



TULSA DREAM CENTER & PARTNERING SCHOOLS:  
L.I.F.E. AFTER SCHOOL PROGRAM  
2019-2020 Tutoring Program



*Dear Parents,*

*Thank you so much for considering your child for the 2019/2020 Dream Academy L.I.F.E. After School Program. **It will begin on Monday, September 16, 2019.** In order to have your child considered into this program you must:*

- 1. Fill out the attached application completely and correctly*
- 2. Attend one of the scheduled Parent Meetings*
- 3. Wait for your acceptance phone call.*

*Our parent meetings will be held in the Tulsa Dream Center Chapel on **Thursday, August 22, 2019 at 6pm and again on Saturday, August 24, 2019 at 1pm.** Even if your child has been a part of the program previously, every applicant and parent is required to attend one of these meetings. This orientation is mandatory for you and your child so that you both will be aware and informed on how this program will help assist in your child's educational success. We cannot wait to meet you and your family, and get started on our 2019/2020 School Year Tutoring.*

*Sincerely,*

*TDC Leadership Staff*

***Keep this page for your Records!***



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# Enrollment Application Form

200 W 46<sup>th</sup> St N Tulsa, OK 74126

**Student Information:**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Female Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Male Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(City) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Mobile Home Work

Grade: \_\_\_\_\_ School: \_\_\_\_\_

TPS ID (Lunch #): \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Emergency Contacts:**

*Please list in order of preference individuals we may contact in the event of an emergency.*

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
\_\_\_\_\_ Mobile #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
\_\_\_\_\_ Mobile #: \_\_\_\_\_

**Authorized Pick Up List:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorize Walker:**

<b><u>For office use only</u></b>
Date Received: _____
Application Number: _____
Special Notes: _____



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**2019-2020 Tutoring Program**



OKLAHOMA 21<sup>ST</sup> CENTURY  
COMMUNITY LEARNING CENTERS

I/We give my/our permission for my/our child  
\_\_\_\_\_ to walk home at the end of the L.I.F.E.

Program day. They live within a mile of the TDC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Trip and Special Event Permission:**

My child may take part in any special activity or trip with the LIFE Program. It is my understanding that advance notice will be given and all activities and trips will be properly supervised.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Transportation:**

I give permission for my child \_\_\_\_\_, to be transported by bus or van from his/her school to the Tulsa Dream Center on the days he/she is registered to attend.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Party Authorization:**

I authorize the L.I.F.E. Program to share my basic information with partnering organizations, for the sole purpose of allowing my child to participate in their activities (on and off campus), and contact me if needed. *(For example organizations such as: Girl Scouts; Boy Scouts; Karate)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Released:**

I authorize the L.I.F.E. Program to take and use photographs, slides or videos of my child as needed for its records and/or public relations publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteering:**

I am interested in volunteering with the L.I.F.E. Program. Please contact me.  Yes  No

**After School Program:**

My child has previously participated in the L.I.F.E. Program :  Yes  No

If Yes, Most Recent After School Year: \_\_\_\_\_

**Library Card:**

Does your child have a library card?  Yes  No

**Was your child apart of Reading Partners?**  Yes  No

If Yes, previous Reading Partners name: \_\_\_\_\_

**Guardian Agreement:** *Please read the following carefully, initial each agreement & then sign.*

\_\_\_\_\_ I understand that I am committing my child to participate in the L.I.F.E. Program for the **entire**

**For office use only**

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Application Number: \_\_\_\_\_

Special Notes: \_\_\_\_\_



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**2019-2020 Tutoring Program**  
 school session of September 16, 2019 through April 30, 2020.



\_\_\_\_ I understand that my child will **ONLY** be released to person(s) listed on the LIFE Program Application.

\_\_\_\_ I understand that my child will not be released to any person(s) who appear to be under the influence of drugs or alcohol.

\_\_\_\_ I understand that my child must be signed in & out by an approved adult (unless transported bus or permitted to walk)

\_\_\_\_ If my child is experiencing problems, a conference will be arranged with parents and staff.

\_\_\_\_ I understand that the L.I.F.E. Program is from **2:30-5 pm Monday-Thursday at John Hope** & from **3-6 pm Monday-Thursday at the Dream Center**. During these times my child will not be allowed to leave the campus premises until dismissal time.

\_\_\_\_ I understand that my child will not be allowed to come and go as he/she pleases.

\_\_\_\_ I understand that the L.I.F.E. Program reserves the right to permanently remove my child from the program based on inappropriate behavior; *i.e.: threats, language or inappropriate actions.*

\_\_\_\_ I understand that all volunteers and workers must attend & undergo an interview, application process and background check prior to working with the L.I.F.E. Program.

\_\_\_\_ I have received, read and agree to abide by all policies & procedures.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**2019/2020 AFTERSCHOOL Tentative ENRICHMENT CLUBS**

*(Please choose 4; 1 being your 1st option.)*

- |                  |                     |                           |
|------------------|---------------------|---------------------------|
| ____ Girls Club  | ____ Music Club     | ____ Super Servers Club   |
| ____ Bike Club   | ____ STEM Club      | ____ Arts and Crafts Club |
| ____ Book Club   | ____ Gardening Club | ____ Boy Scouts Club      |
| ____ Poetry Club | ____ Cooking Club   | ____ Girls Scouts Club    |
| ____ Boys Club   | ____ Dance Club     | ____ 'Healthy Kids' Club  |
| ____ Sports Club | ____ Chess Club     | ____ Good News Club       |
| ____ Bible Club  | ____ Zumba Club     | ____ Fine Arts Club       |

**Health History:** Please indicate if your child previously had or currently has any of the following:

Diseases \_\_\_\_\_

Medical \_\_\_\_\_

Allergies \_\_\_\_\_

Adaptive Equipment \_\_\_\_\_

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Special Notes: \_\_\_\_\_



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- Kidney Trouble       Ear Infection       Hay Fever  
 Glasses  
 Heart Trouble       Rheumatic Fever       Poison Ivy       Hearing Aid  
 Diabetes       Seizures       Insect Stings       Wheelchair  
 Physical Disability       Other       Penicillin       Communication Device  
 Other       Other       AFO'S or Crutches

**Please Circle One:**

- Does your child have an IEP? *(Attach a copy)*      YES      NO  
 Does your child have ADD/ADHD?      YES      NO  
 If yes, are they currently taking medication:     Yes     No  
 Does your child have a behavior management plan? *(Attach a copy)*    YES      NO

Please describe any reactions your child may have to allergies:

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Please list any medications currently being taken by your child:

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***(A 'Medication Authorization Form' will need to be completed and on file if any medications are to be taken during program hours.)***

**PARENT AUTHORIZATION**

I/We verify to the best of my/our knowledge that everything on this health form is correct and the child herein is in good health. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the L.I.F.E. Program. I/We recognize failure to disclose information could result in termination of services. I/We understand that in the event of an emergency, my/our child will be taken to the closest hospital. I/We accept responsibility for the charges incurred from medical or surgical treatment.

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

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

Thank you for your interest in our TDC L.I.F.E. Program for the 2019-2020 school year. We are looking forward to a great year!

**For office use only**

Date Received: \_\_\_\_\_

Application Number: \_\_\_\_\_

Special Notes: \_\_\_\_\_