



The Work Force Youth Program

Creating Pathways to Success Through Connected Learning

2014-2015 Academic Year General Application

NEW Participant Information

First Name: _____ Last Name: _____ Middle Initial: _____

Country of Citizenship: _____ Resident Alien Card? Yes ___ No ___ Gender: Male ___ Female ___

Home Phone Number: _____ Participant's Cell Phone: _____

Participant's Email: _____ Race/Ethnicity: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Zip Code: _____

School Information

School: _____ (If at CRLS) Small School Community (circle one): C R L S

Dean: _____ Guidance Counselor: _____

Grade: _____ Ind. Ed. Plan (IEP): Yes ___ No ___ English Language Learner (ELL): Yes ___ No ___

RSTA: Yes ___ No ___ Program: _____ Sports: Fall _____ Winter _____ Spring _____

Does your child need one-on-one tutoring? Yes ___ No ___ Subject: _____

One-on-One tutoring is not yet available at the CRLS site, but we are working with CRLS, Tutoring Plus, Cambridge School Volunteers, and other organizations to see how best to serve the needs of your child. In addition to these programs, The Work Force has highly qualified staff that will make every effort to meet your child's educational needs. By indicating if your child needs tutoring you are helping us plan how to best provide one-on-one tutoring in the near future.

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Other Phone: _____

Parent/Legal Guardian Information

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Check any of the following sources of income for your family. Work _____ Pension _____
AFDC (Welfare) _____ unemployment check _____ social security: (type) _____

I hereby give my permission for my child to participate in The Work Force Youth Program. I have read the program contract and give my child consent to participate in all program activities and events. I also give permission to Cambridge Housing Authority to use images of my child for informational and promotional material. I am aware that I can contact my child's Teacher/Counselor or the Program Director if I have any questions regarding my child's participation in The Work Force Youth Program.

**CRLS Site (857) 235-9923 --- Jefferson Park (617) 499-7110 --- Roosevelt Towers (617) 499-7169 ---
Windsor Street (617) 499-7107**

Signature of Parent/Guardian

Date



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Student and Parent Expectations:

In order for The Work Force Program to be successful, we need a high level of student participation and a high level of support from parents/guardians. To that end, we have outlined below some basic expectations from students and their parents or guardians. Please read these expectations carefully and sign at the bottom indicating that you agree to meet these expectations.

Student Participation Expectations:

1. Students are expected to attend all classes and trips. Students are only allowed a maximum of two excused absences per cycle, though the preference is no absences.
2. Students are expected to be on time and actively participate in classes and other program activities (including their jobs if they receive employment through The Work Force).
3. If students are running late, or will be absent, they need to contact the site prior to class time.
4. Students are expected to be respectful to others and the property.
5. Students are expected to complete at least one hour of homework time each week.
6. If students are struggling academically, they are expected to participate in one-on-one tutoring or intensive homework help.
7. Students agree to participate in only one afterschool sport team a year during the school year while with the Work Force. Even when part of the team they will make every effort to attend Work Force classes.

Parent Participation Expectations:

1. Parents of participating students are expected to attend parent events both at the program and at school.
2. Parents are expected to encourage their child to attend the program on time and to communicate with staff if their child will be late or absent. We ask that parents try to avoid making appointments for their child during his/her class day (8th grade on Fridays, 9th grade on Mondays, 10th grade on Tuesdays, 11th grade on Wednesdays, and 12th grade on Thursdays).
3. Staff will communicate with parents on a regular basis regarding their child's attendance and performance and we expect parents to use this time to communicate any concerns or feedback they have for us.
4. In order for youth to strengthen their academics they need practice. Therefore we ask parents to encourage your child to read daily, provide them with a designated quiet time and space for homework, and engage with them about what they are learning at school.
5. We encourage parents to communicate regularly with their child's teachers and school regarding academic and school performance. Work Force staff are here to help with that process.

By signing below we agree to meet the above expectations and to engage with The Work Force to help increase the participant's self-efficacy, educational, and employment skills.

Parent Name (please print)

Parent Signature

Date

Student Name (please print)

Student Signature

Date



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Entrance Questions

Applicant Name: _____

Date: _____

1. Why are you interested in joining The Work Force and what do you think you will get out of this program?

2. Please describe what qualities you will bring to The Work Force program and what areas you need help from us.



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SCHOOL RELEASE OF INFORMATION FORM

2014-2015 Academic Year

I hereby authorize my child's school, _____, to
[Name of School]
release any student record (i.e. attendance reports, report cards, transcripts, IEPs, etc.)
of my son/daughter to the Teacher-Counselor professional of the Work Force Program.
I also give my child's school access to any Work Force records that may be important
for my son/daughter's academic achievement. It is my understanding that the content of
all records will remain confidential and will be used to enhance my child's academic
performance. No school records may be released to any other person or agency
without my full permission.

Child's Full Name (Please Print Clearly)

School Grade House (if at CRLS)

Guidance Counselor Name or Head of School Name if in Upper School

Parent/Guardian Signature

Date