

Resource Foundation

SETTW Students Succeed After School & Summer Enrichmen	it Program Application	
Student Name	Date of Birth	
Sex of Student : Male or Female		
Parent/Guardian Name		
Student Address: Number	Contact Phone	
Please check anticipated start date: Spring 2022 or Summer 2	2022	
School Currently attending:		
Grade		
School District (SUD) Student ID #		
ELA teachers name:email address:email address:		
Please note any learning challenges that our instructors need to k be successful.	now in order to help your child	

Name	Phone	
1. Name		
Emergency Contact Information (Other than		
Allergies. If yes, please list:	Medications: Please list	
Medical Condition:		
5. Copy of your child's IEP or 504 plan, if a	•	
Discipline referrals this year, please include them with this packet.		
 Copy of your child's last report card, with attendance. If your child has a truancy plan, please include it with this packet. 		
MAP Scores and all standardized assessments used for grade placement Only of your shild's last report and with attendance.		
The following supporting documents are needed summer programs.	d in order to begin services in our after school or	
*First Baptist Church homeschooler and Virtual	·	
*Wednesday's Siblings of Special Need Student Darlington Thursday's 3:00 - 500	s and Parent Support Group 4-5:30 *YMCA	
*YMCA Hartsville Site Attendees Tuesday Aftern	noons 2:30-4:30	
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□ *First Baptist Kindergarten Afterschool Enrich school	ment Program Tuesday's immediately following	
□ *Child and Family Resource Site Attendees 1: Summer Enrichment Program - 4K - 5K - Thurse		
□ *Child and Family Resource Site Attendees 1: Summer Enrichment Program - 1st - 5th Grader		
□ *Child and Family Resource Site Attendees 1: Monday Afternoons 3:30 - 5:30	22 East Home Avenue Hartsville, SC 29550	
Select Site for Attendance SETT® Students S	Succeed	
Is there any other additional information that our your student/child?		

Primary Care Physic	ian Name:	Phone number
Dentist Name		
Phone Number		
		fter SETT® Students Succeed dual not listed on this form pick up
1	2	3.
Insurance Informati	on for Emergency use only during	field trips:
Carrier Name:	Subscriber :	
number:when returned to Chi I understand that I wi	Contract Number: Copy of Insurance Card and or all and Family Resource Foundation Ill be part of the goal setting process felease relevant educational testing, su	r information must be attached to form or my student, and I will allow my
•	n IEP, educational plan, or 504 copy, c	
discipline informatior	regarding applying to students in ord	er to conduct educational research.
	udent promptly. Consistent (3) absend	ises, I am responsible for dropping off ces, late drop off, and/or pick up will
	an Signature	Date:
Students will be give (allergies specifically	n a healthy snack during their tutoring) that you may have or if you would pre e 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

Sincerely,

Tracy Redfearn, Founder & Executive Director

Child and Family Resource Foundation