



Tutoring and College Preparatory Program Application

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: ____/____/____

Which Program will your youth be entering? Elem/Middle or High School College Prep

Parent/Guardian: _____

Relationship to youth: Mother Father Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

Email address: _____

Child's Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Ethnicity: White Hispanic African American Asian Other:

Name of Homeschool: _____ Grade Level: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Number: _____

APPLICATION QUESTIONS

Please answer all of the following questions as completely as possible.

1. Briefly describe your expectations for the BHCFL Tutoring and College Prep Program:

Improve Literacy

Improve Writing

Improve Communication Skills

Improve Math Skills

Improve Leadership Skills

Improve Science

Other: Please Specify: _____

2. We are committed to the success of your child and will work as a team with you to ensure that each and every child is empowered to aim high and is equipped with the resilience and tools to follow through. If your child attends this BHCFL program, do you agree to bring your child on Mondays during the school year? Yes No

Please answer the following about your child:

Grades: Above Average Average Below Average

Homework: Above Average Average Below Average

Attendance: Above Average Average Below Average

Behavior: Above Average Average Below Average

4. Is your child currently having any problems either at home or school? Yes No
5. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce within the last 2 years)? Yes No

If yes, please provide details: _____

6. Can you provide any additional background information that may be helpful in building a healthy relationship with you and your family? Yes No

If yes, please provide details: _____

MEDICAL HISTORY (Optional)

Does your son/daughter have any physical problems or limitations? Yes No

Is your son/daughter currently receiving treatment for any medical issues? Yes No

Does your son/daughter have any emotional issues or problems right now? Yes No

Is your son or daughter currently seeing a counselor or therapist? Yes No

Does your child have any allergies? Yes No

If yes, please provide details: _____

PLEASE READ THIS CAREFULLY BEFORE SIGNING

Black Homeschoolers of Central Florida, Inc. is a homeschooling support organization, not a school. We have designed this Tutoring and College Prep Program to enhance your child's educational experience and love for learning. We need your complete support and cooperation. Make sure that your child is on time and willing to fully participate. BHCFL requires that you, the parent, stay in the room or on the premises. If your child is disruptive, disrespectful, not participating, or a risk to safety, we will call you or your emergency contact.

This program includes individual and group sessions which builds on skills from the prior sessions. Attendance is key! We are also building leadership skills. Your child's absence may affect the activities for the other children who are relying on your child's presence and contributions. We are looking forward to a wonderful year of connecting, building, learning and growing together!

Parent/Guardian Approval/Release (Please check and initial beside each statement and sign below):

- The Parent(s)/Guardian hereby agrees to the student's participation in the Black Homeschoolers of Central Florida, Inc.'s Tutoring and College Preparatory Program.
- The Parent(s)/Guardian agree to have their child to follow all of program guidelines and understand that any violation on the scholar's part may result in suspension and/or permanent removal from the program.
- The parent understands that he/she will be present during the program sessions.
- The Parent(s)/Guardian hereby agrees to allow Black Homeschoolers of Central Florida, Inc. to use any photographic image of my child taken while participating in any and all program activities. These images may be used in promotions or other related marketing materials.
- The Parent(s)/Guardian hereby authorizes release of educational records such as grades, assessment data, homework assignments, and other related academic achievement records to the Black Homeschoolers of Central Florida, Inc. for the purpose of assisting in the child's school success. Information will remain confidential and will only be used for educational and advocacy and planning purposes.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

_____ Date: ____/____/____
Parent/Guardian Signature

Please return completed application to:
Rasheeda Denning, Founder and President
Black Homeschoolers of Central Florida, Inc.
Via email to blackhomeschoolerscfl@gmail.com
or

fax your application to (386)789-0253. Deadline for application submission is August 15th.