



BCDI

Black Child Development Institute
GREENSBORO

The 2017-2018 “Spirit of Excellence” Tutorial Registration Form

Application Checklist

- Complete each page of this registration form (Page 7 is for Scholarship Applicants)
- Also be prepared to submit the following *with* your application:

Supporting Documents

- Copy of your child’s IEP (Individualized Education Plan), if applicable
- Two-way Consent Form (we will provide this to you)

Scholarship Applicants Only

- TANF or WorkFirst eligibility letter -OR- Free or Reduced lunch verification letter
- Completed eligibility form (Page 7)

Name of Student: _____

Name of Parent: _____

Date: _____



Dear Parent/Guardian,

Attached is the application form for our Spirit of Excellence (SOE) Tutoring Program. We are honored that you have chosen Black Child Development Institute of Greensboro, Inc. (BCDI-G) to help in creating a path towards academic success for your child. Please see information below regarding the process for entry into the program.

➤ **ELIGIBILITY:**

- The SOE program is open to all students in Guilford County schools (K-12th grade) regardless of race, religion, creed or socio-economic background.

➤ **REGISTRATION:**

- To register your child for the SOE program, a parent or guardian must complete the tutor application form available online or in our office at 415 N. Edgeworth Street, Suite 230, Greensboro, NC 27401. Once the form is completed, please return it to our office. You will receive a follow up phone call to schedule an assessment for students (K-8th grade), upon receipt of ***all*** sections of the form. This process is very important as it allows us to create an individualized plan to help your child reach their academic goals.

➤ **FEES:**

- There will be a \$5 Assessment Fee for each K-8th grade student, due the day of the assessment. There will also be a **one-time, non-refundable Enrollment Fee** for each child enrolled in the SOE program (K-12th graders). For 2017-2018, the Enrollment Fee is \$40 per child. Please note that for those families who request a scholarship for the program (reducing the payment to \$20 for the year), you must supply need verification either by providing a) TANF or WorkFirst verification documents or b) Free or Reduced Lunch verification document. **The Enrollment Fee will be due once a child is placed at a tutoring site and prior to starting the tutoring session.**

➤ **SUBJECTS:**

- BCDI-G's goal is to help your child improve their academic skills in the areas of math or reading. Please note that the primary focus of the tutoring session is to help your child strengthen his/her skills as identified through the assessment. *Though tutors will be available to assist with homework, they are not responsible for ensuring that a student's homework is completed during the scheduled tutoring time.*

➤ **DAYS & HOURS FOR TUTORING:**

- Tutoring will occur twice per week on alternative days (M/W or Tu/Th) and hours of tutoring will vary by availability of tutors and their skill set. Please see schedule on the application form. BCDI-G recognizes that there will be times when it is necessary for a student to miss a tutoring session. However, regular attendance is required in order to provide the most beneficial service. **If the student is to be absent, please contact the BCDI-G office before 2:00pm.** Frequent absences will result in termination from the site. *If a student is absent twice without notification they will be dropped from the program. Also note that the tutoring sites are closed when Guilford County Schools are closed - this includes teacher workdays and holidays.*

At BCDI-G, we believe that parents/guardians are a child's first teacher. We are looking forward to this collaboration with you, Guilford County Schools, our AmeriCorps Members, community volunteers, and BCDI-G staff where together we will be working to ensure your child's academic success.

Please sign your name that you have read and understood these guidelines:

→ _____





BCDI

Black Child Development Institute
GREENSBORO

The 2017-2018 “Spirit of Excellence” Tutorial Registration Form

Please complete the front and back of each page. All forms should be returned to our office. Once all completed forms are returned, you will receive a follow-up call from our office to schedule the assessment for this child.

STUDENT INFORMATION:

Student Name: _____

Date of Birth: _____ Age: _____ Sex: _____

School Attending: _____ Grade: _____

Name of English Teacher: _____ Name of Math Teacher: _____

English Teacher Contact Info: •Phone: _____ •Email: _____

Math Teacher Contact Info: •Phone: _____ •Email: _____

Does your child receive Exceptional Children’s Service and/or have an IEP: No Yes (if yes, please specify. A copy of the IEP must be attached.)

Does your child have any medical conditions or allergies? No Yes (if yes, please specify.)

Please share any information that would be helpful in working with your child:

Are you interested in your child receiving: (please choose ONE)

Homework Assistance -OR- Skill Development

Primary subject where assistance is needed: (please choose ONE subject only)

Reading/English -OR- Math (if 6th grade or higher, please indicate type) _____

ARE YOU ELIGIBLE TO RECEIVE A SCHOLARSHIP? (Reducing the fee to \$20 for the year)

Yes** No

**Please note, additional documentation is required to prove your eligibility. These documents are:

a) TANF or WorkFirst verification documents -OR- Free or Reduced Lunch verification document

b) Eligibility Form (included in application - page 7)





BCDI

Black Child Development Institute
GREENSBORO

Please Select Session Type and Time Preference

Instructions: Choose from either “Homework Assistance” or “Skill Development”. Next choose either Mon/Wed or Tues/Thurs sessions and select preferred and secondary time slots. A staff member will contact you to confirm availability of the days/times you selected.

