



**After School Tutoring Program
Student
Application Packet**



ENROLLMENT PROCEDURE

**The following items are to be completed by student and parent.
When each item is completed, please initial.**

***READ general information sheet _____**

***COMPLETE student application _____**

***COMPLETE student registration _____**

***COMPLETE medical info, authorization & release _____**

***RETURN all forms, copies of required report cards & other
documents as needed to ASTP director _____**

Mail or deliver completed application to:

The Lutheran Church of The Good Shepherd

Attn. ASTP Director

1601 North Street SE

Olympia, WA 98501

Email: astp@gsolympia.org

***WAIT FOR CONTACT from tutoring program director
before attending**

Questions? – Call Jennifer Meyer, Director - (360) 357-3554 x108

General Information Sheet

MISSION & PURPOSE

ADJUSTING to life in middle school can be quite a challenge. Even the best students struggle through these years of change. Students with academic challenges can find their journey through middle school completely overwhelming. **The mission of the After School Tutoring Program (ASTP) at The Lutheran Church of the Good Shepherd is to help students succeed in school by providing a free, supervised, after-school activities and tutoring program for struggling middle school students in our community.** In order to accomplish our mission, we recruit and train volunteers to assist participating students with homework completion and skill-building activities that enable them to improve their grades, become better learners, and ultimately raise their self-esteem.

ASTP is a secular program offered without regard to race, color, religion, gender, or national origin. The entire program is to be consistent with and considered part of the overall Christian mission of The Lutheran Church of The Good Shepherd. Students who are not members of the congregation will not be coerced to join our congregation. However, they and their families are welcome to join any activities of our congregation's life and mission.

ENROLLMENT POLICIES AND PROCEDURES

WHO CAN ENROLL: Enrollment is open to fifth through eighth grade students living in Thurston County who attend schools offering a core curriculum-based education. Students must be in need of homework help in core curricular subjects and must bring teacher-directed assignments with clear expectations. We will consider exceptions to this policy on a case-by-case basis.

HOW TO ENROLL: Submit student applications directly to the After School Tutoring Program at The Lutheran Church of the Good Shepherd. Priority enrollment is offered to students enrolled the previous year, provided they meet the early enrollment deadline. We fill remaining program openings on a first come, first served basis throughout the year.

PARTICIPATION REQUIREMENTS & GUIDELINES

REPORT CARDS: In order to evaluate the effectiveness of ASTP on the individual student's academic performance and the overall impact of the program, parents or guardians **must** provide the following:

New students: a copy of the student's most recent academic record (available on Skyward) or quarterly report card (due with application packet).

Enrolled students: a copy of each quarter's academic record or report card.

ABSENCES: In the event of a student's absence, the parent or guardian must notify the director at (360) 357-3554 ext. 108 by **1:00 PM** (this helps us keep our staff and volunteers informed of schedule changes). If prior arrangements have not been made for a student's absence, the parent or guardian will be notified immediately at the start of the session.

Excessive absenteeism may be cause for dismissal.

PARTICIPATION REQUIREMENTS & GUIDELINES CONTINUED

ARRIVAL AND DEPARTURE:

- Students may walk, ride bikes, use private, school, or public transportation to the program. Roll will be taken.
- **When departing, the parent or other authorized adult must come into the building to pick up his/her student. Students will wait at their tables until their rides arrive.**
- If a person other than the parent or legal guardian is to pick up the student, the parent or guardian must fill out an authorization form listing the name of the authorized person and a phone number where he/she can be reached.
- Students may walk or ride their bikes home **only** with prior written permission from their parent or guardian. (*We strongly encourage parents, if at all possible, to provide transportation for their children when weather conditions are poor and during the winter months when it is dark by 5:30 PM.*)
- Parents must pick up students between **5:15 PM and 5:30 PM or make arrangements ahead of time.** Consistent early or late pick-ups may be cause for dismissal.

INJURY, ILLNESS, AND MEDICATION:

- In a medical emergency, 911 will be called and the parent or legal guardian will be notified immediately. At the time of enrollment, the parent or guardian must sign a release form authorizing the center to seek medical treatment for the student.
- When ill, the student should not attend the program. If he/she becomes ill at the program, we will call the parent or guardian to pick up the student.
- Prescription medication will be administered *if* a permission slip is filled out. Prescription medication must be in its original container with the dosage noted.

BEHAVIORAL EXPECTATIONS: Positive discipline methods are integral to the program. In order to participate, **students must understand and sign an agreement stating guidelines for behavior.** We use problem solving strategies listed in the agreement to help students handle any issues involving them. Repeated occurrence of inappropriate behavior may be cause for dismissal.

ASTP STUDENTS INVOLVED IN SPORTS AND OTHER ACTIVITIES: While ASTP supports student participation in sports and other activities, we have found that these activities can prohibit regular attendance at ASTP. Because consistent participation is key to success, our policy with regard to these activities is as follows:

If a student's participation in an activity will interfere with attendance at ASTP more than twice a month, the student will be asked to come to ASTP only once a week and be required to attend that day of the week, regardless of other activities. If the student cannot make the commitment to attend that one day per week, then the student will no longer be allowed to participate in ASTP. We will consider exceptions to this policy on a case-by-case basis.

