



## Franklin-Wright Settlements, Inc.

3360 Charlevoix Avenue Detroit, MI 48207-3298

Phone: (313) 579-1000 **Monique D. Marks, MSW, President/CEO**

Dear Parent/Guardian:

Thank you for choosing Franklin-Wright Settlements, Inc. and our programs for your child. We are eager to meet and work with you and your family! In an effort to make the enrollment process easier, I am providing a checklist as a tool to assist you. If you have any questions and/or concerns, please feel free to contact me:

Sydney Bowden

**Teen Center Coordinator, After-School Enrichment Program**

sbowden@franklinwright.org

(313) 579-1000 x231

(313) 579-1035 Fax

### **Check List**

- o PLEASE FILL OUT ENROLLMENT PACKET ENTIRELY! Leave no blank spaces.
- o Any blank spaces on form may cause delays in the enrollment process.
- o **Attach / bring a copy of your child(s) most recent report card.**
- o After completing all forms return them to:

Franklin Wright Settlements

3360 Charlevoix

Detroit, MI 48207

Hours: M-F 8am-6pm



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## After-School Enrichment Program 2017/2018

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:**



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Asthma      Seizure Disorder      Heart Condition      Diabetes      Kidney Problems

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 - *Circle*)

- Academic Failure
- School Drop Out
- School Expulsion
- Bullying
- Truancy from Home
- High Rates of Truancy
- Not Responsive to Parental Direction
- Home Curfew Issues
- Escalating Aggressive Behavior
- Allegations and/or substantiation of neglect/abuse
- Other, please explain:

\_\_\_\_\_

\_\_\_\_\_



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Does your child have any special dietary needs?

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What academic areas does your child need strengthening in?

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Does your child have any hobbies or special interests?

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Would you like to volunteer in the after school 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 wrongdoing 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

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

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



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## 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:

- Academic Support/Tutoring
- Violence Prevention/Conflict Resolution
- Recreation & Cultural Services
- Anti-Bullying Awareness Training
- Life/Social & Group Skills
- Nutrition Education
- Career Development/ Job Readiness
- Mentoring
- Tutoring/ Academic Enrichment

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 **Sydney Bowden @ 313-579-1000 X231**. 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)



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## PARENTAL CONSENT FOR After-School Enrichment Program 2017 - 2018

I/we, the parents/guardians of \_\_\_\_\_ understand the nature of the After-School Enrichment program being planned by Franklin-Wright Settlements from **September 5, 2016 – June 16, 2016**. 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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## After-School Enrichment Program 2017/2018

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)



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## After-School Enrichment Program 2017/2018 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