



**Greenwood Shalom Tutoring Zone & Summer Enrichment**

*A Victory Generation Affiliate*

378 A Washington Street

Dorchester, MA 02124

Phone: 617-282-1464 Fax: 617-282-1573

Email: [greenwoodshalom@gmail.com](mailto:greenwoodshalom@gmail.com)

Website: [www.greenwoodshalom-outreach.org](http://www.greenwoodshalom-outreach.org)

## **STUDENT CHECKLIST**

- Enrollment Application
- Recent Photo of Child
- Latest School Progress Report and/or Report Card
- Most recent copy of Physical Form including Immunization Records
- Individual Health Forms (if Applicable)
- Medications (if Applicable)
- Copy of voucher (if Applicable)
- HiMama APP Registration  
Download Hi Mama from APP store

**Please note: Students will not be admitted to the program until all requested forms have been provided.**



## ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student School ID# \_\_\_\_\_

\*Email: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Relationship to child	Primary Language	Relationship to child	Primary Language
Home Address		Home Address	
Home telephone	Cellphone Number	Home telephone	Cellphone Number
Occupation		Occupation	
Business Address		Business Address	
Work hours	Work Phone	Work hours	Work Phone

**DESCRIPTION OF CHILD:** Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Race or Ethnicity (Circle One): African American; White; Hispanic; Latino; Haitian; Other: \_\_\_\_\_

Primary Language \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Behavioral/Special needs/IEP? \_\_\_\_\_

Medical conditions? \_\_\_\_\_



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**SCHOOL INFORMATION**

Child's School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

School Address \_\_\_\_\_

School Dismissal Time: \_\_\_\_\_ Any early dismissal days or times: \_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN:	DATE:
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To be completed by the Program Administrator/ Assistant:

Date of Admission \_\_\_\_\_ Age at Admission \_\_\_\_\_

Program Admission (circle one): Tutoring Zone    After-School    Limbo Time (Summer Enrichment Extended)



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**TUITION-SERVICE AGREEMENT**

Greenwood Shalom Tutoring Zone (After-School Program) is open Monday through Friday to serve children and families from the hours of 2:00 p.m. to 6:00 p.m., and Wednesdays 12:00pm to 6:00 pm. The Greenwood Shalom Summer Enrichment Program will be open during the week, Monday through Friday 8:00am -5:30pm. We provide financial assistance based on funding availability of grants allocated for the purpose.

**COVID-19 Program schedule service hours during pandemic. 7:30 am to 5:30 pm**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I, \_\_\_\_\_, will be enrolling my child into (check one):  Tutoring Zone (After-School Program)  Summer Enrichment Program  LIMBO Times (Summer Enrichment Extended), I understand that I have been assessed a weekly fee of \$ \_\_\_\_\_.

I understand once my child starts in the program there are locked into that weekly rate, regardless of my child's absence I will make my weekly payments. If my child arrives on a Monday and is present the whole week, except Friday, my child becomes absent. You are still responsible for paying for the whole week. In order to stop weekly payments, you must talk to a Program Director and ask to "withdraw" your child from the program.. If you have a Child Care Voucher your account will discount the Tuition fee and later the adjustment will reflect your child's Voucher copay. *By signing this form I have carefully read and understood my payment agreement, I agree to make prompt tuition payments to the Greenwood Shalom Tutoring Zone & Summer Enrichment for my child's participation. I understand that failure to pay will result in delinquency that will prevent my child from future enrollment at any Child Care program.*

Please see page 3 for Tuition Fees.

**Tuition Policy:**

1. Parents are liable for payment of the child's scheduled day even if the child is absent from the program for any reason. Payment must be made one-week in advance of services being provided.
2. Exemptions for non-payment will be National Holidays, snow days, weather complications, other examples will be judged on a case by case basis. Please see a Program Director immediately if you run into any payment issues.
3. Checks or money orders can be made payable to: Greenwood Shalom Outreach Inc. with 'MEMO: CHILD'S NAME'. Invoices are sent on a weekly basis through JackRabbit Care Parent Portal.
4. Checks returned for insufficient funds will be charged a \$25.00 processing fee.
5. Billing occurs on a weekly cycle. Children will be billed for days they are scheduled for but are not in attendance.
6. Vouchers must be given to the Director or Site Coordinator before the child begins the program. If your voucher expires and your child continues to attend the program, you are responsible for full payment of the tuition bill that is incurred.



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7. My child may be temporarily suspended from the program while I have an outstanding tuition debt of two or more weeks. Participation in the program will resume when the outstanding balance is made current.

