

CHICAGO PUBLIC SCHOOLS - COMMUNITY SCHOOLS INITIATIVE 21ST CENTURY COMMUNITY LEARNING CENTERS (21ST CCLC) STUDENT PROGRAMMING APPLICATION

APPLICANT INFORMATION

Name:		Race: : <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> White	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
Date of Birth:	Phone 1:	Phone 2:	
Current Address:			
City:	State:	ZIP Code:	
Email:	Grade Level:	School:	

EMERGENCY CONTACT

Name of Emergency Contact (Parent/Guardian/Other):		
Street address:		Phone:
City:	State:	ZIP Code:
Relationship:		

PARENT/GUARDIAN INFORMATION

Father/Step-father/Guardian:		
Home Address:		
Work Phone:	Cell:	Home Phone:
Mother/Step-mother/Guardian:		
Home Address:		
Work Phone:	Cell:	Home Phone:

MEDICAL CONDITIONS OF WHICH CPS COMMUNITY SCHOOLS INITIATIVE SHOULD BE AWARE:

SPORTS INVOLVEMENT INFORMATION (IF APPLICABLE)

Sport and Coach:	
Practice Times:	Season Dates:
Sport and Coach:	
Practice Times:	Season Dates:

STUDENT EMPLOYMENT INFORMATION (IF APPLICABLE)

Current Employer:	
Employer Address:	Typical hours/week:

SIGNATURES

We have read and initialed all of the statements on the reverse and agree to abide by all.	
Signature of applicant:	Date:
Signature of Parent/Guardian:	Date:

PHOTOS

I give the CPS Community Schools Initiative permission to use photos of my child for promotional purposes within the scope of the After-School and Enrichment Program <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Parent/Guardian:	Date:

OVER

**CHICAGO PUBLIC SCHOOLS - COMMUNITY SCHOOLS INITIATIVE
21ST CENTURY COMMUNITY LEARNING CENTERS (21ST CCLC)
STUDENT PROGRAMMING APPLICATION
CONTINUED**

I give permission to the school to notify an emergency contact listed on reverse to act on my behalf in the event that I cannot be reached during a medical emergency.	Parent/Guardian Initials: _____
I give permission for the child listed on reverse to participate in the programs and activities provided by the CPS Community Schools Initiative 21 st CCLC grant program.	Parent/Guardian Initials: _____
I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention.	Parent/Guardian Initials: _____
I understand that any medical bills incurred by an accident are my responsibility and I will not hold CPS Community Schools Initiative or their partners liable for such occurrences.	Parent/Guardian Initials: _____
We understand and affirm the following student expectations: <ul style="list-style-type: none"> • Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures. • Every staff member has a right to teach, coach, or present their materials and activities. • Everyone has the right to feel physically and emotionally safe. 	Parent/Guardian Initials: _____ Student Applicant Initials: _____
We understand and affirm this attendance policy: <ul style="list-style-type: none"> • I agree to attend all sessions of any program for which I register. • I agree that missing 3 consecutive sessions, or 5 or more session in a semester, without documentation may result in being dropped from the program. 	Parent/Guardian Initials: _____ Student Applicant Initials: _____
We understand and affirm the following behavior policy: <ul style="list-style-type: none"> • I will maintain appropriate behavior in accordance with the CPS Student Code of Conduct. • I understand that my parents/guardians will be notified if I engage in inappropriate behavior (behavior that threatens the physical or emotional safety of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my dismissal from the program for the remainder of the quarter in which the instance occurs. 	Parent/Guardian Initials: _____ Student Applicant Initials: _____

TRANSPORTATION

My student will: (select one option below)

___ My child will walk home from school after the CPS Community Schools Initiative 21st CCLC program.

___ My child will be picked up by a parent/guardian.

___ My child will secure his/her own transportation.

Note: Students who leave before the program ends must check out with the CPS Community Schools Initiative Resource Coordinator. Please initial here if your student may leave before the program ends_____.

