

HIZ KIDZ

PARENTAL APPLICATION/AUTHORIZATION FORM

Thank you for choosing to allow your child to participate in the Hiz Kidz program! Our goal is to help your student grow academically, develop a healthy relationship with an adult mentor, and learn about God.

The program will be held each week on Mondays after school, throughout the school year. We will follow the public school district calendar. If there is no school, an early out or early dismissal due to weather, etc. there will be no program. Hiz Kidz includes an after-school snack, Bible talk time, games & dance, a free dinner and approximately 30 minutes of mentoring/tutoring time with a volunteer. A background check is performed for each volunteer as well as references checked. Hiz Kidz will be held at the elementary school and will begin immediately after school so there will be no need for transportation before beginning. Hiz Kidz will conclude at 5:30 p.m. each week.

Child's Name: _____ (Male / Female)

Your Child's Date of Birth: _____ - _____ - _____
(Month) (Date) (Year)

Your Child's Current Grade Level (2015-2016 school year): _____

Your Child's Teachers Name: _____

* * * * *

Parent/Guardian Name: _____

Relationship to child: _____

Home Address: _____, _____, IA _____
(city) (zip code)

Email Address: _____

Telephone Number: _____

Cell Phone Number: _____

****Please note that we post information to our Facebook page throughout the year. You can find it at Facebook by searching "Osceola Hiz Kidz".**

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Does your child have any allergies (food or med)? If yes, _____

Does your child have any special needs? If yes, _____

Emergency Contact Person: _____

Emergency Contact Person's address: _____

Emergency Contact Phone Number: _____

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- I authorize my child _____ to participate in Hiz Kidz program during the 2015/2016 school year from after school to 5:30 on Mondays at the Clarke Elementary School.

If a student needs correction, they will be given verbal encouragement/redirection from a volunteer and you may be notified of their behavior. A written warning may be issued through an Incident Form. On the second correction, you will be contacted about the behavioral issues and on the third correction after meeting with you, your student may be asked to take a break from the Hiz Kidz program. Hiz Kidz reserves the right to ask a student who has been corrected more than 3 times to leave the Hiz Kidz program for the remainder of the school semester.

Transportation: We will not provide transportation for children after Hiz Kidz.

Please check:

- I authorize the following people, other than myself, to pick up my child from Hiz Kidz.
- _____
 - _____
- I understand that it is my responsibility to arrange for my child/children's transportation from the elementary school at 5:30 on Mondays of Hiz Kidz.
- My child _____ is authorized to walk home from the school at the conclusion of Hiz Kidz at 5:30 p.m. on Mondays.

I understand that:

- 1) Hiz Kidz tutoring is a program of 99Ways and not my child's school. Activities during each session will include teachings of Christian principles and Bible teaching.
- 2) I agree to hold harmless 99Ways, its employees, board members and volunteers against any and all claims, demands, suits, liabilities and expenses, including attorney's fees, arising out of or related in any way to the services provided under this program.
- 3) I agree to allow photos and/or short video clips of my student while involved in Hiz Kidz for purposes of sharing the Hiz Kidz program and 99Ways with others. Your child's name will not appear on any of the materials that are submitted.
- 4) I agree that the Hiz Kidz leaders or volunteer mentors from 99Ways can obtain academic reports and information from my child's teacher and/or other school faculty. I also agree/understand that the leaders and/or volunteers will be in communication with my child's teacher and/or other school faculty (either through conferences, one-on-one meetings, phone or email). The information gained through academic reports and teacher communication is valuable for the leaders and volunteers in understanding how to best help my child.

Please note:

It is your responsibility to notify the Hiz Kidz Coordinator if you decide to discontinue attendance for your student or if there is a change in the children's pick-up arrangements.

Parent/Guardian Signature _____ Date _____

Please Print (first name) _____ (last name) _____