



Relationship **E**mpowerment **A**ffirmation **L**eadership
R.E.A.L. SKILLS NETWORK INC.
YOUTH LEADERSHIP INITIATIVES

S.T.A.R.T

Students Target Academic Retention Techniques
Year: _____

BASIC INFORMATION

Child's Last Name _____ Child's First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email address: _____

Gender M / F Age _____ Date of Birth ____/____/____ Shirt Size _____

Ethnic Background: African-American _____ Asian _____ Caucasian _____

Latinx _____ Native American _____ Other(Please Specify): _____

With whom does your child reside? (Include parent names)

EDUCATION INFORMATION

Current Grade: _____ School Enrolled in: _____

Teacher's Name/Class: _____ Do you qualify for free lunch at school? Y / N

Does your child have any IEP's? Yes/No If yes, please explain:

Does your child require any additional support/resources in school or at home? Yes/No If yes, please explain:



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EMERGENCY CONTACT & PICKUP INFORMATION

1) Name: _____

Relation to child: _____ Phone # _____

2) Name: _____

Relation to child: _____ Phone # _____

3) Name: _____

Relation to child: _____ Phone # _____

4) Name: _____

Relation to child: _____ Phone # _____

PICK UP POLICY

Program participants will have to be signed out by a parent/guardian or a person on the contact list. Students will be dismissed promptly at designated pick-up time at the Family Partnership, and no later. If your child is not walking, his/her transportation must be available at that time. **Program participants will not be allowed to stay later than the dismissal time.** In the unforeseen event that extended time is needed beyond 15-30 mins a parent/guardian will be expected to notify R.E.A.L. Skills staff. Multiple occurrences over 45 minutes may result in a temporary fee for the additional time your child remains.

PERMISSION FOR SELF-WALKERS

I, _____ give my child, _____, permission to walk from R.E.A.L. S.T.A.R.T., at the Family Partnership Center (29 N. Hamilton St.), to the following address, _____, at the dismissal time. I understand that once my child leaves the program, R.E.A.L. Skills Network Inc. is no longer responsible for my child.

Signature of Parent/Guardian _____ **Date** _____



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GENERAL QUESTIONS: Please explain "yes" answers below.

Has/does the participant: _____ Yes No

1. Had any recent injury, illness or infectious disease? _____
2. Have a chronic or recurring illness / condition? _____
3. Have asthma? _____
4. Ever been hospitalized? _____
5. Ever had surgery? _____
6. Ever had a head injury? _____
7. Ever lost consciousness for any reason? _____
8. Have frequent headaches? _____
9. Ever had seizures? _____
10. Wear glasses, contacts or protective eyewear? _____
11. Have diabetes? _____
 *If yes, health care provider orders signed by a doctor must be submitted.
12. Ever had frequent ear infections? _____
13. Ever had chest pain during or after exercise? _____
14. Ever passed out during or after exercise? _____
15. Ever been dizzy during or after exercise? _____
16. Ever had high blood pressure? _____
17. Ever been diagnosed with a heart murmur? _____
18. Ever had back problems? _____
19. Ever had problems with joints (e.g., knees, ankles)? _____
20. Have any skin problems (e.g., itching, rash, acne)? _____
21. Had problems with diarrhea/constipation? _____
22. Ever had emotional difficulty for which professional help was sought? _____
23. Have any allergies? _____

Please list **ALL** allergies: _____

24. Ever receive special services during the school year? _____

Notes for any YES answers:



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Educational & Recreational Outings Permission Slip

As the parent/legal guardian of _____, I give permission for my child to go on the educational outings that we have planned for the academic school year. There will be an additional permission slip to sign per outing that will explain the activity, date, and return time of that trip.

I understand and acknowledge that participation in the activities involves inherent risk of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify REAL Skills Network, Inc. for any cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent that in my absence the above-named minor be admitted at any medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctor of Dentistry or other such licensed nurses and technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to results of examinations or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named minor.

