Immunization Records
- Individual Health Forms (if Applicable)
- Medications (if Applicable)
- Copy of voucher (if Applicable)
- Registered to JackRabbit Care: <https://app.jackrabbitclass.com/jr3.0/ParentPortal/Login?orgID=526700>

Please note: Students will not be admitted to the program until all requested forms have been provided.



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

SY 2019-2020

ENROLLMENT APPLICATION

Child's Name _____ Nickname _____

Date of Birth: _____ Sex: M / F Age: ____ Grade: ____ *Email: _____

Home Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Relationship to child	Primary Language	Relationship to child	Primary Language
Home Address		Home Address	
Home telephone	Cellphone Number	Home telephone	Cellphone Number
Occupation		Occupation	
Business Address		Business Address	
Work hours	Work Phone	Work hours	Work Phone

DESCRIPTION OF CHILD: Eye Color _____ Hair Color _____ Skin Color _____

Race or Ethnicity (Circle One): African American; White; Hispanic; Latino; Haitian; Other: _____

Primary Language _____

Height _____ Weight _____ Identifying Marks _____

Behavioral/Special needs/IEP? _____

Medical conditions? _____

SCHOOL INFORMATION

Child's School _____ Teacher's Name _____

School Address _____

School Dismissal Time: _____ Any early dismissal days or times: _____

To be completed by the Program Administrator/ Assistant:

Date of Admission _____ Age at Admission _____

Program Admission (circle one): Tutoring Zone After-School Limbo Time (Summer Enrichment Extended)

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY 2019-2020

TUITION-SERVICE AGREEMENT

Greenwood Shalom Tutoring Zone (After-School Program) is open **Monday through** Friday to serve children and families between the hours of **2:00 p.m. to 6:00 p.m.**, and **Wednesdays 12:00pm to 6:00 pm**. The Greenwood Shalom Summer Enrichment Program will be open during the week, **Monday through Friday 8:00am -5:30pm**.

Child's Name: _____ DOB: ____/____/____
 I, _____, will be enrolling my child into (check one): **Tutoring Zone (After-School Program)** **Summer Enrichment Program** **LIMBO Ones (Summer Enrichment Extended)**, I understand that I have been assessed a weekly fee of \$ _____.

I understand once my child starts in the program there are locked into that weekly rate, regardless of my child's absence I will make my weekly payments. If my child arrives on a Monday and is present the whole week, except Friday, my child becomes absent. You are still responsible for paying for the whole week. In order to stop weekly payments, you must talk to a Program Director and ask to "withdraw" your child from the program. If you have a Child Care Voucher your account will discount the Tuition fee and later the adjustment will reflect your child's Voucher copay. *By signing this form I have carefully read and understood my payment agreement, I agree to make prompt tuition payments to the Greenwood Shalom Tutoring Zone & Summer Enrichment for my child's participation. I understand that failure to pay will result in delinquency that will prevent my child from future enrollment at any Child Care program.*

Please see page 3 for Tuition Fees.

Tuition Policy:

1. Parents are liable for payment of the child's scheduled day even if the child is absent from the program for any reason. Payment must be made one-week in advance of services being provided.
2. Exemptions for non-payment will be National Holidays, snow days, weather complications, other examples will be judged on a case by case basis. Please see a Program Director immediately if you run into any payment issues.
3. Checks or money orders can be made payable to: Greenwood Shalom Outreach Inc. with MEMO: *CHILD'S NAME*. Invoices are sent on a weekly basis through JackRabbit Care Parent Portal.
4. Checks returned for insufficient funds will be charged a **\$25.00** processing fee.
5. Billing occurs on a weekly cycle. Children will be billed for days they are scheduled for but are not in attendance.
6. Vouchers must be given to the Director or Site Coordinator before the child begins the program. **If your voucher expires and your child continues to attend the program, you are responsible for full payment of the tuition bill that is incurred.**
7. **My child may be temporarily suspended from the program while I have an outstanding tuition debt of two or more weeks. Participation in the program will resume when the outstanding balance is made current.**

LATE PICK-UP: Please be reminded that our program ends at 6:00pm during the school year and 5:00pm during school vacation and summer enrichment program. Anything after is considered late. After 6:01pm or 5:01pm there will be a late pick up fee charge of \$1.00 per minute per child. Charges will be included in the invoices sent via PayPal. If there is an emergency or unforeseen problem, please notify us immediately otherwise, the law mandates us to contact all emergency contacts including the police and the Department of children and family (DCF).