**LATE PICK-UP:** Please be reminded that our program ends at 6:00pm during the school year and 5:00pm during school vacation and summer enrichment program. Anything after is considered late. After 6:01pm or 5:01pm there will be a late pick up fee charge of \$1.00 per minute per child. Charges will be included in the invoices sent via PayPal. If there is an emergency or unforeseen problem, please notify us immediately otherwise, the law mandates us to contact all emergency contacts including the police and the Department of children and family (DCF).

**SIGNATURE OF PARENT or GUARDIAN:**

**DATE:**



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### TRANSPORTATION PLAN & PICK-UP AUTHORIZATION

CHILD'S NAME: \_\_\_\_\_ SITE NAME: Greenwood Shalom Tutoring Zone & Summer Enrichment

My child will arrive at the Greenwood Shalom Tutoring Zone and Summer Enrichment by (please check all that apply):

- Parent/Guardian drop off
- Supervised walk from Up Academy Dorchester Charter School/ Lucy Stone Roxbury Prep with Greenwood Shalom Staff to program (circle one).

\*School Bus drop- off to program with a supervised walk with Greenwood Shalom staff.

Which Bus stop? \_\_\_\_\_ School Bus # \_\_\_\_\_ Pick up time: \_\_\_\_\_

\* MBTA bus transportation drop -off to the program with a supervised walk by Greenwood Shalom Staff.

Bus stop location: ( \_\_\_\_\_ ) MBTA Bus# ( \_\_\_\_\_ ) Pick up time ( \_\_\_\_\_ )

Private transportation drop -off into the program with a supervised walk with Private Transportation driver and/or Greenwood Shalom Staff.

Driver's name and phone number ( \_\_\_\_\_ ) expected time of arrival :( \_\_\_\_\_ )

### UNSUPERVISED OPTIONS

Unsupervised walk from: ( \_\_\_\_\_ ) expected arrival time to program :( \_\_\_\_\_ )

\*School Bus drop- off with an unsupervised walk to the program.

Which Bus stop? ( \_\_\_\_\_ ) school bus # ( \_\_\_\_\_ ) expected arrival time to program:( \_\_\_\_\_ )

\* MBTA bus transportation drop-off to the program with an unsupervised walk to the program.

Bus stop location: ( \_\_\_\_\_ ) MBTA Bus # \_\_\_\_\_ expected arrival time to program :( \_\_\_\_\_ )

Private transportation drop -off into the program with an unsupervised walk.

Driver's name and phone # ( \_\_\_\_\_ ) expected Drop-off time :( \_\_\_\_\_ )

**\*Please note that the person/s designated by parent is responsible for the child until he/s is signed in. Greenwood Shalom Tutoring Zone and Summer Enrichment does not become responsible for any child and is not to be held liable for any child until the child signs in for the day.**

My child will depart from the Greenwood Shalom Tutoring Zone & Summer Enrichment no later than 6:00 p.m. by:

- Parent/Guardian pick up       Other (Please describe \_\_\_\_\_)

\*Please note that an unsupervised walk from the program is only permitted for children age 9 or older. Parent/legal guardian must sign appropriate paperwork for child leaving at the end of program unsupervised. Parent picking children up at 6:00pm or 5:00pm must come into the program and sign child out.



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**ADULTS AUTHORIZED TO PICK UP MY CHILD**

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. *(If no one other than the signing parent is authorized, please indicate below by writing "NO ONE") ID MUST BE PRESENTED*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I understand that each authorized person must be at least 18 years old and that my child will not be permitted to leave the program with anyone else not on this list. I acknowledge that the program will not release my child to an authorized person whose behavior is such that there is concern relative to the safety of the child. ***ID MUST BE PRESENTED.***

***PLEASE NOTE: Biological parents and legal guardians are automatically authorized to pick up their child unless we have a copy of a court ordered custody agreement or restraining order.***

Any other transportation requests must be stated in writing and maintained in the child's file or the above stated plan will be implemented. It is the parent's responsibility to notify the program if there are any changes in the above information.

SIGNATURE OF PARENT or GUARDIAN:

DATE:

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**FIRST AID & EMERGENCY MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Other Coverage (including dental) \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

"I certify that documentation of physical examination and immunizations in accordance with the public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school."

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY CONTACTS**

(List parent or guardian first, then three additional adults in order to be contacted if you cannot be reached.)

Parent / Guardian Name: \_\_\_\_\_ phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Please note: People listed as "Emergency Contact" are automatically authorized to pick-up the child if contacted by the program.)





