



CHILD & FAMILY
Resource Foundation

SETT® Students Succeed After School Enrichment Program

Student Name _____ **Date of Birth** _____

Sex of Student : Male or Female

Parent/Guardian Name _____

Student Address: _____

Contact Phone Number _____

Please check anticipated start date: Spring 2022 or Summer 2022

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? _____

Select Site for Attendance SETT® Students Succeed

*Child and Family Resource Site Attendees Monday Afternoons 3:30 -5:30

122 East Home Avenue Hartsville, SC 29550

*First Baptist Kindergarten Afterschool Enrichment Program Tuesday's immediately following school

- *YMCA Hartsville Site Attendees Tuesday Afternoons 2:30-4:30
- *Wednesday's Siblings of Special Need Students and Parent Support Group 4-5:30
- *YMCA Darlington Thursday's 3:00; 500
- *First Baptist Church homeschooler and Virtual School 12:00 pm-2:00 pm

The following supporting documents are needed in order to begin services in our after school 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, iff 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:

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

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