SIGNATURE OF PARENT or GUARDIAN: _____ **DATE:** _____



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY 2019-2020

TRANSPORTATION PLAN & PICK-UP AUTHORIZATION

CHILD'S NAME: _____ SITE NAME: **Greenwood Shalom Tutoring Zone & Summer Enrichment**
 My child will arrive at the Greenwood Shalom Tutoring Zone and Summer Enrichment by (please check all that apply):

- Parent/Guardian drop off
- Supervised** walk from **Up Academy Dorchester Charter School/ Lucy Stone Roxbury Prep** with **Greenwood Shalom Staff** to program (circle one).

*School Bus drop-off to program with a **supervised** walk with **Greenwood Shalom staff**.
 Which Bus stop? _____ School Bus # _____ Pick up time: _____

* MBTA bus transportation drop-off to the program with a **supervised** walk by **Greenwood Shalom Staff**.
 Bus stop location: (_____) MBTA Bus# (_____) Pick up time (_____)

Private transportation drop-off into the program with a **supervised** walk with **Private Transportation driver and/or Greenwood Shalom Staff**.

Driver's name and phone number (_____) expected time of arrival :(_____)

UNSUPERVISED OPTIONS:

Unsupervised walk from: (_____) expected arrival time to program :(_____)

*School Bus drop-off with an **unsupervised** walk to the program.
 Which Bus stop? (_____) school bus # (_____) expected arrival time to program:(_____)

* MBTA bus transportation drop-off to the program with an **unsupervised** walk to the program.
 Bus stop location: (_____) MBTA Bus # _____ expected arrival time to program :(_____)

Private transportation drop-off into the program with an **unsupervised** walk.
 Driver's name and phone # (_____) expected Drop-off time :(_____)

***Please note that the person/s designated by parent is responsible for the child until he/s is signed in. Greenwood Shalom Tutoring Zone and Summer Enrichment does not become responsible for any child and is not to be held liable for any child until the child signs in for the day.**

My child will depart from the Greenwood Shalom Tutoring Zone & Summer Enrichment no later than 6:00 p.m. by:

Parent/Guardian pick up

Other (Please describe _____)

*Please note that an **unsupervised walk** from the program is only permitted for children age 9 or older. Parent/legal guardian must sign appropriate paperwork for child leaving at the end of program **unsupervised**. Parent picking children up at **6:00pm or 5:00pm** must come into the program and sign child out.

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY 2019-2020

ADULTS AUTHORIZED TO PICK UP MY CHILD

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. *(If no one other than the signing parent is authorized, please indicate below by writing "NO ONE") ID MUST BE PRESENTED*

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

3. Name _____ Relationship _____

Address _____ Phone _____

I understand that each authorized person must be at least 18 years old and that my child will not be permitted to leave the program with anyone else not on this list. I acknowledge that the program **will not** release my child to an **authorized person** whose behavior is such that there is concern relative to the safety of the child. **ID MUST BE PRESENTED**

PLEASE NOTE: Biological parents and legal guardians are automatically authorized to pick up their child unless we have a copy of a court ordered custody agreement or restraining order. Any other transportation requests must be stated in writing and maintained in the child's file or the above stated plan will be implemented. It is the parent's responsibility to notify the program if there are any changes in the above information.

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY 2019-2020

FIRST AID & EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Medical Insurance Co. _____ Policy Number _____

Other Coverage (including dental) _____

Child's Physician _____

Address _____ Phone Number _____

"I certify that documentation of physical examination and immunizations in accordance with the public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school."

 Signature of Parent/Guardian

 Date

EMERGENCY CONTACTS

(List parent or guardian first, then three additional adults in order to be contacted if you cannot be reached.)

Parent / Guardian Name: _____ phone (C) _____ (W) _____

Name _____ relationship _____ phone (H) _____ (W) _____

Name _____ relationship _____ phone (H) _____ (W) _____

Name _____ relationship _____ phone (H) _____ (W) _____

Name _____ relationship _____ phone (H) _____ (W) _____

(Please note: People listed as "Emergency Contact" are automatically authorized to pick-up the child if contacted by the program.)