FIELD TRIPS AND OUTINGS: During the school year trips to the park, the library or other places may be scheduled during the activity portion of ASTP. Parents must sign a permission slip (included in the ASTP application packet) in order for their children to attend any outing or field trip.

**AFTER SCHOOL TUTORING PROGRAM
APPLICATION**

This PDF may be completed by using your viewer's Fill & Sign option.

To Be Completed By The Parent or Guardian

DATE _____

STUDENT'S NAME _____ GENDER _____ AGE _____

STUDENT'S SCHOOL _____ GRADE _____

We offer two sessions – Students may attend only **ONE** session – NO EXCEPTIONS

Mondays & Wednesdays after school until 5:30 PM.

Tuesdays & Thursdays after school until 5:30 PM.

SESSION PREFERENCE: (This **DOES NOT** guarantee availability.)

MONDAYS/WEDNESDAYS _____ TUESDAYS/THURSDAYS _____

MEMBER OF THE LUTHERAN CHURCH OF THE GOOD SHEPHERD? YES _____ NO _____

In which subjects or areas does student struggle? (example: Math, Reading Comprehension,

Organization) _____

Does student have an IEP (Individual Education Plan) or a 504 plan? Yes _____ No _____

If yes, please give a brief description of accommodations or attach copy of most current plan.

To Be Completed By The Student

Hobbies/interests/activities I like to do are: _____

Favorite school subject: _____ Least favorite: _____

Easiest school subject: _____ Most difficult: _____

I would like help with: _____

**AFTER SCHOOL TUTORING PROGRAM
STUDENT REGISTRATION**

STUDENT'S NAME _____ BIRTHDATE _____

ADDRESS (street) _____ (city) _____ (state) _____

(zip) _____ HOME PHONE _____ STUDENT'S CELL # _____

MOTHER/GUARDIAN _____ HOME PHONE _____

ADDRESS _____ CELL # _____
(if different than student's)

E-MAIL _____ WORK# _____

FATHER/GUARDIAN _____ HOME PHONE _____

ADDRESS _____ CELL # _____
(if different than student's)

E-MAIL _____ WORK# _____

I agree to arrive at the After School Tutoring Program **no earlier than 5:15 PM and no later than 5:30 PM** to pick up my child. – *remember... consistent early or late pick-ups may be cause for dismissal.*

I hereby permit the person(s) listed below to pick up my child no earlier than 5:15 PM and no later than 5:30 PM when I am unable to do so. I have given them instructions that they need to go into the building and meet my child at his/her tutoring table.

| | | | |
|------|-----------|------|-----------|
| Name | Telephone | Name | Telephone |
|------|-----------|------|-----------|

| | | | |
|------|-----------|------|-----------|
| Name | Telephone | Name | Telephone |
|------|-----------|------|-----------|

____ Yes ____ No – There is/are court &/or protection orders in place for my child.
(If yes, please provide a current copy of the order(s) for our records.)

____ Yes ____ No – I give my child permission to walk home from the Tutoring Program.

FIELD TRIP/OUTING PERMISSION

I/We give permission for my/our child to attend all field trips and outings that occur during regularly scheduled activities of the After School Tutoring Program of the Lutheran Church of the Good Shepherd.

| | | |
|--------------|--------------------|------|
| Child's name | Parent's signature | Date |
|--------------|--------------------|------|

**AFTER SCHOOL TUTORING PROGRAM
MEDICAL INFORMATION, AUTHORIZATIONS AND LIABILITY RELEASE**

Student Name (please print) _____

Parent/Guardian Authorizations and Liability Release: As a parent or guardian of the above minor child who is requesting to voluntarily participate in The After School Tutoring Program (ASTP) sponsored by The Lutheran Church of The Good Shepherd, I hereby acknowledge that I have read, understand, and agree to the following:

- I acknowledge that participation in this program may entail unanticipated risks, and while I expect program staff to exercise reasonable caution in running this program, I hereby release The Lutheran Church of the Good Shepherd from any liability or damage incurred.
- I certify that my child has no medical or physical conditions that could interfere with his/her safety in this program or activities or I have listed those conditions and restrictions below.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- In the event it becomes necessary for the program staff-in-charge to obtain emergency care of my child, neither he/she or The Lutheran Church of the Good Shepherd shall assume financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.
- I authorize ASTP staff to obtain school records and communicate with school staff regarding my child.
- Permission is hereby granted to use photos of, quotes from, and likenesses of myself or my minor child in print or electronic media such as, but not limited to brochures, media ads, web pages, and others as deemed useful by the program for marketing purposes by and for the After School Tutoring Program of The Lutheran Church of the Good Shepherd. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes, or likeness.

Describe allergies, medical or physical conditions which would affect snack choices or participation in activities: _____

Significant illnesses or medical diagnoses (i.e. Diabetes or ADHD) and affects of illness or diagnosis on student's learning: _____

Insurance _____ **Policy #** _____

Name of Parent/Guardian (please print) **Signature of Parent/Guardian** **Date**

Alternate Person(s) to be notified in case of emergency:

Name _____ **Phone - Home** _____ **Work** _____

Physician of 1st Choice _____ **Phone** _____

Preferred Hospital _____ **Phone** _____