



**BCDI**

Black Child Development Institute  
GREENSBORO



## The 2015-2016 “Spirit of Excellence” Tutorial Registration Form

### ***Application Checklist***

- Original registration form (no fax/electronic copies will be accepted)
- Also be prepared to submit the following with your application:

### ***Supporting Documents***

- Teacher questionnaire ( included in application)
- 2014-2015 EOG test scores (to be supplied by teacher on their questionnaire)
- Copy of your child(ren)’s last report card
- Copy of your child’s IEP (Individualized Education Plan), if applicable

### ***Scholarship Applicants Only***

- TANF or Workfirst eligibility letter or
- Free or Reduced lunch verification letter

Name of student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

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



Dear Parent/Guardian,

Attached is the application form for our Spirit of Excellence (SOE) Tutoring Program. We are honored that you have chosen Black Child Development Institute of Greensboro, Inc. (BCDI-G) to help in creating a path towards academic success for your child. Please see information below regarding the process for entry into the program.

- **Eligibility:** The SOE program is open to all students in Guilford County schools (K-12<sup>th</sup> grade) regardless of race, religion, creed or socio-economic background.
- **Registration:** To register your child for the SOE program a parent or guardian must complete the tutor application form available online or in our office at 1200 East Market Street. Once the form is completed the **original** document (faxes are not accepted) should be returned to our office. You will receive a follow up phone call to schedule an assessment for students (K-5<sup>th</sup> grade), upon receipt of **all** sections of the form. This process is very important as it allows us to create an individualized plan to help your child reach their academic goals.
- **Fees:** There will be a **one-time, non-refundable enrollment fee** for each child enrolled in the SOE program. For 2015-2016 the enrollment fee is \$30 per child. Please note that for those families who request a scholarship for the program (reducing the payment to \$15 for the year), you must supply need verification either by providing a) TANF or WorkFirst verification documents or b) Free or Reduced Lunch verification document. ***Payment will be due once a child is placed at a tutoring site and prior to starting the tutoring session.***
- **Subjects:** BCDI-G's goal is to help your child improve their academic skills in the areas of math or reading. Please note that the primary focus of the tutoring session is to help your child strengthen his/her skills as identified through the assessment. ***Though tutors will be available to assist with homework they are not responsible for ensuring that a student's homework is completed during the scheduled tutoring time.***
- **Days and Hours for Tutoring:** Tutoring will occur twice per week on alternative days (M/W or T/R) and hours of tutoring will vary by site location and availability of tutors. Please see schedule on the application form. BCDI-G recognizes that there will be times when it is necessary for a student to miss a tutoring session. However, regular attendance is required in order to provide the most beneficial service. ***If the student is to be absent, please contact the BCDI-G office before 2:00 pm.*** Frequent absences will result in termination from the site. ***If a student is absent twice without notification they will be dropped from the program.*** Also note that the tutoring sites are closed when Guilford County Schools are closed - this includes teacher workdays and holidays.

At BCDI-G we believe that parents/guardians are a child's first teacher. We are looking forward to this collaboration with you, Guilford County Schools, our AmeriCorps Members, community volunteers and BCDI-G staff where together we will be working to ensure your child's academic success.

Please sign your name that you have read and understood these guidelines:

→ \_\_\_\_\_



1200 East Market Street • Greensboro, North Carolina 27401 • Phone: (336) 230-2138 • Fax: (336) 574-2234

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## The 2015-2016 "Spirit of Excellence" Tutorial Registration Form Community Based Tutoring Sites

Please complete the front and back of each page and submit the original document (no electronic or faxed forms will be accepted). Please have your child's teacher complete the Teacher Questionnaire form. All forms should be returned to our main office. Once all completed forms are returned, you will receive a follow-up call from our office to schedule the assessment for this child.

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Does your child receive Exceptional Children's Service and/or have an IEP:  No  Yes (if yes, please specify)

\_\_\_\_\_

Please note any learning challenges that the tutor would need to know about to best assist your child.

\_\_\_\_\_

Additional Information that would be helpful in working with your child:

\_\_\_\_\_

PRIMARY SUBJECT IN WHICH TUTORING IS BEING REQUESTED: (please choose ONE subject only)

Reading/English -OR-  Math (if 6th grade or higher, please indicate type) \_\_\_\_\_

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ARE YOU ELIGIBLE TO RECEIVE A SCHOLARSHIP? (reducing the fee to \$15 for the year)

Yes\*\*  No

\*\*please note, additional documentation is required to prove your eligibility. These documents are:

a) TANF or WorkFirst verification documents

OR

b) Free or Reduced Lunch verification document



Community Partner

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## Please Select Tutoring Site and Time Preference Below