ADDITIONAL MEDICAL/HEALTH CONCERNS: (write "none" if there are none)

Medical Limitations: (allergies, chronic health concerns, dietary restrictions) _____

Current Medications: **(List only those medications that Greenwood Shalom will be responsible to administer to your child)**

Other Health Concerns: _____

MEDICAL TREATMENT/EMERGENCY TRANSPORTATION AUTHORIZATION

I understand that in the event of illness or injury every effort will be made to contact me. In the event that I cannot be reached, I give permission to the **Greenwood Shalom Tutoring Zone & Summer Enrichment** staff to provide first aid and if necessary, to transport

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

my child or arrange for emergency transportation of my child to a medical facility for medical treatment as deemed necessary by the hospital or the local emergency medical care service.

**SY 2019-2020 FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM
 MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of Child: _____

Name of medication: _____

Please X on following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/broken skin) _____

My child has previously taken the medication _____

My child has not taken this medicating, but this is an emergency and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____.

Dosage: _____

Date(s) medication to be given: _____

Time medication to be given: _____

Reason for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner. _____

Child's Health Care Practitioner Signature _____ Date _____

I, _____ (parent or guardian) give permission to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

For topical, non-prescription **NOT** applied to open wound / broken (**parent signature only**)

SY-2019-2020 Permission for Use of Off-Site Swimming Pool

I hereby give **Greenwood Shalom Tutoring Zone & Summer Enrichment** permission to allow my child _____ who is _____ years old to use the off-site swimming pool during the summer session at the **BCYF Holland Community Center**. I understand that my child must be directly **supervised** by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Please indicate you child's swimming ability by checking off one of the following:

- Non- swimmer
- Beginner
- Swimmer

SIGNATURE OF PARENT or GUARDIAN:

DATE:



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

CONSENTS AND RELEASES

SY 2019-2020

STAFF SUPPORT CONSENT: YES NO

I understand that consultants, staff, student interns, and volunteers work in the **Greenwood Shalom Tutoring Zone & Summer Enrichment**. I give my permission for my child to interact with these support staff as needed.

ORAL –HEALTH ACKNOWLEDGEMENT: YES NO

Greenwood Shalom Tutoring Zone & Summer Enrichment has made me aware of the Oral-Health policy. I understand my child will participate unless I sign the Oral-Health Non- Participation form.

PARENT VISIT ACKNOWLEDGEMENT: YES NO

I understand Greenwood Shalom Tutoring Zone & Summer Enrichment open door policy in regards to parent visits. I also understand that my interest and involvement can be better served when a prior arrangement has been made

INTERNET PERMISSION YES NO

I give my child permission to use the Internet to work on Educational Programs selected by **Greenwood Shalom Tutoring Zone & Summer Enrichment** or the Black Ministerial Alliance.

OFF-SITE FIELD TRIP CONSENT: YES NO

I give my permission for my child to participate in all of the regularly scheduled on-going activities with the Greenwood Shalom Tutoring Zone & Summer Enrichment Program. I also give permission for my child, under staff’s supervision, to walk, take public transportation, or take a church van/school bus to the facilities listed below:

LIBRARIES - CODMAN SQUARE, GROVE HALL & DORCHESTER
 MOTHER’S REST PARK & COMMUNITY PARKS

The program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance.

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

SY 2019-2020

PROMOTIONAL RELEASE: YES NO

I hereby give consent to **Greenwood Shalom Tutoring Zone & Summer Enrichment** and **Victory Generation Affiliates** or any party authorized by **Greenwood Shalom Tutoring Zone & Summer Enrichment**, to use my child's photograph taken in connection with the afterschool and summer enrichment program to use in publications (periodicals, books, brochures, etc), video and audio productions, advertising and promotional materials, or other media. I release **Greenwood Shalom Tutoring Zone & Summer Enrichment, Victory Generation Affiliates** and any other party authorized by **Greenwood Shalom Tutoring Zone & Summer Enrichment** from any and all liability that may arise in connection with such use. I am the parent or legal guardians of the child named in this document and have the legal authority to execute this consent and release.

SIGNATURE OF PARENT or GUARDIAN:

DATE:



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

SY 2019-2020

PARENT HANDBOOK ACKNOWLEDGEMENT: **YES** **NO**

I have received my copy of the **Greenwood Shalom Tutoring Zone & Summer Enrichment** policies and procedures.

I agree to familiarize myself and my children with the information contained in this booklet and understand that it constitutes the policies and guidelines of the Program. I am aware that future policy changes / corrections will be made available to me, in writing, in the form of a newsletter from the Site Coordinator. Future corrections, modifications, and editions will supersede policies listed in this handbook. I understand that it is my responsibility to discuss any questions or concerns with the Site Coordinator.

