



**South Lyon Area Youth Assistance
Homework Help Center Information Form
Millennium Middle Schools**

Schedule:

Tuesday and Thursday 2:30 pm – 4:30 pm

No one will be admitted after 2:45 p.m.

The Homework Center facilitators will be Star Peedle and Jen Lhota. The Co-Coordinator of the program are Karen Raabis and Debbie Little. The phone number for the Homework Center is **248-573-8200 ext. 2349**.

Homework Center is offered with a minimal registration fee of \$10 per semester.

Students are expected to exhibit safe, respectful and responsible behavior. Parents will be called to pick up their child early if there are behavior problems. Students will be given two warnings. The third warning they will be asked to not return. The purpose of Homework Center is to learn homework skills necessary to be successful in school.

Students must bring homework to keep them occupied for at least 45 minutes. Students should bring an extra book or magazine to read when their homework is completed. In order to provide an atmosphere conducive to study, students are asked to raise their hands if they need assistance during quiet time. For the same reason, **no** electronic devices may be used in the homework center.

Both registration forms must be completed, signed, and turned in before attendance. If a child does not attend three times and there is no phone call from a parent, that child will be considered to have dropped out and that slot will be given to the next child on the waiting list.

Parents are asked to pick up their children promptly at 4:30 at the outside door. Written permission is needed if a student is picked up by an adult on the registration form.

Millennium
(248) 573-8200 ext 2349
Rm# 628

We are looking for your child(ren) with in volunteering in the please contact us at the Youth Assistance Office at 248-573-8189.

forward to having us. If you are interested homework center,

KEEP THIS PAGE FOR YOUR RECORDS!!!!

South Lyon Area Youth Assistance
HOMEWORK CENTER PARTICIPANT ENROLLMENT FORM

Child's Name: _____ Child's Sex: Male Female
 Birth Date: _____ Age: _____
 Parent's Name: _____
 Home Address: _____ Race: White Black
 City, Zip: _____ Asian Hispanic
 Phone: _____ Multi-Racial

In which municipality do you pay your taxes?

- South Lyon Novi Lyon Township Northfield Township
 Salem Township Milford Green Oak Township Wixom

We must collect the following data to satisfy funding requirements for our sponsors. Please **circle** the total number of persons living full-time in your household. Then **check** the amount on the **same** line that describes your income.

Household Size	Income			Income
1	<input type="checkbox"/> Under \$14,700	<input type="checkbox"/> \$14,701-\$24,450	<input type="checkbox"/> \$24,451-\$39,150	<input type="checkbox"/> \$39,151+
2	<input type="checkbox"/> Under \$16,800	<input type="checkbox"/> \$16,801-\$27,950	<input type="checkbox"/> \$27,951-\$44,750	<input type="checkbox"/> \$44,751+
3	<input type="checkbox"/> Under \$18,850	<input type="checkbox"/> \$18,851-\$31,450	<input type="checkbox"/> \$31,451-\$50,350	<input type="checkbox"/> \$50,351+
4	<input type="checkbox"/> Under \$20,950	<input type="checkbox"/> \$20,951-\$34,950	<input type="checkbox"/> \$34,951-\$55,900	<input type="checkbox"/> \$55,901+
5	<input type="checkbox"/> Under \$22,650	<input type="checkbox"/> \$22,651-\$37,750	<input type="checkbox"/> \$37,751-\$60,400	<input type="checkbox"/> \$60,401+
6	<input type="checkbox"/> Under \$24,350	<input type="checkbox"/> \$24,351-\$40,550	<input type="checkbox"/> \$40,551-\$64,850	<input type="checkbox"/> \$64,851+
7	<input type="checkbox"/> Under \$26,000	<input type="checkbox"/> \$26,001-\$43,350	<input type="checkbox"/> \$43,351-\$69,350	<input type="checkbox"/> \$63,351+
8	<input type="checkbox"/> Under \$27,700	<input type="checkbox"/> \$27,701-\$46,150	<input type="checkbox"/> \$46,151-\$73,800	<input type="checkbox"/> \$73,801+

Does your child have any special health needs?

In case of emergency, these people may be contacted if parents or guardians are not available:

Name: _____ Phone: _____ () _____

Name: _____ Number: _____
Phone () _____
Number: _____

My child may be released to the following people when the homework center closes:
Name: _____ Phone () _____
Number: _____
Name: _____ Phone () _____
Number: _____

My child has my permission to walk home without adult supervision after the homework center closes.
 YES

My child needs help in the following academic areas:

THIS IS PART OF A TWO PAGE FORM...PLEASE PROCEED TO THE NEXT PAGE!

Parent/ Guardian consent and release – PLEASE READ BEFORE SIGNING

I grant permission for my child to participate in the South Lyon Area Youth Assistance Homework center. South Lyon Area Youth Assistance (SLAYA) and its employees, contractors and volunteers are authorized to contact emergency personnel if needed. I agree to pay all cost incurred to provide such medical care. I certify that I have listed all medical information pertinent to treating this child on this form. To the full extent permitted by law, I hereby release, exonerate and discharge South Lyon Area Youth Assistance and its officers, directors, employees, contractors and volunteers from all liability, damages, or causes of action for any damages or injuries suffered by or medical emergencies occurring to this child while enrolled in Homework Center activities.

In addition, I understand and agree that SLAYA and its officers, directors, employees, contractors, and volunteers are authorized to make photographs, audio and / or video recordings of Homework Center activities at its discretion. I hereby authorize SLAYA without payment to myself or this child, to record this child's picture and voice, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films, broadcasts, public relations and advertising materials.

South Lyon Area Youth Assistance
Authorization to Release Confidential Information

This is an authorization to release information concerning _____
(student's name) whose birthday is _____ (birth date).

I authorize South Lyon Area Youth Assistance employees, contractors and volunteers to share information with employees of South Lyon Community Schools in order to plan for and provide appropriate academic support for this child.

Homework center staff may inform school district staff that my child attends the homework center and discuss areas of academic endeavor, which need support with teachers, paraprofessionals, staff and administrators of my child's school.

By signing below I authorize South Lyon Community Schools to provide report cards and progress reports to South Lyon Area Youth Assistance.

My signature indicates that I know what information is being disclosed on my family's behalf. I authorize the sharing of information for only the purpose listed above. I have read this form or have had it read to me and explained in language that I can understand. I may revoke this consent at any time. Otherwise, it will automatically expire June 15, 2009.

Furthermore, I agree to follow the rules and regulations set forth on page one of this document.

Child's Signature:

I understand the rules and expectations for my child at the homework center:

Parent/Guardian Signature and
Release:

PLEASE SIGN AND DATE THIS PAGE. PLEASE RETURN WITH YOUR CHECK FOR ENROLLMENT.

Office Use Only: PAID Check # _____