



Franklin-Wright Settlements, Inc.

3360 Charlevoix Avenue

Detroit, MI 48207-3298

Phone: (313) 579-1000 Fax: (313) 579-0001 **Monique D. Marks, MSW, President/CEO**

Summer Application 2019

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 us:

For questions or more information please contact:

After School Programs and Summer Enrichment

AfterSchoolProgram@franklinwright.org

313.309.1300 Phone

313.309.1340 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

7375 Woodward Ave.,

Detroit, MI 48202

Hours: M-F 8am-6pm

Summer Enrichment Program

Ages: 6-13

Dates: July 8- August 23, 2019

Time: 9am-5pm



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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's 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:** _____



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

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 Expulsion
- Truancy from Home
- Not Responsive to Parental Direction
- Escalating Aggressive Behavior
- School Drop Out
- Bullying
- High Rates of Truancy
- Home Curfew Issues
- Allegations and/or substantiation of neglect/abuse
- 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 for the summer enrichment 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)

Parent Service Agreement



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

_____, whom I would like to enroll in the

After-School Enrichment Program at Franklin Wright Settlements, Inc.

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
- Life & Social Skills-Individual Sessions
- Life & Social Skills-Group Sessions
- Mediation/Conflict Resolution
- Parent Education & Support
- Community Service & Youth Leadership
- Recreation & Cultural Services
- Substance Abuse Prevention/Treatment
- Family Sessions

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 Franklin Wright at 313.309.1300 or via email 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. 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

Home Phone

Parent Date of Birth

Home Address

City

Zip Code

Signature of Person Obtaining Consent

Date



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PARENTAL CONSENT FOR

I/we, the parents/guardians of _____ understand the nature of the program being planned by Franklin-Wright Settlements from **July 8- August 23, 2019** I hereby grant permission for my son/daughter to attend/participate in Franklin-Wright Summer 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: _____

Contact Number

Relation to student



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Summer Enrichment Program

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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Summer Enrichment Program

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



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YOUTH RECORD FACE SHEET

YOUTH JAIS ID

Youth Name: _____
 First Middle Last

Date of Birth: _____

Age: _____

Sex: Male
 Female

Race or Ethnicity: Black or African American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 White or Caucasian
 Other or prefers not to answer
 Multiracial

Allergies or other important notes:



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YOUTH RECORD FACE SHEET FAMILY / PRIMARY CAREGIVERS

Primary Caregiver Name: _____
First Middle Last

Family/Primary Caregiver's Address: _____

City _____ Zip Code _____

Telephone () _____

Marital Status _____

Is spouse deceased? If yes, Date of Death ___/___/___

Primary Caregiver Date of Birth: _____

Age: _____

Sex: Male
Female

Race or Ethnicity: Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
White or Caucasian
Other or prefers not to answer
Multiracial

Level of School Completed _____ Are you in school now (check one)? Yes ___ No ___

GED or Equivalent (check one): Yes ___ No ___

Caregiver relationship to child: Parent
Grandparent
Step-parent
Aunt or Uncle
Other Relative (Specify):
Unrelated (Specify):



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YOUTH RECORD FACE SHEET

SIBLINGS / OTHER CHILDREN IN THE HOUSEHOLD

Child # ____: _____
First Middle Last

Date of Birth: _____

Age: _____

Sex: Male
Female

Race or Ethnicity: Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
White or Caucasian
Other or prefers not to answer
Multiracial

Child # ____: _____
First Middle Last

Date of Birth: _____

Age: _____

Sex: Male
Female

Race or Ethnicity: Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
White or Caucasian
Other or prefers not to answer
Multiracial