

Peace Community Center Program Enrollment Form

(For Rising 2nd-12th grades in Tacoma Public Schools)

When: Virtual After School Program **Starting September 28th, 2020**

Where: Virtually (Fall 2020) & On-site at McCarver Elementary, Jason Lee & Peace Community Center (Starting Spring 2021)

Who:

- Rising 2nd- 12th graders and
- Students qualifying for free or reduced lunch, or
- Students of color, or
- Students interested in STEAM, College or Career Internships, or
- Students wanting additional academic and/or social-emotional support
- Families seeking support, resources and information via family engagement events

Why: To provide students access to quality school day and after school programming that supports **academic growth, mentoring, tutoring, college access** and **career opportunities**.

Peace Community Center is hosting a STEAM focused virtual after school program via enrichment classes and academic tutoring. Student connections will be held via the internet on a computer from students' homes or a location away from the school or the Center.

Pathway Model: Peace enrolls students at any **grade level** and are committed to serving students to high school graduation, college enrollment and or career completion!

Students can expect to have a lot of fun, engage with other peers and learn a lot about areas of interest across Science, Technology, Engineering, Arts and Mathematics.

All students enrolled in this program will receive **FREE materials to complete 100% of all projects, FREE academic tutoring and FREE strategies to cope with learning on-line during the school day**. Student access to technology (laptops and internet) is necessary to participate in this program. Please let us know if you need ANY resources for your student to participate in this summer program.

Please Check all of the Boxes Below that Apply, if you need support accessing technology or meals:

- My Student needs access to internet in order to participate in this program
- My student needs access to a laptop in order to participate in this program
- My student needs access to other: _____ to participate in this program
- My student will access the free dinner program offered by Peace Community Center

PEACE COMMUNITY CENTER PROGRAM ENROLLMENT FORM

Please **complete this application for each student** who is **applying for Peace's programming**. Please be sure to let us know if you have any questions regarding the program, the enrollment form, or our expectations.

All students enrolling must be entering 2nd through 12th grade for the 2020-2021 SY at the time of enrollment in order to be eligible. Peace Community Center currently serves students living in the 98405 zip code and attend McCarver Elementary, Jason Lee Middle School, or an area Tacoma Public Schools HS.

Student Information

Student First Name: _____ Student Last Name: _____

Student 7-digit TPS DISTRICT ID Number: _____

Student 10-digit STATE ID Number: _____ (Please ask your school for your OSPI State ID #)

Student Cell Phone Number: _____

Student Personal Email Address: _____

Student TPS DISTRICT Email Address: _____

SY 2020-2021's Grade level:

2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

School: _____ Homeroom Teacher: _____

Date of Birth: _____ Age: _____

Gender: Male Female Prefer not to say Self-Describe _____

Hispanic/Latino: Yes No

Race (if Multi-racial, please check all relevant boxes):

Black/African American White Pacific Islander/Native Hawaiian Asian

American Indian/Alaska Native Hispanic Other: _____

What language is primarily spoken in the student's home? _____

Has the student been on an IEP, 504 Plan, or any kind of Special Services: Yes No

If Yes, please explain in detail: _____

Does the student receive free or reduced lunch? Yes No

Is the student a disconnected youth? (A disconnected youth is homeless (couch surfing, living with friends, etc.), in foster care, or involved in the juvenile justice system.) Yes No

Parent Education Questionnaire

This does not include step-parents, guardians, or other adults who have not adopted the student. Only include American colleges, not education from outside the U.S.

Father (biological or adopted only)

- Does NOT have a Bachelor's degree
- Has a Bachelor's or Master's degree
- Unknown (and no way to find out)

Mother (biological or adopted only)

- Does NOT have a Bachelor's degree
- Has a Bachelor's or Master's degree
- Unknown (and no way to find out)

Is the student currently enrolled in any other school day or after school programming (Sports, Clubs, TRiO Talent Search, Upward Bound, Palmers, HERO, Achievers, etc.)? Yes No

If Yes, please list the names of the program(s) and advisor/coach the student works with: _____

Family Information

PRIMARY CONTACTS [Please provide any *updated* information if your child is currently a Peace Scholar]

Who does the student live with most of the time: _____
(both parents, mom only, dad only, grandma, Foster Care, etc.)

Parent/Guardian 1 Full Name: _____ Email: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Home Address: _____

City: _____ Zip Code: _____

Lives with student? Yes No

Veteran/Active Military? Yes No

Single Parent Household? Yes No

Single Parent Gender: Male Female Other

Parent/Guardian 2 Full Name: _____ Email: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Home Address (if different than above): _____

City: _____ Zip Code: _____

Lives with student? Yes No

Veteran/Active Military? Yes No

EMERGENCY CONTACTS In case of an emergency, we will first attempt to contact parents and guardians. Should we not be able to reach you, please provide any additional emergency contacts.

(#1) Full Name: _____

Relationship to student: _____

Phone Number: _____

Email: _____

(#2) Full Name: _____

Relationship to student: _____

Phone Number: _____

Email: _____

(#3) Full Name: _____

Relationship to student: _____

Phone Number: _____

Email: _____

Additional Student Information: *Please help us get a better understanding of your student's past experience with Peace Community Center.*

Has your student attended programs with Peace Community Center in the past? Yes No

Does your student receive additional tutoring during the school year (not at PCC)? Yes No

Has your student attended a summer program with Peace Community Center (Camp Peace) before? Yes No

Do you have any other students involved in other Peace Community Center programs? Yes No

If **yes**, which program(s)? _____

TRANSCRIPT AND DATA RELEASE AUTHORIZATION

You have our consent to release transcript, attendance, demographic information, contact information, grades, records, and test scores to PEACE COMMUNITY CENTER. This information will be used in Peace's Education Programs to track/report student data and program effectiveness. Peace Community Center may also use this information to conduct student and family outreach.

