



Franklin-Wright Settlements, Inc.

3360 Charlevoix Avenue Detroit, MI 48207-3298
Phone: (313) 579-1000 **Monique D. Marks, MSW, President/CEO**

Summer Enrichment Program 2017

Deadline is June 16, 2017

Student Name: _____

Date of Birth: ___/___/___ Age: _____ School: _____ Grade: _____

Race: _____ Height: : _____ Weight: _____

Hair Color: _____ Eye Color: _____

Child living with: Father Mother Stepfather/stepmother Grandparent
 Guardian Other

Mother's Name: _____ **Date of Birth:** ___/___/___

Father's Name: _____ **Date of Birth:** ___/___/___

Guardian' Name: _____ **Date of Birth:** ___/___/___

Mother's Address:

_____ City: _____ Zip: _____

Home/Cell Phone: (____) _____ Work Phone: (____) _____

Father's Address:

_____ City: _____ Zip: _____

Home/Cell Phone: (____) _____ Work Phone: (____) _____

Guardian's Address:

_____ City: _____ Zip: _____

Home/Cell Phone: (____) _____ Work Phone: (____) _____

Emergency Contact Name:

_____ City: _____ Zip: _____

Home/Cell Phone: (____) _____ Work Phone: (____) _____

List any medical conditions or allergies that your child may have.

Required Medication: _____

Medical Card: _____ Medical Card Number: _____

Please circle any of the listed conditions your child may have:

Asthma Seizure Disorder Heart Condition Diabetes Kidney Problems





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Other (please specify) _____
Required Medications: _____ Other Medications: _____

If your child requires medication, you are obligated to ensure that your child has their medication!

Please list any other adults that may pick up your child.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list any other siblings or relative enrolled in the program.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

What special needs apply to your child or may put your child at-risk? (required)

- | | |
|---|---|
| <input type="checkbox"/> Academic Failure | <input type="checkbox"/> School Drop Out |
| <input type="checkbox"/> School Expulsion | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Truancy from Home | <input type="checkbox"/> High Rates of Truancy |
| <input type="checkbox"/> Not Responsive to Parental Direction | <input type="checkbox"/> Home Curfew Issues |
| <input type="checkbox"/> Escalating Aggressive Behavior | <input type="checkbox"/> Family History of Alcoholism/Drug Use |
| <input type="checkbox"/> Family Conflict/Domestic Violence | <input type="checkbox"/> Allegations and/or substantiation of neglect/abuse |
| <input type="checkbox"/> Deprivation through the absence of one or both parents | <input type="checkbox"/> Other, please explain:

_____ |



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Does your child have any special dietary needs?

What academic areas does your child need strengthening in?

Does your child have any hobbies or special interests?

Would you like to volunteer in the summer program? Yes No

If yes, what days and times are you available? _____

I grant permission for my child to participate in the Franklin-Wright Settlements, Inc. program as listed above, including all on-site and field trip activities. I am authorizing consent to emergency medical treatment, if need arises while this child is in the FWS program. I agree to pay all cost incurred to provide such medical care. I have listed above medical information pertinent in treating this child. I understand that those associated with the program are thus not responsible for any injury suffered by this child while in the program whatsoever. On behalf of myself and my child and to the extent permissible by law, I hereby release, exonerate, and discharge FWS, whether voluntary or employed, from all liability and wrong doing that may come up during their involvement. In addition, I understand and agree that FWS and or a representative of FWS, who has authorization to make a photo, audio, or videotape or recording of the program may do so. On behalf of myself and this child, I hereby give permission waiving any and all payment to the undersigned, and do agree to any use of the above as to the discretion of the Franklin-Wright Settlements, Inc.

Parent Signature

Date





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I, _____, am the parent or guardian of
(PRINT PARENT/GUARDIAN NAME)

_____, whom I would like to enroll in the
(PRINT CHILD/YOUTH NAME)

Franklin-Wright Settlements Youth First program.

I understand the cost of my child's participation in this program is covered by funds from United Way for Southeastern Michigan's Building Foundations Program. I understand that my child is eligible to participate in this program at no cost to me because he/she meets required eligibility criteria.

My child will receive the following services:

- | | |
|---|--|
| <input type="checkbox"/> Academic Support/Tutoring | <input type="checkbox"/> Violence Prevention/Conflict Resolution |
| <input type="checkbox"/> Recreation & Cultural Services | <input type="checkbox"/> Anti-Bullying Awareness Training |
| <input type="checkbox"/> Life/Social & Group Skills | <input type="checkbox"/> Nutrition Education |

My consent for my child to participate in this program is completely voluntary. I know I can revoke my consent to participate in this program at any time by calling **Sarah Campbell @ 313-579-1000 X229**. I also understand that information about my child's participation in this program will be collected and compiled with those of other youth for the purpose of program monitoring and evaluation. I have read and understand this consent form. I have been given a copy of this form to keep. By signing this form I am giving consent for my child to participate in this program.

(Parent/Guardian Signature) (Date)

_____/_____/_____
(Parent Date of Birth) (Home Address) (City) (Zip Code)

Home/Cell Phone: (_____) _____ Work Phone: (_____) _____

(Signature of Person Obtaining Consent) (Date)



Revised 3/15/17





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PARENTAL CONSENT FOR Summer Enrichment Program 2017

I/we, the parents/guardians of _____ understand the nature of the After-School Enrichment program being planned by Franklin-Wright Settlements from **July 10, 2017 – August 25, 2017**. I hereby grant permission for my son/daughter to attend/participate in Franklin-Wright After-School Enrichment program. I understand that adequate and appropriate supervision will be provided.

I understand that Franklin-Wright does not assume responsibility for my child's transportation to or from Franklin-Wright.

I recognize that unanticipated situations and problems can arise at any time, on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising staff (including volunteers).

We further agree to release and hold harmless Franklin-Wright Settlements, their staff, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney's fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In case of an injury requiring medical attention, I hereby grant permission to the supervising staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken.

If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must leave Franklin-Wright Settlements independently for reasons of health, accident, failure to conform to the rules established by the staff in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract for the student and parents/guardians.

Parent/Guardian Signature

Date

Contact Number

In case of an emergency, please contact:

Name

Contact Number

Relation to student





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Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize Franklin-Wright Settlements, Inc. to use, reproduce, and/or publish photographs and/or video that may pertain to me; including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.

Parent or Guardian's Signature

Date

Parent or Guardian's Printed Name

Parent or Guardian's Address (# Street, City, State & Zip)

After School Enrichment

Bus Riding Permission Form

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I / we give permission for _____ (name of child) to be picked up at _____ (school name) by bus/van operated by Franklin-Wright Settlements, Inc. I / we release Franklin-Wright Settlements, its officers, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/child arising from riding on the bus/van and participating in the After School Enrichment Program; its officers, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child(ren) arising from riding on the bus/van including loss or injury resulting from negligence or gross negligence.

Parent/Guardian Signature

Date