Homework Assistance: (55 min. of homework & 5 min. of reading)

Preferred Days	Preferred Time (Please Select ONLY one)	Secondary Days (will be used in the event the Preferred Day/Time is full)	Secondary Time
<input type="checkbox"/> Monday and Wednesday OR <input type="checkbox"/> Tuesday and Thursday	<input type="checkbox"/> 3:30pm to 4:30pm <input type="checkbox"/> 4:30pm to 5:30pm <input type="checkbox"/> 5:30pm to 6:30pm	<input type="checkbox"/> Monday and Wednesday OR <input type="checkbox"/> Tuesday and Thursday	<input type="checkbox"/> 3:30pm to 4:30pm <input type="checkbox"/> 4:30pm to 5:30pm <input type="checkbox"/> 5:30pm to 6:30pm

Skill Development: (45 min. of homework, 10 min. of skill development, & 5 min. of reading)

Preferred Days	Preferred Time Please Select ONLY one	Secondary Days (will be used in the event the Preferred Day/Time is full)	Secondary Time
<input type="checkbox"/> Monday and Wednesday OR <input type="checkbox"/> Tuesday and Thursday	<input type="checkbox"/> 3:30pm to 4:30pm <input type="checkbox"/> 4:30pm to 5:30pm <input type="checkbox"/> 5:30pm to 6:30pm	<input type="checkbox"/> Monday and Wednesday OR <input type="checkbox"/> Tuesday and Thursday	<input type="checkbox"/> 3:30pm to 4:30pm <input type="checkbox"/> 4:30pm to 5:30pm <input type="checkbox"/> 5:30pm to 6:30pm

Please Note:

BCDI-G recognizes that there will be times when it is necessary for a student to miss a tutoring session. However, regular attendance is required in order to provide the most beneficial service. **If the student is to be absent, please contact the BCDI-G office before 2:00 pm.** Frequent absences will result in termination from the site. *If a student is absent twice without notification* they will be dropped from the program. **Also note that the tutoring sites are closed when Guilford County Schools are closed - this includes teacher workdays and holidays.**

Tutoring Site Location:

Windsor Recreation Center
1601 E. Gate City Blvd.
Greensboro, NC 27401





BCDI

Black Child Development Institute
GREENSBORO

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: _____ Work No.: _____

Cell Phone No.: _____ E-mail: _____

The best way to contact me is: cell phone home phone e-mail

Emergency Contact #1 (REQUIRED): _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

How did you hear about BCDI-G's tutoring program? school friend PSA other _____

.....

Authorization to Pick-Up

I _____ give permission for the following individuals to pick-up my child (named above) from BCDI-G's Tutoring Program (located at Windsor Rec. Center, 1601 E. Gate City Blvd., Greensboro, NC 27401).

Please list adults (over the age of 18) who are authorized to pick up your child.

Name:	Relationship to child:	Mobile Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____





BCDI

Black Child Development Institute
GREENSBORO

Thank you for providing us with this information!

This form ensures that we have accurate information about the families we serve and can provide required feedback to the funding agencies that support our organization.

Household Makeup:

- Two Parent
- Single Parent (Female)
- Single Parent (Male)
- Grandparent/Caregiver
- Other

Age of Parents/Caregivers:

- 18-39
- 40-59
- 60 +

Ethnicity (check all that apply):

- African
- African American/Black
- Asian or Pacific Islander
- Caucasian/White
- Hispanic/Latino
- Native American or Alaskan Native
- Other: _____

Number of CHILDREN in Household: # of Females: _____ # of Males: _____

Annual Household Income:

- under \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- over \$50,000
- Unemployed

Name of Employer: _____

Highest Level of Education Completed:

- High School Diploma or GED
- Vocational/Tech School
- Bachelors Degree
- Masters Degree
- Doctoral Degree
- Other: _____

Are you a Member of the PTA? Yes No





BCDI

Black Child Development Institute
GREENSBORO

Reduced Fee Eligibility Application

This form is used to determine a family's eligibility for the reduced fee. Please answer all questions honestly and thoroughly. Verification may be required.

1. How many adults are in the household? _____ How many children are in the household? _____

2. List all children in the household:

First and Last Name	DOB	Grade

3. Does your household currently receive MEDICAID, FOOD STAMP or TANF? Yes No

• If yes, provide recent approval letter or copy of benefits card. Proceed to #6. DO NOT COMPLETE QUESTION #5.

4. Is this application for a foster child? Yes No

• a. If yes, please proceed to question #6. DO NOT COMPLETE QUESTION #5.

5. Household members monthly income: Complete this based on every adult living in the home.

Name of Household Member	Monthly Wages (before deductions)	Other Earnings	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

6. By signing below, you certify that all of the above information is true and correct and that ALL income is reported (if applicable).

Signature of Parent

Date

Printed Name

Contact Number

_____ **DO NOT WRITE BELOW THIS LINE** _____

Total household size: _____ Total household monthly income: _____

Decision: _____ Reason: _____ Parent contacted: _____

Decision approved by: _____ Date: _____