STUDENT NAME _____

STUDENT SIGNATURE _____ DATE: ____/____/____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE: ____/____/____

Enrollment Agreement

Please **initial and sign below** to indicate **your agreement to each statement**. If you, the student, are over the age of 18, parent/guardian signature is not required:

Please initial to the left of each statement for which you agree:

_____ I give consent for my student to **participate in a virtual on-line program** hosted by Peace Community Center.

_____ I understand that **full participation is critical**. As a guardian, I will work to ensure my student...

- Reviews the student guidelines and expectations
- Knows how to log-in to his or her technology and
- Attends program each day
- I commit to contacting Peace staff if my student will be absent for any reason

_____ I give consent for Peace Community Center staff to **deliver supplies, snacks, and meals to my home** while my student is enrolled in the program.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Printed Name: _____

Student Signature (if over 18): _____

Medical History & Allergy Information

Student's Name: _____

Special Conditions: Please indicate if your student has any of the following considerations

- Allergies (severity) _____
- Physical limitations _____
- Behavioral Considerations _____
- Developmental Considerations _____

Primary Care Physician: *Please provide information regarding your student's most recent primary care provider.*

Doctor's Name: _____

Address: _____

Telephone #: _____

Please review and initial the following statements for which you agree:

_____ In the event of a medical emergency involving my child, I understand that every effort will be made to contact me. If I cannot be reached in a timely manner, I hereby give Peace Community Center staff permission to act on my behalf in seeking emergency medical treatment for my child.

_____ In the event Benadryl needs to be administered to my child, due to an allergic reaction, I grant PCC staff and or PCC volunteers permission to administer the recommended dose to my child.

_____ In the event a 911 operator or certified medical provider directs PCC staff or volunteers to provide my child any form of medical services or attention, I give consent for PCC staff and its volunteers permission to administer the emergency treatment.

By initialing statements for which I agree above and signing below, I absolve Peace Community Center, Peace Lutheran Church, and their staff and volunteers from any liability in acting in good faith on behalf of my child.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIALITY & MEDIA RELEASE FORM

I give Peace Community Center permission to obtain _____ (*Insert Student's Name*) transcripts, grades, test scores, attendance, behavior, demographic, individualized education plans (IEPs) and academic records from their school(s) including information about past, current, and future school years. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Additionally, I hereby grant Peace Community Center and partner agencies permission to publish photographs and videos taken while engaged in Community Center activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that the Community Center or one of its partner agencies will own the copyrights to these materials and I will be able to order copies of any of these materials.

If my child and family decides to participate in any Peace-sponsored events (After-School program, Family Night, Parent University, Parent Council, etc.), I hereby grant Peace Community Center and partner agencies permission to publish photographs and videos taken while engaged in such events for editorial, advertising, and promotional purposes for use in any print or electronic media. This includes video and images of virtual classes and enrichments. I understand that the Community Center or one of its partner agencies will own the copyrights to these materials and I will be able to order copies of any of these materials.

This information will be kept confidential by Peace Community Center. Please sign below to approve this request and check the statement below if you are declining this request.

If you **DO NOT** permit your child's photo/video to be taken OR used on behalf of Peace Community Center marketing and advertising, please do NOT sign below.

Parent/Guardian (or Student if over 18) Printed Name: _____

Parent/Guardian (or Student if over 18) Signature: _____

Date: _____

TACOMA PUBLIC SCHOOLS
CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION

Federal and State confidentiality laws and regulations, as well as District Policy and Regulation 3231, require school districts to obtain written consent from a parent/legal guardian or an adult student (a student 18 years of age or older) before sharing educational records or information contained within educational records with third parties, unless a specific exemption for disclosure without advance written consent identified in the Family Educational Rights and Privacy Act (FERPA) applies. Those exceptions include, but are not limited to:

- To other schools to which a student seeks or intends to transfer;
- To specified officials for audit or evaluation purposes;
- To appropriate parties in connection with a student's application for financial aid;
- To organizations conducting certain studies for or on behalf of the school;
- To accrediting organizations;
- When necessary to comply with a judicial order or lawfully issued subpoena;
- To appropriate officials in cases of health and safety emergencies;
- To state and local authorities, within a juvenile justice system, pursuant to specific State laws; and
- Directory information to the extent that it is kept by the Tacoma School District, unless the student at issue is in elementary school or has been identified as an "opt out" during the annual FERPA notification process.

If you are a parent/legal guardian or an adult student and you would like the Tacoma School District to share educational records or information contained within educational records with a third party or agency, you will need to complete this form authorizing the Tacoma School District to do so. Examples of situations when you would need to provide consent to release information include if you would like to have copies of educational records provided to third parties or agencies, or if you would like to have a third party or agency representative attend a meeting or hearing where educational records or information contained within educational records are going to be shared or discussed (for example, IEP meetings or student disciplinary hearings).

I am the parent/legal guardian of the below identified student (or I am the adult student below identified):

Student Name: _____ Birth Date: _____

School: _____ Student ID: _____

I hereby provide my written consent to allow the Tacoma School District to share educational records or information contained within educational records with:

PEACE COMMUNITY CENTER

(Third Party/Agency Name)

for the purposes of participating in Peace Community Center's education programs.

I understand that such consent allows for the Tacoma School District to provide the identified third party or agency with verbal or written information. I understand that without my consent, the District will not be able to provide educational records or information contained within educational records except in circumstances where an exception identified above applies. I also understand that this release may be revoked or withdrawn at any time in writing, but that will not affect any information already shared. If I revoke consent, no further information will be shared with the identified third party or agency, unless an exception identified above applies.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____