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**ADDITIONAL MEDICAL/HEALTH CONCERNS:** (write "none" if there are none)

Medical Limitations: (allergies, chronic health concerns, dietary restrictions) \_\_\_\_\_

Current Medications: *(List only those medications that Greenwood Shalom will be responsible to administer to your child)*

Other Health Concerns: \_\_\_\_\_

**MEDICAL TREATMENT/EMERGENCY TRANSPORTATION AUTHORIZATION**

I understand that in the event of illness or injury every effort will be made to contact me. In the event that I cannot be reached, I give permission to the Greenwood Shalom Tutoring Zone & Summer Enrichment staff to provide first aid and if necessary, to transport my child or arrange for emergency transportation of my child to a medical facility for medical treatment as deemed necessary by the hospital or the local emergency medical care service.

SIGNATURE OF PARENT or GUARDIAN:	DATE:

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of Child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please X on following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (applied to open wound/broken skin) \_\_\_\_\_

My child has previously taken the medication \_\_\_\_\_

My child has not taken this medicating, but this is an emergency and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_



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Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Time medication to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner. \_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian) give permission to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For topical, non-prescription NOT applied to open wound / broken (parent signature only)

**SIGNATURE OF PARENT or GUARDIAN:**

**DATE:**



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**PERMISSION FOR USE OF OFF-SITE SWIMMING POOL**

I hereby give Greenwood Shalom Tutoring Zone & Summer Enrichment permission to allow my child \_\_\_\_\_ who is \_\_\_\_\_ years old to use the off-site swimming pool during the summer session at the BCYF Holland Community Center. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

Please indicate you child's swimming ability by checking off one of the following:

- Non- swimmer
- Beginner
- Swimmer

SIGNATURE OF PARENT OR GUARDIAN:

DATE:

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## CONSENTS AND RELEASES

**STAFF SUPPORT CONSENT:**  YES  NO

I understand that consultants, staff, student interns, and volunteers work in the Greenwood Shalom Tutoring Zone & Summer Enrichment. I give my permission for my child to interact with these support staff as needed.

**ORAL –HEALTH ACKNOWLEDGEMENT:**  YES  NO

Greenwood Shalom Tutoring Zone & Summer Enrichment has made me aware of the Oral-Health policy. I understand my child will participate unless I sign the Oral-Health Non- Participation form.

**PARENT VISIT ACKNOWLEDGEMENT:**  YES  NO

I understand Greenwood Shalom Tutoring Zone & Summer Enrichment open door policy in regards to parent visits. I also understand that my interest and involvement can be better served when a prior arrangement has been made

**INTERNET PERMISSION:**  YES  NO

I give my child permission to use the Internet to work on Educational Programs selected by Greenwood Shalom Tutoring Zone & Summer Enrichment or the Black Ministerial Alliance.

**OFF-SITE FIELD TRIP CONSENT:**  YES  NO

I give my permission for my child to participate in all of the regularly scheduled on-going activities with the Greenwood Shalom Tutoring Zone & Summer Enrichment Program. I also give permission for my child, under staff's supervision, to walk, take public transportation, or take a church van/school bus to the facilities listed below:

LIBRARIES - CODMAN SQUARE, GROVE HALL & DORCHESTER

MOTHER'S REST PARK & COMMUNITY PARKS

The program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance.

SIGNATURE OF PARENT OR GUARDIAN:

DATE:



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**PROMOTIONAL RELEASE:**

YES  NO

I hereby give consent to Greenwood Shalom Tutoring Zone & Summer Enrichment and Victory Generation Affiliates or any party authorized by Greenwood Shalom Tutoring Zone & Summer Enrichment, to use my child's photograph taken in connection with the afterschool and summer enrichment program to use in publications (periodicals, books, brochures, etc), video and audio productions, advertising and promotional materials, or other media. I release Greenwood Shalom Tutoring Zone & Summer Enrichment, Victory Generation Affiliates and any other party authorized by Greenwood Shalom Tutoring Zone & Summer Enrichment from any and all liability that may arise in connection with such use. I am the parent or legal guardians of the child named in this document and have the legal authority to execute this consent and release.

SIGNATURE OF PARENT OR GUARDIAN:

DATE:

**PARENT HANDBOOK ACKNOWLEDGEMENT:**

YES  NO

I have received my copy of the Greenwood Shalom Tutoring Zone & Summer Enrichment policies and procedures.

I agree to familiarize myself and my children with the information contained in this booklet and understand that it constitutes the policies and guidelines of the Program. I am aware that future policy changes / corrections will be made available to me, in writing, in the form of a newsletter from the Site Coordinator. Future corrections, modifications, and editions will supersede polices listed in this handbook. I understand that it is my responsibility to discuss any questions or concerns with the Site Coordinator.

