



Franklin-Wright Settlements, Inc.

7375 Woodward Avenue, Detroit, MI 48202

Phone: (313) 309-1300 Fax: (313) 579-000

Emergency Contacts / Adults Who Can Pick Up Your Child:

Name: _____ First Middle Last
Address: _____ Number Street City Zip Code County
Email Address: _____
Home/Cell Phone: _____ Work/Alternate: _____

Name: _____ First Middle Last
Address: _____ Number Street City Zip Code County
Email Address: _____
Home/Cell Phone: _____ Work/Alternate: _____

PLEASE PROVIDE A SEPARATE LIST OF ANY ADDITIONAL ADULTS THAT MAY PICK YOUR CHILD UP.

.....

Optional Data for Grants & Funding: *We will only use the data provided for grants and other funding we apply for. This section is optional but will help us and funders better understand the community we serve.*

Number of Individuals in Household: _____

Do you currently receive any assistance such as SNAP, WIC, etc.? Yes No

Do you currently receive any school lunch aid such as free or reduced-price lunches? Yes No

Household Annual Income:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 – \$10,000 | <input type="checkbox"/> \$40,001 – \$50,000 | <input type="checkbox"/> \$80,001 – \$90,000 |
| <input type="checkbox"/> \$10,001 – \$20,000 | <input type="checkbox"/> \$50,001 – \$60,000 | <input type="checkbox"/> \$90,001 – \$100,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$60,001 – \$70,000 | <input type="checkbox"/> \$100,001 + |
| <input type="checkbox"/> \$30,001 – \$40,000 | <input type="checkbox"/> \$70,001 – \$80,000 | |



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

Medical Conditions: _____

Allergies: _____

Medications: _____

Preferred Hospital: _____ Dr. Name: _____

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

Asthma

Seizure Disorder

Heart Condition

Diabetes

Kidney Problems

Other (please specify): _____

Mental Health Diagnosis: _____

Medications: _____

Dietary Needs: _____

Franklin Wright Settlements, Inc. does not have an on-site nurse and will not dispense or administer prescription or non-prescription medications. Children may carry inhalers as prescribed to them.



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Parental Consent for Participation

FWS Enrichment Program at Franklin Wright Settlements, Inc.

I, _____, parent/guardian of _____
PRINT PARENT/GUARDIANS NAME PRINT CHILD'S NAME

I grant permission for my child to participate in the Franklin Wright Settlements, Inc. (FWS) program, including participation in on-site and field trip activities being planned by Franklin-Wright Settlements. I understand that adequate and appropriate supervision will be provided to my child at all times. I recognize that unanticipated situations and problems may arise at any time while at the program, on any field trips, or site-sponsored event and that these problems are not reasonably within the control of the supervising staff (including volunteers).

I also consent for Franklin Wright Settlements, Inc. (FWS) to obtain my child's educational progress and/or report cards from their school, _____, while they are in the program.

In case of an emergency or injury that requires medical attention, I hereby grant permission to the supervising staff (including volunteers) to attend to my child. If the injury warrants further medical attention, I understand that every effort will be made to contact me and/or my emergency contacts to receive my specific authorization before action is taken. I understand that if efforts to contact me are unsuccessful, FWS will seek emergency medical treatment if the need arises. I understand that FWS is not responsible for any costs associated with seeking medical treatment and agree to pay all costs incurred for such medical care. I have provided pertinent medical information of my child and 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 while my child is in the program.

I 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 expenses (including attorney's fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. I hereby release and discharge Franklin Wright Settlements, Inc. from all liability and wrongdoings that may occur during my child's participation in the program.

I understand that Franklin-Wright Settlements, Inc. (FWS) does not assume responsibility for my child's transportation to or from FWS unless otherwise indicated.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Date

Signature & Title of FWS Staff

Date



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Photo/Video Authorization Form

Summer Enrichment Program at Franklin Wright Settlements, Inc.