<u>Site</u>	<u>Available Days</u>	<u>Preferred Time</u> <i>Please Select ONLY one</i>	<u>Secondary Preference</u> <i>Please Select ONLY one</i>
(To be determined)	Monday and Wednesday	<input type="checkbox"/> 3:00 pm to 4:00 pm <input type="checkbox"/> 4:00 pm to 5:00 pm <input type="checkbox"/> 5:00 pm to 6:00 pm <input type="checkbox"/> 6:00 pm to 7:00 pm	<input type="checkbox"/> 3:00 pm to 4:00 pm <input type="checkbox"/> 4:00 pm to 5:00 pm <input type="checkbox"/> 5:00 pm to 6:00 pm <input type="checkbox"/> 6:00 pm to 7:00 pm
(To be determined)	Tuesday and Thursday	<input type="checkbox"/> 3:00 pm to 4:00 pm <input type="checkbox"/> 4:00 pm to 5:00 pm <input type="checkbox"/> 5:00 pm to 6:00 pm <input type="checkbox"/> 6:00 pm to 7:00 pm	<input type="checkbox"/> 3:00 pm to 4:00 pm <input type="checkbox"/> 4:00 pm to 5:00 pm <input type="checkbox"/> 5:00 pm to 6:00 pm <input type="checkbox"/> 6:00 pm to 7:00 pm

### Please Note:

BCDI-G recognizes that there will be times when it is necessary for a student to miss a tutoring session. However, regular attendance is required in order to provide the most beneficial service. **If the student is to be absent, please contact the BCDI-G office before 2:00 pm.** Frequent absences will result in termination from the site. *If a student is absent twice without notification* they will be dropped from the program. Also note that the tutoring sites are closed when Guilford County Schools are closed - this includes teacher workdays and holidays.





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## Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

The best way to contact me is:       cell phone       home phone       e-mail

Emergency Contact (REQUIRED) \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about BCDI-G's tutoring program?    school    friend    PSA    other \_\_\_\_\_

## Parent/Guardian Agreement - Please initial:

\_\_\_\_\_ I give Black Child Development Institute of Greensboro, Inc. (BCDI-G) permission to obtain academic information from my child's Guilford County School (GCS) Records.

\_\_\_\_\_ I give BCDI-G permission to communicate with GCS officials (ie: teachers, counselors, social workers, etc.)

\_\_\_\_\_ I give BCDI-G permission to take photographs for promotional purposes.

\_\_\_\_\_ I understand that I must provide BCDI-G with my child's report card after each grading period.

\_\_\_\_\_ I understand that I must provide BCDI-G with my child's EOG scores from the previous academic year at the beginning of each program year.

\_\_\_\_\_ I understand that I will be responsible for transportation to and from the program and that BCDI-G and/or their representatives may not transport my child at any time during the program.

\_\_\_\_\_ I understand that failure to promptly pickup my child from each session could result in dismissal from the program.

\_\_\_\_\_ I understand that if my child will be absent, I must contact the BCDI-G office before 2:00 pm.

\_\_\_\_\_ I understand that if my child is absent twice without notification they may be terminated from the program.

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





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*Please be advised that completion of the information below is OPTIONAL and does **NOT** affect your application for services. However, this form ensures that we have accurate information about the families we serve and can provide required feedback to the funding agencies that support our organization.*

**Household Makeup:**

- Two Parent
- Single Parent (Female)
- Single Parent (Male)
- Grandparent/Caregiver
- Other

**Age of Parents/Caregivers:**

- 18-39
- 40-59
- 60 +

**Ethnicity (check all that apply):**

- African
- African American/Black
- Asian or Pacific Islander
- Caucasian/White
- Hispanic/Latino
- Native American or Alaskan Native
- Other \_\_\_\_\_

**Number of CHILDREN in Household:** # of Females \_\_\_\_\_ # of Males \_\_\_\_\_

**Annual Household Income:**

- under \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- over \$50,000
- Unemployed

**Name of Employer:** \_\_\_\_\_

**Highest Level of Education Completed:**

- High School Diploma or GED
- Vocational/Tech School
- Bachelors Degree
- Masters Degree
- Doctoral Degree
- Other

**Are you a Member of the PTA?**  Yes  No

Thank you for providing us with this information!



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## 2015 - 2016 Teacher Questionnaire

Name of Student: \_\_\_\_\_

Name of English Teacher: \_\_\_\_\_ Name of Math Teacher: \_\_\_\_\_

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

English Teacher Contact Info:  Phone \_\_\_\_\_  Email \_\_\_\_\_

Math Teacher Contact Info:  Phone \_\_\_\_\_  Email \_\_\_\_\_

Is this student working **below** grade level in either area of study?  Yes  No

Please circle the EOG scoring of the student:

Reading Level	1	2	3	4
Math Level	1	2	3	4
Written Language	1	2	3	4

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**To be completed by teacher:**

What kinds of activities (learning strategies) do you feel would be most helpful to this student?

\_\_\_\_\_

\_\_\_\_\_

*On a scale of 1 to 5, 1 being Poor and 5 being Excellent, please grade the student in the following:*

Comprehends oral instructions	1	2	3	4	5
Recalls/applies previously learned materials	1	2	3	4	5
Completes homework in a timely manner	1	2	3	4	5
Prepared and organized	1	2	3	4	5
Completes class assignments	1	2	3	4	5
Listens attentively and carefully	1	2	3	4	5
Seeks help when needed	1	2	3	4	5
Takes pride in work	1	2	3	4	5
Demonstrates effort	1	2	3	4	5

Please indicate objectives that would be beneficial for the tutor to work on with this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