VOLUNTEER

I am interested in being a parent volunteer at my child's school. ___yes ___no

Signature of parent/guardian:

Date:



Parent Permission for Child's Participation and Consent for Program Evaluation

Research: "Measuring Program Effectiveness of Community Schools Programs in Chicago"

What is the purpose of this program evaluation study? Metropolitan Family Services is asking for you and your child to be included in this program evaluation study because we are trying to learn more about how well students do in school after participating in a Community Schools Program. We want to know how well students are doing in the classroom, how they are getting along with classmates and teachers, and how much students enjoy the program. You and your child are invited to participate in this research because your child is enrolled in the Community Schools program.

The program evaluation is being conducted by Vikki Rompala, Director of Quality and Outcomes, at Metropolitan Family Services. If you agree to participate, your child will be enrolled and information will be obtained through the end of this school year unless you decide to change your mind. There may be other people on the research team assisting with the study at Metropolitan Family Services' Department of Quality. We hope to include about 10,000 students who attend our community school programming in the program evaluation study each year.

Why are you and your child being asked to be in the research? Your child is invited to participate in this study because she/he is enrolled in the Community School programming at your child's school. Only students and parents who participate in programming would be able to tell us about their experience, which is why you and your child are being asked to participate.

What is involved in being in the research study? You will be asked to complete a Parent/Caregiver survey at the end of the school year. This survey will ask about your own satisfaction with the Community Schools Program for your child and will also ask if the program has changed your academic and school involvement with your child.

What will my child be asked to do if I allow her/him to participate in this research? Your child will be asked to complete a satisfaction survey.

Who? Children 3rd grade or higher

What? A satisfaction survey

When? At the end of each school year while they participate in the program

Why? To understand how they feel about different areas of their life after the program and how they feel about the program

Parents please be aware that under the Protection of Pupil Rights Act. 20 U.S.C. Section 1232 (c)(1)(A), you have the right to review a copy of the questions asked or of materials that will be used with your students. If you would like to do so, you should contact Vikki Rompala at (312) 986-4292 to obtain a copy of the questions or materials.

How much time will this take? The parent survey will take about 10-15 minutes of your time and will be collected from you at the end of the school year. Our plan is to have parents complete this survey at final student report card pick-up. For your child, it will take about 10-15 minutes of their time to complete the end of year survey. They will have time during the program to finish the survey.

What other information will be needed for this evaluation study? Metropolitan Family Services keeps attendance records of your child's participation in the Community Schools Program, and this program attendance information will be included in this evaluation. In addition, your child's teacher will be asked to complete a teacher survey. The survey will ask the teacher about your child's academic work, his/her behavior in class, attendance, and how he/she gets along with other kids in class.



Are there any risks involved in participating in this study? Being in this study does not involve any known risks other than what you or your child would encounter in daily life. However, it is possible but unlikely that you or your child may feel uncomfortable or embarrassed about answering certain questions. There is a very small risk that your child's records will not remain confidential, but security practices make this highly unlikely.

Are there any benefits to participating in this study? You and your child will not personally benefit from being in this evaluation study. We hope that what we learn will lead to improved Community School Programs and better academic outcomes for students in the future.

Can you decide not to let your child participate? Your child's participation is voluntary, which means you can choose not to allow your child to participate. You or your child can choose not to participate in this study and still take part in the Community Schools Program. Participation in this study is completely voluntary. Even if you agree to allow your child to be in the research, your child may decide that he/she does not want to be in this study now or once he/she starts the study, he/she can withdraw at any time. There will be no negative consequences, penalties, or loss of benefits if you decide not to allow your child to participate or if you change your mind later and withdraw your child from the research after he/she has begun participating.

Are there other options to my child's being in the research? Instead of being in this study your child may work on homework or read a book. Even if you and/or your child decide not to be in the research, you are welcome to provide general feedback to program personnel on the Community Schools Program. That general feedback will not be included in this evaluation study.

Who will see my child's study information and how will the confidentiality of the information collected for the research be protected? The research records are kept and stored securely. Your child's information is combined with information from other people taking part in the study. When we write about the study or publish a paper to share the research with other researchers, we will write about the combined information we have gathered. We will not include your child's name or any information that will directly identify your child. We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information or what that information is. However, some people might review or copy our records that identify your child in order to make sure we are following the required rules, laws, and regulations. For example, the Federal Institutional Review Board may want to review research records to make sure that they are stored securely and are protected by passwords. Only research staff will be able to look at that information. All research data will be destroyed three years from the conclusion of this study. This includes your child's completed surveys.