I, _____, parent/guardian of _____
PRINT PARENT/GUARDIANS NAME PRINT CHILD'S NAME

hereby authorize Franklin Wright Settlements, Inc. (FWS) staff, associates and/or affiliates to take photographs, audio and videos recordings of my child and understand that my child's likeness may be used in photo, flyers, audio recordings and/or video recordings for the program with discretion. I understand that this material may be used in various publications, public press releases, for recruitment materials, in broadcasted public service advertising (PSAs) or for other related endeavors. This material may also appear on the organization's or affiliated partner's website. FWS or its affiliated partners may also publish materials, use your family's name, photograph, and/or make reference to me in any manner that the organization or affiliated partner deems appropriate in order to promote/publicize service opportunities. By signing this authorization, I am giving permission for FWS to use, reproduce, publish photographs and/or audio/video that may include my child's image, likeness and/or voice without compensation. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Signature & Title of FWS Staff

Date

Date



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Release and Waiver of Liability Agreement Bus Riding Permission Form

Summer Enrichment Program at Franklin Wright Settlements, Inc.

I, _____, parent/guardian of _____
PRINT PARENT/GUARDIANS NAME PRINT CHILD'S NAME

give permission for my child to be transported from school on scheduled program days and/or to and from designated field trips with Franklin-Wright Settlements, Inc. (FWS) by bus/van owned and operated by FWS. I release Franklin-Wright Settlements, Inc., 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 from riding on the bus/van including loss or injury resulting from negligence or gross negligence and participating in the After School Enrichment Program.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Signature & Title of FWS Staff

Date

Date



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FWS Enrichment Program at Franklin Wright Settlements, Inc.

Franklin Wright Settlements (FWS) After School and Summer Enrichment Program is a Building Foundations Collaborative Partner and receives a portion of its funding through the United Way of Southeastern Michigan in collaboration with the Wayne County Department of Health, Human, & Veterans Services Juvenile & Youth Services Division. As a collaborative partner, we are able to make this program **FREE** to youth by providing prevention services to children in Wayne County. A child that is admitted into the program is screened for eligibility. Eligible youth are considered children who have two or more at-risk factors which can include, but are not limited to:

- Substance abuse
- School suspension, expulsion or drop-out
- Truancy from home
- Not responsive to parental directives/not following rules at home
- Home curfew issues
- School Truancy or attendance problems (including excessive tardiness)
- Escalating aggressive behaviors
- Other (absence of one parent, bullying, gang affiliation, negative peer associations, family history of substance abuse or alcoholism, family domestic violence, allegations or substantiations of abuse/neglect, academic failure).

Your child's information is shared with the Juvenile Assessment Center and will be used to develop a service plan outlining goals and actions steps to help your child address the risk factors you identify on this application while they are in our program.

Please identify the areas or any behaviors that may place your child at risk (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> My child uses illegal substances or smokes. | including skipping class or excessive tardiness. |
| <input type="checkbox"/> My child has difficulties following curfew at home. My child has been suspended, expelled or dropped out in the last 12 months. | <input type="checkbox"/> My child has academic barriers and is failing one or more classes. |
| <input type="checkbox"/> My child does not follow my directives or rules in the home or at school. | <input type="checkbox"/> My family has a history of domestic violence. |
| <input type="checkbox"/> My child is aggressive towards his/her siblings, me, or others. | <input type="checkbox"/> My child's other parent is absent/not involved in his/her life. |
| <input type="checkbox"/> My family has a history of substance abuse and/or alcoholism. | <input type="checkbox"/> OTHER BEHAVIORS: gang affiliations, negative peers/friends, bullying. |
| <input type="checkbox"/> My family has had allegations or substantiation of child abuse/neglect in the last 12 months. | |
| <input type="checkbox"/> My child has run away from home in the past 12 months. | |
| <input type="checkbox"/> My child has attendance problems at school | |

OTHER BEHAVIORS:



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Parent Code of Conduct

It is the goal of the Franklin-Wright Settlements, Inc. – Out of School Time (OST) Enrichment Program to provide a safe, caring, child centered environment where children, parent/legal guardians and staff and volunteers can realize their full potential. The parent code of conduct is designed for safety of everyone in the FWS Enrichment program; FWS reserves the right to terminate any parent form the program for violating the parent code of conduct.

