



# Community Lodgings

*"Opening Doors to Independence Since 1987"*

Date \_\_\_\_\_

**Student:** **Parent is interested:** ESL \_\_\_ Spanish Literacy \_\_\_ **All** \_\_\_  
Computer \_\_\_ Volunteering \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. # \_\_\_\_\_

Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Gender \_\_\_\_\_

### Ethnicity (optional)

African American \_\_\_ Native American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic/Latino \_\_\_ Other \_\_\_\_\_

Number of Family Members \_\_\_\_\_ Lunch: Free \_\_\_ Reduced \_\_\_ Pay \_\_\_

Primary Language \_\_\_\_\_ Citizenship \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/ Guardian \_\_\_\_\_

If Guardian, Relationship to Child: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Tel.# \_\_\_\_\_ Ext: \_\_\_\_\_ Evening # \_\_\_\_\_

School your child attends: \_\_\_\_\_ Current Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

### In Case of Emergency Contact:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Family Income

\_\_\_ \$10,000 to \$15,000 \_\_\_ \$15,000 to \$20,000 \_\_\_ \$20,000 to \$25,000 \_\_\_ \$25,000 to \$30,000  
\_\_\_ \$30,000 to \$35,000 \_\_\_ \$40,000 to \$45,000 \_\_\_ \$45,000 to \$50,000 \_\_\_ \$50,000 to \$55,000



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## Parent and Student Participation Contract

I, \_\_\_\_\_ agree to allow my child \_\_\_\_\_ to participate in the Fifer Family Learning Center after- School Program offered by Community Lodgings

I am fully aware that the purpose of this program is to provide youth with extra academic assistance after the normal school hours. However, I understand that my child may not complete all of his/ her homework during the program, and that I, the parent, should review school assignments with my child on daily basis.

I am aware that I must attend the orientation meeting in order for my child to participate and will be responsible to attend 5 parenting workshops throughout the school year.

I agree to uphold the Community Lodgings Rules, listed below, and I will encourage my child to do the same

## After School Program Rules

- Be on time
- Come Prepared (Backpack, Books, ALL homework)
- Follow instructions given by staff and volunteers (Complete homework and all other assigned work)
- Work Quietly and Calmly
- Use inside voices (rude words)
- Wear appropriate clothing
- Respect Others
- Treat others as you would want to be treated
- Keep hands and feet to yourself
- Call before program starts if you will be unable to come to the program
- Have a positive attitude
- Use positive words
- Keep your work station clean
- Remember the ABC's
  - A. Warning
  - B. Send student home
  - C. Suspended for 1 day to 5 days or termination

Parent Name \_\_\_\_\_

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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## El Contrato de Participación de Padres y Estudiantes

Yo, \_\_\_\_\_ acuerdo y dejo a mi hijo(a) \_\_\_\_\_ participar en el programa para después de la escuela de Community Lodgings.

Yo reconozco que el propósito del programa es proveer a los jóvenes con ayuda académica después del día escolar Sin embargo, yo entiendo que no es necesario que mi hijo(a) participe en el programa, y que yo necesito asistir a 5 reuniones de padres entre el año escolar.

Yo acuerdo apoyar las reglas de Community Lodgings, escrito abajo, y voy a asegurar de que me hijo(a) lo haga también

## Reglas Para Después de la Escuela

Llegar a tiempo

Traer todos los materiales (Mochila, libros, TODA la tarea)

Seguir las instrucciones de los empleados y voluntarios de CLI (Hacer la tarea y los otros trabajos asignados)

Trabajar en silencio y con calma

Hablar con voz baja (No insultar)

Vestirse en una manera apropiada

Respectar a los demás

Tratar a otros, como te gustaría que ten trate a ti mismo

Guardar las manos y los pies (no golpear)

Avisarnos antes de cualquier ausencia

Mantener una actitud positiva

Usar palabras positivas

Mantener limpio y ordenado el área del trabajo

Recordar el ABC's

A. Llamada de atención

B. Se manda a su casa

C. Se suspenderá de 1 a 5 días o definitivamente del programa.

Nombre del Padre: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Firma del Padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del Alumno: \_\_\_\_\_ Fecha: \_\_\_\_\_



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I/ We, \_\_\_\_\_, hereby authorize Community Lodgings, Inc. and the following agency, to exchange appropriate information and records concerning myself/ourselves and my/ our minor children

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- Alexandria City Public Schools
- Alexandria Health Department
- Alexandria Police Department
- Alexandria Probation and Parole
- Arlandria Health Clinic
- Capital Area Food Bank
- Center for Multicultural Human Services
- Champagna Center
- Head Start/Early Head Start
- City of Alexandria Community Services Board
- City of Alexandria Gang Prevention and Intervention
- City of Alexandria Office on Women
- City of Alexandria Virginia, Department of Recreation
- Ethiopian Community Development Center
- Fairfax County Public School
- Northern Virginia Urban League
- Offender Aid and Restoration (OAR)
- Sexual Assault Resource Agency (SARA)
- Stop Child Abuse Now of Northern VA (SCANVA)
- Virginia Cooperative Extension
- Volunteer Alexandria
- Young Men's Christian Association (YMCA)

Other \_\_\_\_\_

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I/ We understand that any information or records will only be disclosed to the extent necessary to assist in the purposes of case management planning service medical intervention and determination of edibility for Community Lodgings Inc programs. I/We understand that the information will not be released to any agency not listed above without my prior written consent.

I/ We understand that I/We may with the written notice, revoke this release at any time. Unless otherwise revoked, this release of information form will expire on: \_\_\_\_\_

I/ We have read this form and understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have explained the significance of this form to the above signatory and witnessed their signature.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\*\*\*\*\*For Official Use Only\*\*\*\*\*

New Registration\_\_\_ Re-Registration\_\_\_ Volunteers\_\_\_ Elementary\_\_\_ Middle\_\_\_ C.I.T.\_\_\_  
Computers\_\_\_ ESOL\_\_\_ GED\_\_\_ Basic Literacy\_\_\_ Mentoring. \_\_\_ Other\_\_\_\_\_