



2009-2010 Student Application Form

Dear Parent(s) / Guardian(s):

Thank you for your interest in For Love of Children. Please complete the following application thoroughly, using this page to indicate the program(s) you would like your child to be in. For information regarding For Love of Children's programs, please refer to the FLOC Information Packet included with this application.

Student's Full Name: _____ Date: _____

Name of Person Completing this Form: _____ Relationship to Student: _____

FLOC Programs

Please consider my student for enrollment in the following FLOC Programs: *(please check appropriate boxes)*

Neighborhood Tutoring Program (NTP):

6 th -12 th grade:	Tuesday	6:00pm – 8:00pm	Reading
6 th -12 th grade:	Wednesday	6:00pm – 8:00pm	Math
1 st -12 th grade:	Thursday	6:00pm – 8:00pm	Math
1 st -5 th grade:	Saturday	10:00am – 12:00pm	Reading & Math
6 th -12 th grade:	Saturday	1:30pm – 3:30pm	Reading

Preference given to NTP applications received by September 4th.

Leaders in Action:

6 th grade:	Tuesday	4:00pm – 6:00pm
7 th grade:	Wednesday	4:00pm – 6:00pm
8 th grade:	Thursday	4:00pm – 6:00pm

Educational Guidance and Advocacy:

9 th grade:	Monday	5:00pm – 7:00pm
10 th grade:	Monday	5:00pm – 7:00pm
11 th grade:	Thursday	5:30pm – 7:30pm
12 th grade:	Thursday	5:30pm – 7:30pm

Application Checklist

In order to best serve the educational needs of our students, For Love of Children requires a completed application form and additional supporting documents. **All items must be submitted for your student(s) to be considered for FLOC participation.** If you have concerns about providing any of the documents listed below, please contact the Recruitment Coordinator.

- Fully completed application (all questions must be answered)
- Most recent report card / transcript
- Most recent DC-CAS scores
- Individualized Educational Plan (IEP), if applicable
- Functional Behavior Assessment, if applicable
- Behavior Intervention Plan, if applicable
- 504 Plan, if applicable

PLEASE RETURN YOUR COMPLETED APPLICATION PACKET TO:

Amber Shollenberger Recruitment Coordinator Phone: (202) 349-3512	MAIL: 1763 Columbia Rd., NW Washington, DC 20009	SCAN & E-MAIL: ashollenberger@floc.org
		FAX: (202) 462-9280



**THIS PAGE IS FOR OFFICE USE ONLY.
PLEASE CONTINUE ON THE FOLLOWING PAGE.**

FOR FLOC USE ONLY

Any FLOC Staff

Date Application Received: _____ Received By: _____

Recruitment Coordinator

Date Application Received: _____ **New** **Returning**

MISSING Documents: **DC-CAS scores** **IEP** **Beh Assessment** **Beh Intv Plan** **504 Plan**

Site Assignment: _____ Program Coordinator: _____

Program Staff

Entered into Dabble By: _____ Student ID # _____

Follow-up Call Date: _____ Call Made By: _____

Testing Date(s) / Time(s): _____



2009-2010 Student Application Form

Student Information

Student First Name: _____ Student Last Name: _____

Student Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Age: _____ Grade: _____ Sex: _____

Student Cell Phone: _____ Student E-mail: _____

Ethnicity (check all that apply)

African American / Black

Asian / Pacific Islander

Caucasian

Native American

Hispanic / Latino

Multi-Racial

Other Ethnicity: _____

Student Education Information

School: _____ City/State: _____

Student ID Number (located on report card): _____

Is your child eligible for free or reduced lunch? Yes No

To best support your student, it is important that FLOC know as much as possible about the educational services your student currently receives. Please mark all supplemental service plans that your student has:

Individualized Educational Plan

Functional Behavior Assessment

Behavior Intervention Plan

504 Plan

If there is anything else you would like us to know that will help us serve your child, please explain here: _____

FLOC Involvement

Has THIS child ever participated in any FLOC programs before? Yes No

If yes, indicate the program(s) and years of involvement:

Neighborhood Tutoring Program

Leaders in the Making

Educational Guidance and Advocacy

NTP _____ to _____

LITM _____ to _____

EG&A _____ to _____

Do you have any other children who have participated in FLOC programs before? Yes No

If yes, give the name(s) of the child(ren): _____

Mother / Guardian Information

IS THIS THE PRIMARY CONTACT FOR THIS STUDENT? YES NO

Mother / Guardian Name: _____ Relationship: _____

IF THE MOTHER / GUARDIAN'S ADDRESS IS THE SAME AS THE STUDENT'S, CHECK HERE AND SKIP TO THE NEXT SECTION.

Address: _____ Neighborhood: _____

City: _____ State: _____ Zip Code: _____ Ward# _____

E-mail: _____ Primary Language Spoken: _____

Employer: _____ Hrs Per Wk _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Best Way to Contact: E-mail Home Phone Cell Phone Work Phone



Father / Guardian Information

IS THIS THE PRIMARY CONTACT FOR THIS STUDENT? YES NO
 Father / Guardian Name: _____ Relationship: _____

IF THE FATHER / GUARDIAN'S ADDRESS IS THE SAME AS THE STUDENT'S, CHECK HERE AND SKIP TO THE NEXT SECTION.