All parents of FWS – OST Enrichment Program will treat staff, volunteers and fellow parents with respect when participating in program activities and /or conducting business at that FWS facility. There is a zero tolerance policy for any behavior such as:

- Physical violence and/or threats of any kind toward staff, volunteers, parents and/or children
- The use of profanity toward staff, volunteers, parents, and/or children
- Behavior that is offensive such as screaming, negative gestures, gossip, and starting rumors
- Parents are prohibited from the destruction, dispensing, possession of use of any controlled substance while on the FWS – OST Enrichment premises
- Children will not be released to any parent/legal guardian or approved adult under the suspected influence of alcohol or controlled substance. FWS – OST Enrichment Program will contact the Detroit Police Department to determines if the parent/guardian or approved adult safely transport the child
- FWS – OST Enrichment Program prohibits harassment of any kind, particularly harassment forbidden by law, such as harassment because of one’s race religion, sex, age, national origin, color weight, marital status or disability.

Report any violations of the Parent Code of Conduct to the OST Enrichment Program Director and/or Center Administrator immediately.

I have received the FWS – OST Enrichment Program Parent Code Conduct and understand failure to follow may result in termination from the program.

Print Child’s Name

Print Parent’s Name

Parent Signature

Date



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Late Pick-Up Policy

1. There should be a fifteen-minute period; phone calls should be made within this time period. A late pick-up Policy will be given to the parents, and they will be reminded of penalties. Continuous abuse of the grace period (1 unexcused) will be subject to the same penalties as late pick-up. The late pick-up fee will be \$10 per student for every minute past the closing time. **The fee is due before your child returns.**
2. Late pick-up will be considered at one minute after the session ends.
 - a. There should be no penalty if prior or on-time phone call for notification of an emergency, i.e. flat tire, accident, etc. Common sense by C/A should be exercised. Documentation of excused late pick-up must be placed in the child's files.
 - b. The center must call the Director after five minutes and before thirty minutes to notify them of the situation. The Delegate Director will be responsible for designating two staff persons to remain with child(ren) until child is taken into custody either by parents or FIA.
 - c. At thirty minutes past pick-up time, a phone call should be placed to Protective Services, Family Independence Agency (FIA) to alert of a possible abandoned child 1-855-444-3911. This provides an opportunity for FIA to begin searching for an emergency placement. Any child(ren) remaining in the center four hours after the end of their pick-up time can and will be place with protective service.
 - d. If the parent picks up the student, a call **MUST** be placed to FIA immediately informing them that emergency placement is no longer needed.

I have read and understand the late pick-up policy.

Print Parent's Name

Parent Signature

Date



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Parent Service Agreement

Franklin Wright Settlements, Inc. After-School Enrichment/First Contact Program

I, _____, parent/guardian of _____
PRINT PARENT/GUARDIANS NAME PRINT CHILD'S NAME

would like to enroll my child in the Franklin Wright Settlements, Inc. (FWS) After School Enrichment and First Contact Program. I understand the costs associated with my child's participation in this program are covered by funds from United Way for Southeastern Michigan's Building Foundations Program in collaboration with the Wayne County Department of Health, Human, & Veterans Services Juvenile & Youth Services Division. I understand that my child is eligible to participate in this program because he/she meets the required eligibility criteria. I understand that my child's information will be shared with the Juvenile Assessment Center. I would like my child to receive the following services (please check services you are interested in for your child):

Please identify any additional services you would like your child to receive outside of what has already been checked below:

- | | |
|---|---|
| <input type="checkbox"/> Career Development/Job Readiness | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Conflict Resolution/Anger Management | <input type="checkbox"/> Social Skills Enhancement |
| <input type="checkbox"/> Cultural Enrichment Activities | <input type="checkbox"/> Structured Recreation Activities |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Summer Day Camp (<i>summer only</i>) |
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Tutoring/Academic Enrichment |
| <input type="checkbox"/> Life Skills | |

My consent for my child to participate in this program is good for one year from the date I sign and is completely voluntary. I also consent to receive calls or text messages so I can be informed about current or future program updates. I understand that I can revoke my consent to participate in this program at any time by calling Franklin Wright at 313.309.1300 or in writing via email to AfterSchoolProgram@franklinwright.org. 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 in its entirety. 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.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Date

Signature & Title of FWS Staff

Date

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

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