



# A Foundation of Children United to Succeed, Inc

Dr. Ron Johnson  
Executive Director / Chief Coordinating Officer

**A Foundation of Children United to Succeed (F.O.C.U.S.)** is a proactive intervention program operating before, during and after school. The program is designed to promote educational encouragement for academic success, personal development, including self – awareness, positive self-concept building, and team building skills for youth ages 5 - 16 years old. By providing extra guidance and alternative lessons including positive character building and life skills activities, this program is a stepping stone for producing productive citizens.

## **Mission**

The Mission of F.O.C.U.S. is to be a pillar in transforming the lives of male participants empowering them to achieve at their fullest potential academically, creatively, physically, morally and spiritually.

## **Vision**

To be a highly effective and powerful youth program facilitating enhancing the quality of life for all participants.

## **Objectives:**

1. Members will display a positive attitude regarding education, family, community, and self. (John 15:4-5)
2. Members will be able to demonstrate acts of responsibility, acceptability, Leadership, and unity. (Proverbs 22:6)
3. Members will be able to model and demonstrate self-restraint at appropriate times and in appropriate settings. (2 Peter 1:5-7)

## **Dress:**

Participants will wear program T-Shirt with the F.O.C.U.S. Promise embroidered on it. It must be worn on Mondays and Wednesdays. Participant must wear a shirt and tie-on Thursday's and all field trips.

**T-Shirts must be purchased. Shirts and ties will be donated and must be worn on designated days.**

## **Program Outline**

- Conditioning Training
- Classroom Lessons throughout the school year
- Community Service Events (3) – TBA
- Rites of Passage
- Guest Speakers



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## Criteria for F.O.C.U.S. Participants

- Must be males (boys) in the 3rd thru 6<sup>th</sup> grade.
- Maintain at least a “C” grade in all subject areas or might be at risk of failing.
- Parents must attend the introductory meeting and participate in fundraiser events.
- Learn the F.O.C.U.S. Promise and abide by it.

### F.O.C.U.S.

A Foundation of Children United to Succeed

I promise to achieve academically, be responsible, and promote unity and leadership. I will learn, understand and demonstrate the discipline of self-control, self-confidence, self-worth, and pride. I will conduct myself with respect, dignity, and integrity at all times. I promise to help lead the way for all other children to be successful.

## Photograph Permission Slip

I, \_\_\_\_\_ give F.O.C.U.S. coordinators permission to take and use still photographs or videos of my son \_\_\_\_\_ in the following ways:

Photo Authorization	(Check one)	
	Yes	No
F.O.C.U.S. Photo Book		
Field Trips		
Service Activities		
News Letters / Bulletin Boards		
F.O.C.U.S. Online Website <a href="http://www.myfocusacademy.org">www.myfocusacademy.org</a>		
Social Media Websites (FB, LinkedIn, Twitter, Pinterest, Instagram)		

(Photos may be taken by coordinator, assistant, a school staff member, or other delegated photographers, but will never be sold for commercial use)

\_\_\_\_\_  
(initial) I understand that it's my responsibility to update this form if I wish to retract my permission in any of the above categories.

\_\_\_\_\_  
(initial) I understand that permission is given for the entire school year and the time that my son will be participating in the F.O.C.U.S. program.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Coordinators Signature)



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## Permission Slip

I do hereby give \_\_\_\_\_ permission to participate in the F.O.C.U.S. Program. I understand that my son will have to stay after school and that I will be required to provide pick-up for him. I also understand that I must attend the first mandatory meeting as well as participate in fundraising activities. I further understand that my son may be attending field trips which will require him to travel where transportation will be provided by either charter bus or a registered bus by a sponsor.

My signature verifies that I understand the above statements and am a willing participant in this program.

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Phone Number