Who should be contacted for more information about the research? Before you decide whether to allow your child to take part in the study or not, please ask any questions that might come to mind now. Later, if you or your child have questions, suggestions, concerns, or complaints about the study or you or your child want to get additional information or provide input about this research, you or your child can contact the researcher Vikki Rompala, Director of Quality and Outcomes at Metropolitan Family Services at **312-986-4292** or rompalav@metrofamily.org.

This research has been reviewed and approved by the Metropolitan Family Services Federal IRB **IRB00007336**. If you (or your child) have questions about your child's rights as a research subject, you or your child may contact Allen Hall, Director of Auditing and Compliance, in the Department of Quality and Outcomes at 312-986-4349 or by email at halla@metrofamily.org.

You will be given a copy of this information to keep for your records.



Statement of Parent/Legal Guardian Permission for a Child’s Participation in Research:

- I understand that the information outlined above will be kept confidential by Metropolitan Family Services. I understand that I have the right to inspect and copy the student’s records, challenge the contents of such records, and limit my consent to the designated records or designated portions of information within the academic records.
- I understand that this consent will remain in effect until September 1, 2018. I understand that to revoke this consent, I must send written notification of my intent to revoke to the CPS Office of Accountability (42 West Madison Street, Suite 300, Chicago, IL 60602) or Metropolitan Family Services (One North Dearborn, Suite 1000, Chicago, IL 60602).

PARENT PERMISSION FORM

Participation in this program evaluation research study, “Measuring Program Effectiveness of Community Schools Programs in Chicago,” involves:

For all participants, your child’s teacher will be asked to complete a Teacher’s Survey at the end of each school year and Metropolitan will collect program participation records.

For 3rd graders and up, your child will be asked to complete survey forms at the end of each school year while he/she participates in the program and you will be asked to complete a year-end survey.

This permission and consent is valid from now until the end of the school year.

My child’s name is _____ **Grade** _____
Print Name

YES, I consent to participate & I give permission for my child to participate in this evaluation study.

NO, I do not consent nor give permission for my child to participate in this evaluation study.

Parent/Guardian Signature

Parent/Guardian Signature

Print Name

Date

Please return this completed form to Metropolitan Family Services

Client Agreement to Participate in Agency Promotion, Public Events or Agency Evaluation

As a recipient of services from Metropolitan Family Services1 N. Dearborn Ave., Chicago, IL 60602, you have legal protections regarding your personal information including the acknowledgement of your association with the agency. All information about you is considered confidential unless you indicate your willingness to participate as provided below. This form is to inform you how we want to use such information and document your authorization to do so.

Some of the materials that include your participation might include brochures, newspaper articles, interviews, video recordings, photographs, audio recordings, etc. Some of the activities that you might participate in could include community events, agency promotions, board presentations, fund raisers, external audits of our services and accrediting organizations, etc.

Please review the following areas of participation and indicate your willingness to participate with your initials next to the each section on the left under "Client Initials Indicate Agreement"

I hereby give my consent to Metropolitan Family Services to use information about me for the following communication materials and / or events:

Client Initials Below Indicate Agreement:

_____ Publish or republish photographs, video and audio recordings, broadcasts, newspapers, interviews, newsletters, Metropolitan Family Services' website, annual reports, etc. Other materials:

(Staff to Circle Items and / or List Other Materials)

_____ Participation in a public event, promotion, interview or other activity as described:

(Staff to Circle Items and / or List Other Activities)

_____ I agree to allow Metropolitan Family Services to share materials with partner organizations or funders to promote Metropolitan Family Services

Initial Only One Below:

_____ I agree to allow myself to be identified with my participation.

_____ I do not want to be identified as part of my participation.

Your participation is a valuable contribution to the agency and we thank you. However, your participation is not required to receive services from Metropolitan Family Services and your consent or agreement can be cancelled by you at anytime in writing or verbally. Similarly, your agreement to participate does not imply any guarantee of services or any compensation from Metropolitan Family Services.

Participant's Signature

Participant's Phone Number

Participant's Printed Name

Parent or Guardian Signature If Participant Under 16

Date _____ Witnessed by MFS Staff: _____ Office Location: _____