Address: _____ Neighborhood: _____
 City: _____ State: _____ Zip Code: _____ Ward# _____
 E-mail: _____ Primary Language Spoken: _____
 Employer: _____ Hrs Per Wk _____ Work Phone: _____
 Home Phone: _____ Cell Phone: _____
 Best Way to Contact: E-mail Home Phone Cell Phone Work Phone

Emergency Contact Information (Other than parent / guardian)

Full Name: _____ Relationship: _____
 Address: _____ Neighborhood: _____
 City: _____ State: _____ Zip Code: _____ Ward# _____
 E-mail: _____ Primary Language Spoken: _____
 Employer: _____ Hrs Per Wk _____ Work Phone: _____
 Home Phone: _____ Cell Phone: _____
 Best Way to Contact: E-mail Home Phone Cell Phone Work Phone

Family Background Information of Student's Primary Guardian

This information will be used in FLOC's statistical reports to organizations that make donations to the FLOC program. These donations are needed to help FLOC buy educational materials, books, and supplies, as well as train our volunteers to better serve your children. All information will be kept confidential.

1. What is the highest level of education that you completed?	Elementary School Some College	Middle School BA / BS	High School / GED MA / Ph. D
2. What is your marital status?	Married Divorced	Single Widowed	Separated
3. What is your annual household income?			
4. Do you receive TANF / AFDC?	Yes	No	
5. Please describe your household make-up.	# of Children (under 18): _____	# of Adults (over 18): _____	
6. Please describe your housing situation.	Rent	Own	Public Housing Section 8

How did you hear about FLOC? (Please be specific)

School/ Teacher: _____ Flyer (location): _____ Event: _____
 Radio/TV: _____ DCPS Resource Center Referral: _____
 Online: _____ Newspaper/Ad: _____ Other: _____



Medical History Form

Student First Name: _____ Student Last Name: _____

Parent / Guardian Signature: _____ Date: _____

ALL ITEMS MUST BE FILLED OUT BY A PARENT / GUARDIAN IF THE PARTICIPANT IS UNDER 18 YEARS OLD. You must explain "Yes" answers below.

General Questions

Has / does the participant:

Yes / No

1. Had any recent injury, illness or infectious disease?	
2. Have a chronic or recurring illness / condition?	
3. Take medication (prescribed or over the counter)?	
4. Ever been hospitalized?	
5. Ever had surgery?	
6. Have any emergency allergic reactions (bee stings, food, etc.)?	
7. Have frequent headaches?	
8. Ever had a head injury?	
9. Ever been knocked unconscious?	
10. Ever had frequent ear infections?	
11. Ever passed out during or after exercise?	
12. Ever had seizures?	
13. Ever had chest pain during or after exercise?	
14. Ever had high blood pressure?	
15. Ever been diagnosed with a heart murmur, or any other heart conditions?	
16. Ever had back problems?	
17. Ever had problems with joints (knees, ankles, etc.)?	
18. Have any skin problems (itching, rash, acne, etc.)?	
19. Have diabetes?	
20. Have asthma?	
21. Had mononucleosis in the past 12 months?	
22. Had problems with diarrhea / constipation?	
23. If female, have an abnormal menstrual history?	
24. Have a history of bed-wetting?	
25. Have problems with sleepwalking?	

Please explain any "Yes" answers, noting the questions number(s):
If your student has ANY food allergies or dietary restrictions, please list them here:
If your student has any other allergies, please list them here:
Additional medical issues / activity restrictions that you would like to share:



Release Form

Student First Name: _____ Student Last Name: _____

Parent / Guardian Name: _____ Relationship: _____

I understand that my student is being considered for admission into For Love of Children program(s). I have been provided with the FLOC Behavior Management and Attendance policies. I have read and understand them, and am aware of the involvement required of me in these processes. I understand that failure to abide by these policies may lead to my child being expelled from the FLOC Program(s).

Medical Authorization

I grant permission for a representative of For Love of Children to have my child treated at an appropriate facility in the case of an emergency while my child is in attendance at a For Love of Children program. I understand that representatives of For Love of Children are not medical professionals and will only seek medical assistance from a licensed medical facility in the case of an emergency when I cannot be reached. I waive my right to prosecute any representative from the program who proceeds as above.

Reports and Standardized Test Results

I grant permission for a representative of FLOC to request copies of my child's quarterly report card, transcript, and standardized test results. I understand that this information will be used to access my child's progress.

Photography / Video

Does FLOC have permission to take still photos or video of your child for use as FLOC deems appropriate for publicity and fundraising only? *(Please note: Your student's name will be kept confidential UNLESS you answer "Yes" to the next question.)* Yes No

Does FLOC have permission to include your student's first name with pictures or video? Yes No

Dismissal from Program

I grant permission for my child to be dismissed from FLOC program(s) by *(please check all that apply)*:

- Walking or taking public transportation home
- Attending an After Care Program
- Being picked up by Parent / Guardian

In addition to me, the following have permission to pick my child up from FLOC program:

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Permission

I have read and understand all of the above, and want my student to be considered for participation in FLOC.

Parent / Guardian Signature _____ Date _____

The following is REQUIRED for applicants of Leaders in the Making (6th-8th) or Educational Guidance and Advocacy (9th-12th)

Off Site Visit

I give permission to FLOC to escort my child off-site for occasional workshop excursions (transportation may include use of FLOC van, as well as Metro trains and buses). I understand that FLOC will notify me in advance if field trips occur at a time other than the regularly scheduled workshop hours.

Parent / Guardian Signature _____ Date _____