SIGNATURE OF PARENT OR GUARDIAN:

DATE:



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## RELEASE OF SCHOOL RECORDS

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, give my consent and authorization for the release of school and classroom records for my child to the staff of the Greenwood Shalom Tutoring Zone & Summer Enrichment. I understand that all information and records will be kept confidential and used only for academic coordination and assistance. The records being requested include, but are not limited to:

- ❖ Report card
- ❖ Class schedule
- ❖ Test scores (MCAS, Stanford 9, etc.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please return all information to:

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**CONTRACT FOR CHILDREN 9 YEARS AND OLDER LEAVING THE PROGRAM**

I \_\_\_\_\_, understand that the permission I have received to leave

Child's Name

the program is a privilege granted to me. This privilege is based on my parents(s)/guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

- I will always check in with staff person when arriving and before departing from the program.
- I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my Destination each time I leave the program.
- I will act in a safe and courteous manner while I am away from the program.
- I will return to the program at or before the time designated by my parent(s)/guardian(s) or by the staff.
- If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.
- I will abide by all restrictions listed by my parent(s)/guardian(s) on the authorization and consent form.
  
- Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and/or program, as a consequence for my actions may take away my privilege to leave the program for a time periods deemed appropriate by them.

\_\_\_\_\_  
(Child's Signature) (Date)

As \_\_\_\_\_ parent/guardian, I agree with this contract.  
(Child's Name)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Program Staff Signature) (Title) (Date)

SIGNATURE OF PARENT or GUARDIAN:	DATE:
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**CONTRACT FOR CHILDREN 9 YEARS AND OLDER FOR LEAVING THE PROGRAM**

Program Name: (Greenwood Shalom Tutoring Zone & Summer Enrichment)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ authorize my child \_\_\_\_\_ to leave the  
program. This permissions in effect from \_\_\_\_\_ TO \_\_\_\_\_  
Date Date

Activity/ Location	Method of Transportation	Leave/Return Time	Restrictions
	Unsupervised Walk		

I understand that the program has the right to rescind the above privilege in my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while she/he is away from the program.

I understand I am responsible for my child once she/he leaves the program.

\_\_\_\_\_  
(Parent/Guardian Signature) Date

\_\_\_\_\_  
(Program Staff Signature) Date

SIGNATURE OF PARENT or GUARDIAN:	DATE:
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## STATEMENT OF COMMITMENT

I understand that one of the goals of the Greenwood Shalom Tutoring Zone & Summer Enrichment is to involve the parents in the life of the program as active participants in the learning experience of their children. As a partner of a Greenwood Shalom Tutoring Zone & Summer Enrichment child(ren), I agree to be a positive role model, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing environment in which every child is valued and seen as capable of achieving.

I agree that during the time my child(ren) are enrolled in the Greenwood Shalom Tutoring Zone & Summer Enrichment I will:

- Volunteer for the program;
- Attend at least one of the parent workshops, field trips, and events;
- Do my part to help make the Greenwood Shalom Tutoring Zone & Summer Enrichment; a caring and nurturing learning environment.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_



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## PERMISSION FOR USE OF HAND SANITIZERS

### POLICY OF HAND SANITIZER USE

Hand washing is required by EEC regulations for all children and adults before meals and snacks and after toileting. Many hand sanitizers are alcohol based; this poses a potential risk to a child who may ingest the hand sanitizer.

Greenwood Shalom program must exercise basic precautions to permit the use of hand sanitizer by adults and children. GSTZ staff will follow all sanitize products labels and supervise children use and making sure children apply an appropriate amount of sanitizer to palm of one hand and rub together until dry.

Greenwood Shalom will not use sanitizer as substitute for hand washing.

Hand sanitizers may be used to supplement hand washing outside the regulatory requirement for example:

- Entering the program then wash hands
- After blowing nose
- Before and after handling toys

Please feel free to contact a staff member with any questions regarding this policy.

If you give Greenwood Shalom permission to administer the use of hand sanitizer with your student to accompany hand washing please sign the form below.

Child Name: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_



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Website: [www.greenwoodshalom-outreach.org](http://www.greenwoodshalom-outreach.org)

**PARENT DEMOGRAPHIC DATA FORM**

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's School Name \_\_\_\_\_ Address \_\_\_\_\_

2. List Other Children: \_\_\_\_\_

**Marital Status** (Please check)

- Married
- Widowed
- Divorced
- Separated
- Never married
- Single Parent

**Education**

What is the highest degree or level of school?

- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, Ed.D)

**Employment Status**

Are you currently...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- Homemaker
- Student
- Retired
- Unable to work

**Employment please describes your work.**

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice
- Self-employed in own incorporated business, professional practice
- Working without pay in family business

**Financial Demographic** (Please circle the one that applies)

- \$0 - \$15,000
- \$15,000 - \$30,000
- \$30,000 - \$45,000
- \$45,000 - Up

**Housing**

- Owned
- Rent
- Shelter
- Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_