SIGNATURE OF PARENT or GUARDIAN:

DATE:



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

SY 2019-2020

RELEASE OF SCHOOL RECORDS

Student's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Name of Teacher: _____

Name of School: _____

School Address: _____ Telephone: _____

_____ Fax: _____

I, _____, give my consent and authorization for the release of school and classroom records for my child to the staff of the **Greenwood Shalom Tutoring Zone & Summer Enrichment**. I understand that all information and records will be kept confidential and used only for academic coordination and assistance. The records being requested include, but are not limited to:

- ❖ Report card
- ❖ Class schedule
- ❖ Test scores (MCAS, Stanford 9, etc.)

Signature of Parent/Guardian

Date

Please return all information to:

Greenwood Shalom Tutoring Zone & Summer Enrichment
 378 A Washington Street
 Dorchester, MA. 02124
 617-282-1464
 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwood-outreach.org

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY 2019-2020

**CONTRACT FOR CHILDREN 9 YEARS AND OLDER
 FOR LEAVING THE PROGRAM**

I _____, understand that the permission I have received to leave
 Child's Name
 the program is a privilege granted to me. This privilege is based on my parents(s)/guardian(s) and the staff's
 expectations of my ability to be responsible for my safety and well-being while I am away from the program.

- I will always check in with staff person when arriving and before departing from the program.
- I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my Destination each time I leave the program.
- I will act in a safe and courteous manner while I am away from the program.
- I will return to the program at or before the time designated by my parent(s)/guardian(s) or by the staff.
- If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.
- I will abide by all restrictions listed by my parent(s)/guardian(s) on the authorization and consent form.
- Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and/or program, as a consequence for my actions may take away my privilege to leave the program for a time periods deemed appropriate by them.

 (Child's Signature) (Date)

As _____ parent/guardian, I agree with this contract.
 (Child's Name)

 (Parent/Guardian Signature) (Date)

 (Program Staff Signature) (Title) (Date)

SIGNATURE OF PARENT or GUARDIAN:	DATE:
---	--------------



Greenwood Shalom Tutoring Zone & Summer Enrichment
 A Victory Generation Affiliate
 378 A Washington Street
 Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
 Email: greenwoodshalom@gmail.com
 Website: www.greenwoodshalom-outreach.org

SY - 2018-2019

STATEMENT OF COMMITMENT

I understand that one of the goals of the Greenwood Shalom Tutoring Zone & Summer Enrichment is to involve the parents in the life of the program as active participants in the learning experience of their children. As a partner of a Greenwood Shalom Tutoring Zone & Summer Enrichment child(ren), I agree to be a positive role model, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing environment in which every child is valued and seen as capable of achieving.

I agree that during the time my child(ren) are enrolled in the Greenwood Shalom Tutoring Zone & Summer Enrichment I will:

- Volunteer for the program;
- Attend at least one of the parent workshops, field trips, and events;
- Do my part to help make the Greenwood Shalom Tutoring Zone & Summer Enrichment; a caring and nurturing learning environment.

Date _____

Parent Signature

SIGNATURE OF PARENT or GUARDIAN:

DATE:



Greenwood Shalom Tutoring Zone & Summer Enrichment
A Victory Generation Affiliate
378 A Washington Street
Dorchester, MA 02124
 Phone: 617-282-1464 Fax: 617-282-1573
Email: greenwoodshalom@gmail.com
Website: www.greenwoodshalom-outreach.org

SY 2019-2020

PARENT DEMOGRAPHIC DATA FORM

Parent Name _____ Date _____

Address _____ City _____ Zip _____

Home () _____ Work () _____

Cell () _____ e-mail _____

1. Child's Name _____ Grade _____

Child's School Name _____ Address _____

2. List Other Children: _____

Marital Status

Please check

- Married Widowed Divorced Separated Never married Single Parent

Education

What is the highest degree or level of school?

- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, Ed.D)

Employment Status

Are you currently...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- Homemaker
- Student
- Retired
- Unable to work

Employment please describes your work.

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice
- Self-employed in own incorporated business, professional practice
- Working without pay in family business

Financial Demographic (Please circle the one that applies)

- \$0 - \$15,000
- \$15,000 - \$30,000
- \$30,000 - \$45,000
- \$45,000 - Up

Housing

- Owned
- Rent
- Shelter
- Other _____

SIGNATURE OF PARENT or GUARDIAN:

DATE: