

VUOTS



Program Site

Victoria Urban Outreach Tutoring Service

6353 Germantown Avenue 3rd floor rear

Philadelphia PA 19144

Telephone: (267) 312- 9345

Website: www.vuots.org

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WELCOME

Parents and Guardians,

Welcome to Victoria Urban Outreach Tutoring Service, annual Tutoring Scholarship Program. We look forward to supporting your student's educational needs which include mathematics, reading and writing. These enriching memories we hope will provide students with fundamental knowledge in common core subjects. While being in a fun, safe, and exciting environment.

Read this packet carefully and review the rules with your child(ren). This program cost varies per student. The discount paid on behalf of your student(s) is based on grade and disadvantage.

VUOTS Tutoring Scholarship Program offers each participant between 5-10 hours of discounted tutoring services per calendar school year. Unfortunately, sponsorship and donations were low this year. Therefore, the number of students we offer scholarships will be limited.

Thank you for participating in our Tutoring Scholarship Program.. We are looking forward to meeting new students and making them returning ones. VUOTS is sure to make this program a memorable one for all the students!

If you have any questions, please contact us at (267) 312 -9345.

Please note the information contained in this guide is for VUOTS Tutoring Scholarship Program.

Sincerely,

Victoria C. Best

Founder/Director

Registration

All Philadelphia PA students in grades k-12 are welcome to register for VUOTS Tutoring Scholarship Program. VUOTS sister company Victoria's Tutoring Service LLC (VTS), will facilitate all tutoring services. Rates and discounts are based on VTS's hourly rate by grade and support requirements. Within this packet is a list of VTS's tutoring fees. The first students to register will be serviced based on funding. Once funding is no longer available students will be put on the wait list. If no funds for that current school year become available. Those on the wait list will be serviced first in following school year. Registration will be taken by drop off. We ask, parents to leave registration forms in the mailbox in a sealed envelope.

Attendance

You are encouraged to call VUOTS at (267) 312 – 9345 if your student will be absent. If your student misses two session they will automatically forfeit their scholarship. If a student needs to be absent, please call to see if a virtual session can be arranged or if the in-person session can be rescheduled. As a courtesy, please be sure to contact us if your student will be absent or can no longer attend. The office does not open until 9:00 a.m. but you may leave a message prior to opening. Staff will not be making regular phone calls home due to absences.

VUOTS Program Hours: 3pm – 6pm

This program runs every school year. The first tutoring session your student will be greeted at the main entrance by the director/tutor and the sign in sheet. Students will not be permitted in the building without a mask if required by law at the time. At the end of the first session a door code will be given to your student. This door code will allow them to enter the building for future sessions without be greeting at the door. Parents will be emailed the door code as well. The door is not to be given to anyone. Parents are not required to stay with their student.

Medication

No Medication on site, except for as needed medications, such as inhalers or EpiPen. All other medicine needs to be taken before or after tutoring. No over the counter medicines will be distributed to any students during tutoring.

Health

For the health and safety of all participants and staff, the following health regulation is required. Please notify us if your child has a communicable illness so that we may inform other parents (send out a note) to watch for symptoms. VUOTS staff has the authority to refuse any child that may show signs of any contagious illness. In such cases, the judgment of the staff is final and refusal to come pick up the child will result in dismissal from the program. If your child had a fever, they must be fever free for 24 hours in order to re- turn to the program. Staff also has the authority to request that you provide a note from your child's doctor stating that the child is able to safely return to the program.

Parking Information

Parking is not permitted in the public bus/emergency lane. In this area, drivers must remain in the car in order to move their vehicle immediately if some bus or emergency personnel arrive. Cars left unattended in the bus/emergency lane may be ticketed or towed.

Parent Communication with Children

Parent/adults are not allowed to speak to children other than their own regarding that child's behavior. If there is a problem between your child and another, please bring it to the attention of staff or have your child do so. Only VUOTS staff is permitted to discipline or question a child in their care. If a parent must reach their child at program due to an emergency, please call (267) 312 - 9345 and ask for the Program Director. The Program Director will locate your child and bring them to the phone. Please remember the staff's responsibility is supervising the children, so we ask that phone calls are kept to a minimum and only made in emergency situations.

Parent/Guardian Code of Conduct

Parents/Guardian are expected to exhibit appropriate behavior at all times while participating in any program, event or activity with VUOTS. It is recommended that parents discuss with their child(ren) that if activities are planned for groups and while their child may wish not to participate in a specific activity, he/she is still expected to make an effort to be a part of the program. The following guidelines are designed to provide safe and enjoyable activities for all participants. Additional rules may be developed for particular programs and athletic activities as deemed necessary by staff.

Parents/Guardian shall:

Show respect to all participants and staff and take directions from staff. Refrain from using abusive or foul language. Refrain from causing bodily harm to self, other participants or staff. Show respect to equipment, supplies and facilities. Take direction from program staff and supervisors. VUOTS, its instructors, supervisors and administrative staff, reserves the right to suspend, expel or deny participation in or viewing of any program, event or facility to any person whose behavior materially interferes, or disrupts the quality of those offerings, the enjoyment of them by other participants, or the ability of staff to conduct or manage the activities or facility.

Disciplinary Action

VUOTS will follow a progressive form of discipline as outlined below, if deemed appropriate. However, VUOTS is not required to do so and may, in its sole discretion, forego lesser forms of discipline at any time and proceed immediately with the parent/ guardian removal.

Dismissal: If inappropriate behavior persists or the behavior completely disrupts a program, removal from the program, facility or activity may be necessary. Once again, VUOTS reserves the right to dismiss a parent, volunteer or spectator whose behavior endangers his/her own safety or the safety of others.

STUDENT RESPONSIBILITIES**Code of Conduct**

Students are expected to exhibit appropriate behavior at all times.

Participants shall:

- 1. Show respect to participants/staff and take directions from staff.**
- 2. Refrain from using abusive or foul language.**
- 3. Refrain from causing bodily harm to self, participants or staff.**
- 4. Show respect to equipment, supplies, and facilities.**

Participants who do not conform to these rules risk extended time outs, removal from class/tutoring into the office, suspension or dismissal from the program.

Discipline

The purpose of discipline is to help a child develop self-control and learn to assume responsibility for his/her own actions. It is also necessary for the safety of all participants and staff. Participants are encouraged to follow the six pillars of the Character Counts program. We use corrective statements and “time-outs” to redirect negative behavior. Recurring or major problems will be documented through an incident report and discussed with the parent/guardian. Students may be suspended or dismissed from the Summer Enrichment Program for the following reasons; 3 incident reports in a day, aggressive behavior, possession of weapons and/or illegal substances, reoccurring behavior and any other inappropriate behaviors deemed unacceptable by VUOTS staff.

Additional Information

The last page provided in this packet is a sample tutor report form. A copy will be given to the student after every session. A copy will be kept on file. This is a way to confirm students received tutoring with VUOTS. Plus, it will be used to provide parents with any information regarding their students session.

Items from Home

Students should leave all toys, electronic games, MP3 players and other items at home unless program staff requests the item. Unauthorized items will be stored in the VUOTS office and must be signed out by a parent. VUOTS is not responsible for any lost or stolen items. Cell phones are permitted, however if it becomes a distraction the student will be asked to turn it off until program is over, or the device will be held and returned at the end of program.

Appropriate Attire

Make sure your child wears comfortable shoes and clothes to tutoring/programming. Clothing with alcohol, cigarette advertisements and/or explicit or profane messages will not be allowed at program. Parents will be contacted and expected to pick up their child or bring a change of clothing. Additionally, parents may be contacted, if their child is wearing revealing or suggestive clothing.

Continued / Additional Information

Abuse and Neglect

In accordance with the procedures set forth in the Abused and Neglected Child Reporting Act, VUOTS personnel, having reasonable cause to believe that a child known to them in their professional capacity may be an abused or neglected child, shall immediately report the matter to their supervisor. The proper authorities will then be notified.

VUOTS Staff

If you have any questions or comments about VUOTS Tutoring Scholarship Program, please feel free to contact the following staff members.

VUOTS Founder/Director, Victoria Best

To ensure that we have all of the information we need, please make sure that you read everything in your Registration Packet. If you didn't save your Registration Packet, they are available at Victoria Urban Outreach Tutoring Service Office or online at www.vuots.org.

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ



VICTORIA URBAN OUTREACH TUTORING SERVICE

Scholarship Registration Form

Child

First _____ Middle _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ Birth date _____

Age _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street

Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____

Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____

Employer _____

Child lives with: _____

Person responsible for payment _____

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____
Cell Phone _____ Email _____ Relation _____
to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____
Cell Phone _____ Email _____ Relation _____
to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance _____

Provider _____

Primary

Physician _____

Address _____

Phone _____ Hospital

Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required Treatment

Should paramedic be called?

Yes/No

Yes/No

Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

Yes__ No__ If yes,

explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that VUOTS will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about VUOTS Tutoring Scholarship Program.

After School Program ____ Website ____ School ____ Word of Mouth ____
Flyer ____ Other ____

The VUOTS Scholarship Has agreed to pay _____ % of your tutoring fee, for the _____ tutoring session. Please sign your name below to confirm that you agree to pay the remaining balance for the specified number of tutoring services.

Parent/ Guardian Signature _____

Date _____

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

Photo Release

I hereby give permission for my child to be photographed during CSCR Inc & VUOTS Youth Coding Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of CSCR Inc & VUOTS

Parent's/Guardian's Initials _____

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

Student Information

Student's Name _____ Date of Birth _____

Grade entering in Fall _____ Gender ☐ Male ☐ Female

Address _____

City _____ State _____ Zip Code _____

The following information is requested to help our teachers/staff/volunteers get to know a little bit about your child before he/she starts his/her session. The information will be kept confidential and is only shared with VUOTS staff who will be working directly with your child. Please be thorough in order to help us provide your child with the best experience possible.

1. Does the student go by a nickname?

2. Does the student have an unusual fear of the dark, thunderstorms, woods or other items the organization should be aware of? ☐ Yes ☐ No

3. Does the student experience any of the following? ☐ behavioral challenges ☐ learning challenges ☐

IEP ☐ ADHD/ADD

4. Are there any recent events that may impact the student's energy when away from home? ☐ Yes ☐

No

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

5. Is there anything else you could tell us about the student that would be helpful for their tutor and/or staff to know? ☐ Yes ☐ No

Student Name: _____

VUOTS SCHOLARSHIP PACKET Site: VUOTS HQ

EXAMPLE TUTOR REPORT FORM

Tutor's Name: _____ Date: _____

Student's Name: _____ Course Name: _____

Location: _____ Arrival Time: _____ Departure Time: _____

for tutoring for tutoring

1. Did the Student arrive on time for scheduled tutoring session? ____ YES ____ NO

2. Did the Student come prepared for tutoring session? ____ YES ____ NO

3. Upon completion of tutoring session did student have a better understanding of material? ____
YES ____ NO

4. Discussion and other comments: _____

5. What suggestions do you have for the student? _____

_____ Tutor Signature

Tutor Signature

_____ Tutor phone number or email

Note: **Students may use tutors provided by their college tutoring/learning center or the student can use their regular Instructor/Professor as tutors in addition to private tutors. Students may not, however, use tutors who are first year students unless approved by their Instructor. In addition, students may not use tutors who are on probation or suspension with the Tribal Scholarship Program, or with the college/university they are attending.

**Please use a separate form for each course you are being tutored for and turn the form(s) into the Scholarship Office every 2 weeks through regular mail, fax, or email. Disbursement checks will be issued after completed form(s) are



VTS HOURLY RATES

Consultation: Initial Consultation: \$50.00

Initial Consultation & Assessment: \$75.00 Assessment: \$50.00

Tutoring Service:

One-on-One

Grades K-5: \$35.00

Grades 6-8: \$45.00

Grades 9-12: \$55.00

Homework Help:

Grades K-5: \$35.00

Grades 6-8: \$35.00

Grades 9-12: \$45.00

Homeschool Support/Cyber School:

Grades K-5: \$30.00

Grades 6-8: \$40.00

Grades 9-12: \$50.00

Test Prep:

Grades 9-12: \$65.00