



CHILD & FAMILY
Resource Foundation

SETT® Students Succeed After School & Summer Enrichment Program Application

Student Name _____ **Date of Birth** _____

Sex of Student : Male or Female

Parent/Guardian Name _____

Student Address: _____ **Contact Phone**
Number _____

Please check anticipated start date: Summer 2023 or Fall 2023

School Currently attending: _____

Grade _____

ELA teachers name: _____

Teacher's email address: _____

Please note any learning challenges that our instructors need to know in order to help your child be successful. _____

Is there any other additional information that our staff needs to be aware of while working with your student/child? _____

The following supporting documents are needed in order to begin services in our after school or summer programs.

1. MAP Scores and all standardized assessments used for grade placement
2. Copy of your child's last report card, with attendance.
3. If your child has a truancy plan, please include it with this packet.
4. Discipline referrals this year, please include them with this packet.
5. Copy of your child's IEP or 504 plan, if applicable

Medical Condition: _____

Allergies. If yes, please list : _____ **Medications: Please list**

Emergency Contact Information (Other than Parent/legal guardian)

1. Name _____ Phone _____ 2.
Name _____ Phone _____

Primary Care Physician Name: _____ Phone number

Dentist Name _____

Phone Number _____

Please list who has permission to pick your child up after SETT® Students Succeed weekly enrichment program. At no time, may an individual not listed on this form pick up a child from our program.

1. _____ 2. _____ 3.

Insurance Information for Emergency use only during field trips:

Carrier Name: _____ Subscriber : _____

DOB: _____ Contract Number: _____ Group
number: _____ Copy of Insurance Card and or information must be attached to form
when returned to Child and Family Resource Foundation

I understand that I will be part of the goal setting process for my student, and I will allow my student's school to release relevant educational testing, such as MAP scores, or standardized

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placement scores, an IEP, educational plan, or 504 copy, quarterly grades, attendance and discipline information regarding applying to students in order to conduct educational research.

I understand that if at CFRF or First Baptist Church campuses, I am responsible for dropping off and picking up my student promptly. Consistent (3) absences, late drop off, and/or pick up will result in dismissal from the program.

Parent/Legal Guardian Signature _____ Date:

Students will be given a healthy snack during their tutoring session. Please list any concerns (allergies specifically) that you may have or if you would prefer to provide your students' snack. Does your child have or use an epi pen? Yes or No

In order that we assess how your child is currently functioning academically, please complete rating scale below:

1= extremely poor skills daily, 2= poorly developed skills 3 days a week, 3= moderately developed skills 4= average developed skills in comparison to same age and grade

5= excellent developed skills

Comprehends oral instructions: 1 2 3 4 5 Recalls/applies previously learned material: 1 2 3 4 5

Completes homework in a timely manner: 1 2 3 4 5 Prepared and organized: 1 2 3 4 5

Competes class assignments: 1 2 3 4 5

Listens attentively and carefully: 1 2 3 4 5

Seeks help when needed : 1 2 3 4 5

Takes pride in work: 1 2 3 4 5

Demonstrates effort 1 2 3 4 5

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Thank you for applying for our after school and summer enrichment program. We look forward to working closely with your child.

If you have further questions, please do not hesitate to contact us. 843-917-0495.

To learn more about us and our services, please visit;

www.childandfamilyresourcefoundation.com