Signature of Parent/Guardian _____ **Date** _____

PHOTO RELEASE

I give permission to R.E.A.L. Skills Network Inc. staff members to photograph my child during the S.T.A.R.T. program, field trips, or events, and to use those photographs on social media and fliers for fundraising and publicity purposes.

Signature of Parent/Guardian _____ **Date** _____



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*****IMPORTANT INFORMATION FOR PARENTS*****

GROUND RULES

Students must...

- show respect toward staff, volunteers, and fellow program participants.
- solve conflicts constructively.
- play safely and courteously.
- show respect toward others' property.
- follow through with their commitments.
- take responsibility for their own actions.
- remain in safe designated areas.

Signature of Parent/Guardian _____ **Date** _____

DISCIPLINARY POLICY

Each child will receive three warnings before being removed from their group. When removed from the group, the child will speak privately with program staff who will decide whether the child must be sent home early or return to the group. As a parent/guardian, you are responsible for making the arrangement to have your child picked up if he/she is sent home early due to disruption to the program. If your child is sent home for a second time, he/she may be placed on probation or dismissed. **If a child is absent for TEN consecutive days without a phone call or proper explanation from the parent/guardian, the child will be removed from our roster.** In order to participate after being removed for excessive absences, the child may do a re-entry interview requiring the presence of an Administrator and the parent.

Signature of Parent/Guardian _____ **Date** _____



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MEDICAL POLICY

If your child needs medicine, it must be self-administered. Parents must submit a Doctor's note stating their child may self-administer his/her medication.

PARENT/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

In the case of an emergency, I hereby give permission to the physician selected by the R.E.A.L. Skills Network Inc. Director to hospitalize or secure proper emergency treatment for my child as named below.

Child's Name _____

Signature of Parent/Guardian _____ Date _____

DISENROLLMENT POLICY

Your child will be disenrolled from our program if he/she is found to have been absent from the program for 10 consecutive days. If this does happen the parent will have to re-enroll the child and the child will be placed at the end of the waitlist. Only extenuating circumstances (i.e.: Sickness, Accidents, Vacations) will be considered.

Signature of Parent/Guardian _____ Date _____

PROGRAM RULES AND GUIDELINES

- 1.) Respect your peers, teachers, and all program participants
- 2.) No weapons of any kind
- 3.) No illegal drugs or paraphernalia
- 4.) No Bullying
- 5.) No gang-affiliated behavior or speech
- 6.) No foul language, racial slurs, or put-downs
- 7.) Stay in designated areas only and notify a teacher should you leave for any reason
- 8.) No fighting or physical violence

I AGREE TO THE ABOVE RULES AND GUIDELINES, AND UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE PROGRAM RULES MAY RESULT IN PARENTAL CONTACT AND/OR EXPULSION FROM THE PROGRAM.

Signature of Parent/Guardian _____ Date _____



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S.T.A.R.T. Survey

Student's Name: _____ **Date:** _____

Identify any academic areas that you would prefer your child to work on while here:

Please describe your child's capability level of operating technology such as laptops/computers:

Teacher's Notes:



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*****IMPORTANT INFORMATION FOR PARENTS*****

Parents/Guardians: In order for grants to continue to be allocated for free tuition for students, we must supply documentation of academic progress for grant suppliers. By supplying progress reports, funders are able to document progress in order to pay tuition. **R.E.A.L. Skills' needs a copy of each enrolled child's quarterly progress report from school in order to continue PROGRAM CONTINUITY.** Failure to produce progress reports will disrupt the organization's ability to maintain free enrollment for each child, leading to temporarily discontinued services or a fee until documentation is received.

Signature of Parent/Guardian _____ **Date** _____

For Office Use Only:

Progress Reports	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
English Language				
Math				
Social Studies				
Science				
Misc.				

PARENT MEETINGS:

Meeting with: _____ **Date:** _____

Notes: _____

Meeting with: _____ **Date:** _____

Notes: _____

Meeting with: _____ **Date:** _____

Notes: _____

Meeting with: _____ **Date:** _____

Notes: _____
