

Bound Together



171 W. Pike Street Pontiac, MI 48341

Office 248-334-3827 Cell 248-875-5768

Email: director@boundtogetherpontiac.org

www.boundtogetherpontiac.org

Tutoring Admissions Application - 2023-24

Thank you for your interest in Bound Together! We are pleased to provide no-cost afterschool tutoring, mentoring and meals to Pontiac and area elementary and middle school students three days per week. Please complete the following application on behalf of your student. Bound Together will contact you regarding our decision which is based largely on available space for applicants.

Please return the completed application to Bound Together, 171 West Pike St. Pontiac, MI 48341. The early-registration deadline is July 31st which will guarantee consideration for your student. Registration is open until September 1st and acceptance will depend upon available space.

Location of Program: 171 West Pike Street, Pontiac, MI 48341 at All Saint's Episcopal Church
(at the corner of Pike Street and Williams Street)

Virtual tutoring: Our goal is to have all students on-site, with on-line tutoring for special circumstances. Please check this box if you feel your family will need virtual tutoring services in the coming year.

Program Schedule: We will have optional enrichment programming each Monday at Bound Together, and this application will make your child eligible for this programming. Our tutoring and dinner program occurs every Tuesday, Wednesday and Thursday from 4:30pm until 6:00 PM from mid-September to mid-May. Students are welcome to arrive at the church as early as 4:00pm. Students must be picked up at the church no later than 6:00 pm daily.

Child's Name: _____ Male / Female: _____

Age: _____ Date of Birth: _____ 2023-24 Grade: _____

School: _____ Teacher (if known) _____

School Address _____

City: _____ Zip: _____ School telephone: _____

Mother's/Legal Guardian's Name: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Home Telephone _____

Work: _____ Cell: _____

Primary Language Spoken _____

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Father's/Legal Guardian's Name: _____

Address: _____

Email: _____

City: _____ Zip Code: _____ Home Telephone _____

Work Telephone: _____ Cell: _____

Primary Language _____

Emergency Contact Name: _____

Home Telephone: _____ Work phone _____

Mobile Phone: _____ Relationship _____

Does your child have any allergies or medical conditions we should be aware of? **Yes / No** If yes please list:

Does your child take medication? **Yes / No** If yes please list:

Does your child have an Individualized Educational Plan (IEP) or 504 Plan? **Yes / No**

If yes, can you share that with Bound Together? **Yes / No**

Does your child have any needs that you would like to share with us? **Yes / No** If yes, please list:

Your child will be supervised in a public space at all times at Bound Together.

Neither Bound Together nor any member of its staff /volunteers will be held responsible for damages, medical costs or any unforeseen costs that may arise from participation in our program.

My signature gives Bound Together permission to communicate with teachers and other school personnel about my child, obtain academic information, including test scores, as well as communication between principal and teachers.

Signature

Date

Revised 07.20.23



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Contact Information and Release Form Page 3

After listing the people who are authorized to pick up your child, you may list people who, under no circumstances, may pick up your child from Bound Together. If a person who may not pick up your child is a biological parent, we must have a court order signed by a judge to support your request.

If this form is not returned, we will not release your child to anyone other than your child's parent/guardian. If you have any questions, please call the director of Bound Together at **248-334-3827**.

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM BOUND TOGETHER:

| Name of Person: | Relationship to student: |
|-----------------|--------------------------|
| | |
| | |
| | |
| | |
| | |

MY CHILD MAY NOT BE RELEASED TO THE FOLLOWING PEOPLE:

| Name of Person: | Relationship to student: |
|-----------------|--------------------------|
| | |
| | |
| | |
| | |

I certify that all information detailed in this document, Parental/Guardian Contact Info, Emergency Contacts and Pick-up Release List are accurate and truthful.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____



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Image/Recording Consent Form Page 4

We are sending you this parental consent form to both inform you and to request permission to use your child's photograph/image or a film, video or sound recording of your child on Bound Together's website and in Bound Together's promotional materials or other displays, including but not limited to bulletin boards, wall photographs, posters, brochures, newspapers, magazines, reports or other public documents; or in film, electronic or digital recordings.

Bound Together will not release any personally identifiable information related to your child. Bound Together will not disclose your child's name or other personally identifiable information for any reason.

The law requires that we ask for your permission to use photographs/images, film, video or sound recordings of your child. Pursuant to this law, please complete this form and return it to Bound Together .

Please turn it in as soon as possible.

Check one of the following choices:

I/We GRANT permission to Bound Together to use, as described in this document and without identifying information, any photograph, image, film, video or sound recording (otherwise known as "image or recording") that includes my child. I understand that any image or recording of my child may be used without further consent or authorization from me; that Bound Together may modify the image or recording in the process of editing; and that neither I nor my child am entitled to compensation for use of any image or recording.

I also agree to release Bound Together's board of directors, employees and agents from any and all liability arising out of or connected to the use of the image or recording, as stated above. I, as the parent or guardian, may rescind this agreement at any time in writing by sending a letter to the director of Bound Together.

I/We DO NOT GRANT permission to Bound Together to use any photograph, image, film, video or sound recording that includes my child.

Student's Name: (please print) _____

Student's Date of Birth: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Parent's Address: _____

Date: _____



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ATTENDANCE POLICY:

Bound Together’s attendance policy supports three primary goals:

1. To build each child’s sense of community with fellow students and volunteers.
2. To create consistent educational relationships between students and tutors.
3. To give students and tutors the time they need to achieve students’ goals.

In order to create an environment in which we can support success together, we ask parent/guardians to commit to the following:

1. **That the student(s) will attend regularly.** If a student misses two program days, excused or un-excused, in any calendar month, enrollment will be reviewed.
2. **That students will be on time.** Tutoring begins promptly at 4:30. Students should be dropped off no later than 4:25 in order to facilitate that process. If your school has a late dismissal we can work that out!
3. **That students will come prepared to tutor:**
 - If there is homework: they will have it with them.
 - They will know that parent/guardian expects them to participate and follow directions, and they will arrive ready to work.
 - They will be respectful of one another and of all program volunteers.

ABSENCES:

There will always be times when students might need to miss a program day! Here’s what we ask:

1. If you know that your child will be absent: please text/call/email **before 1:30 PM on the program day** so that we can adjust our tutor schedule accordingly.
2. If a student misses two program days without prior notification, enrollment will be reviewed.
3. If there are concerns that are making it difficult to attend: please discuss with Ms. Michele as soon as possible so that we can find a solution together.

I understand and commit to follow the attendance and absence policies for Bound Together as outlined above. I understand that a failure to follow these policies will result in my child’s participation in Bound Together to be reviewed and possibly suspended or terminated. I may re-apply for my student.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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DINNER AT BOUND TOGETHER

Bound Together plans to prepare snacks and dinners on site, giving us more flexibility and an opportunity to create menus that best serve all of our students. While not everyone likes everything all the time, we would like to serve students simple, nutritious meals that they enjoy.

With that in mind:

Please share 5 simple meals/entrees that your child will enjoy:

- 1.
- 2.
- 3.
- 4.
- 5.

Please share 5 simple snacks that your child will enjoy:

- 1.
- 2.
- 3.
- 4.
- 5.

If there are foods that your child specifically dislikes, please tell us here:

My child does/does not drink milk:



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