

Date: \_\_\_\_\_

**PIECES Afterschool Program**  
*Elementary Student Application*



**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Classroom Teacher** \_\_\_\_\_

*My child would like to participate in;* \_\_\_\_\_ PIECES Afterschool Program @ student's school Mon-Thurs 3:30-5:30pm

**AND / OR**

\_\_\_\_\_ CLUB M Youth Mentoring @ BHS on Wednesday's 3:30-4:30pm

*(select one Club M location preference)* \_\_\_\_\_ CLUB M Youth Mentoring @ Black Hawk Tuesday's 4:00-5:00pm

\_\_\_\_\_ CLUB M Youth Mentoring @ Grimes Thursday's 4:00-5:00pm

**Parent/Guardian Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Relationship to Student:** Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Parent E-mail (optional)** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_ **Youth Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Your Child's Interest and Activities**

**Choose the Top 4 things your child likes to do**  
*(football, legos, color, dance)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Describe your child**

*(active, loves outdoors, quiet, likes to read, shy, funny)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**This lets us interact with your child.**

**Contact and Information Release**

I hereby authorize BCSD to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors and other administrative staff.

**Parental Consent**

BCSD appreciates you and your child's interest in participating . This application intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in PIECES Afterschool Program.

**Club M Mentoring Consent**

Further, I understand that basic information about my child will be anonymously (without names) shared with prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

I hereby grant permission for Club M to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Club M may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program

We screen our mentors before accepting them into the program. They are then matched with your student based on common interests. If your student and mentor would like to meet outside of school, we contact you and set a meeting for you to meet with the mentor and share our community based mentoring guidelines. You are welcome to meet your student's mentor anytime, just contact our program or the school and we will arrange a meeting.

**Please read and initial each of the following:**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in PIECES and its related activities.

\_\_\_\_\_ I permit my child to complete a written pre and post survey. *(There are no known risks to the child and in order to prevent a breach of confidentiality, all information gathered throughout the program period will not be identified by individual student.)* The survey is used to assess the overall effectiveness of programming.

\_\_\_\_\_ I understand that participation is voluntary and that my child has the right to withdraw from the program at any time.

\_\_\_\_\_ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program

\_\_\_\_\_ I am in receipt of the *Child Safety Handbook* provided by the program and understand the rules, policies, and child safety regulations. I have shared the material with my child and we know about safe meeting places and reporting procedures as outlined in the handbook.

\_\_\_\_\_ I release BCSD of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program including but not limited to transportation, and hold harmless any Club M mentor, program staff, or other representatives, both collectively and individually, of any injury, physical emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (optional) I agree to allow BCSD to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**