

Y.O.U.C.A.N! Institute

Dear Parent or Guardian,

Congratulations! Your student has been selected to participate in Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). The Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) is designed to improve academic performance in STEM related subjects and increase student enrollment of STEM undergraduate majors in college. The purpose of this program is to develop and implement a comprehensive curriculum that combines mentoring, didactic learning, and skill application in STEM related subject areas.

Ultimately, the goal is to create a pipeline for middle and high school students (attending Cardoza Middle, Siwell Leadership Academy, Forest Hill and Wingfield High Schools) who are interested in science, technology, engineering, and math while increasing their chances of pursuing majors that will lead to careers related to STEM.

The program is scheduled to begin on **Monday, October 21, 2019** and end **Thursday, April 23, 2020**. The middle school program will operate at Siwell Leadership Academy from 4:00 p.m. – 6:30 p.m. Monday through Thursday. The high school after-school program will operate at Wingfield High School from 4:30 p.m. – 6:00 p.m. Monday through Thursday. Tutoring is mandatory for all students.

Transportation will be provided for the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) participants. All students will be transported home by bus unless a request is issued to pick your student up from their designated after-school site.

We would like to take this opportunity to personally thank you for allowing us the privilege and the opportunity to work with you and your student during the 2019-2020 academic school year. It is our hope that your family will benefit from the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). If there are any questions, please contact us, Ms. Therese Bridges via telephone (601-977-7910) or via email (tbridges@tougaloo.edu) and/or Dr. Thea Williams-Black via telephone (601-977-7744) or via email (twblack@tougaloo.edu).

Sincerely,

Thea Williams-Black, Ph.D.
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

Y.O.U. C.A.N! Institute

Dear Parent or Guardian:

Your student, _____, has been approved to participate in the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) beginning **Monday, October 21, 2019**. In order for your student to be fully accepted into the program, the Tougaloo College Y.O.U. C.A.N! Institute staff will need the **following forms to be completed**:

1. Parental Consent Form _____
2. Student/Parent Rules and Regulations _____
3. Medical Disclosure _____
4. Photo Usage Consent Form _____
5. Authorized Pick Up/ Dismissal Form _____
6. Parent Consent Survey Form _____
7. Release of School Records _____
8. Notice of Transportation _____
- 9. All forms have been returned _____**

If there are any questions please contact us, Ms. Therese Bridges at (601) 977-7910 or email tbridges@tougaloo.edu and/or Dr. Thea Williams- Black at 601-977-7744 or email, twblack@tougaloo.edu.

Thank you for your assistance and we are excited about having your student in this year's program.

Sincerely,

Thea Williams- Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

Y.O.U.C.A.N! Institute

PARENTAL CONSENT FORM

I, _____ give my student _____
Parent/Guardian (Please Print) Student (Please Print)

permission to participate in the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center).

Monday- Mentoring/ College Prep/Tutoring
Tuesday- Thursday (STEM instruction)

In case of an emergency, I can be contacted at the following numbers:

Home: _____ **Work/or Alternate Number:** _____

Email Address: _____

I understand that this activity is a part of the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). I agree that no staff person or volunteer will be held responsible for any injuries or damages occurring during such activities. In the event a claim is made, I agree to limit such claim to my child's or ward's ratable share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made. I understand that if these terms are not acceptable that I may personally transport and supervise my child or ward during program activities.

Parent/Guardian Signature

Date

Address

Zip Code

Thea Williams-Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

Date

Y. U. C.A.N! Institute

STUDENT & PARENT CONTRACT RULES AND REGULATIONS

I, _____ agree to participate in the
(Student's Name)

Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center), and will comply with the rules and regulations specified below.

(PLEASE CHECK)

- _____ 1. Attend the Program.
- _____ 2. Participate in the STEM enrichment sessions.
- _____ 3. Comply with **ALL** Program Rules and Regulations.
- _____ 4. Parent will attend two Parent/Teacher Conferences.

If at any time I do not comply with the above, I understand that I may forfeit my right to participate in any of the program's *fun activities and/or recreational field trips* or consequently be released from the program. As a Parent/Guardian, I further understand that if my student is suspended from being transported by the school bus for any reason, I will then be responsible for providing transportation.

Student's Signature

Date

Parent/Guardian's Signature

Date

LET'S HAVE A GREAT YEAR!



Medical Disclosure and Emergency Treatment Consent Form

Student's Name: _____ Age: _____ Birth Date: _____ Race: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Name of Parent or Guardian: _____

Primary Language: _____ Second Language: _____ Free/Reduced Lunch: _____

Emergency Contact

Name: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Address if different from child: _____

Family Doctor: _____ Phone Number: _____

Insurance Information

Company: _____

Insurance #: _____ Phone Number: _____

Please indicate any special medical information and/or instructions for your child or any known allergies:

In the event you child is injured or becomes ill during the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) we will make every effort to contact you immediately. If we are unable to contact you or your designee, do we have your permission to seek appropriate emergency treatment?

YES _____ NO _____

I understand that unless otherwise limited by state or federal regulation, I may withdraw this consent at any time by submitting my withdrawal request in writing. The withdrawal of this authorization does not affect any health information disclosed prior to Tougaloo College Y.O.U. C.A.N! Institute receiving a written notice of withdrawal.

I hereby acknowledge that I have read (or had someone read to me) the above statements, and that I fully understand the above statements, and do expressly and voluntarily authorize the disclosure of this medical information to the individual or agency named above.

Parent/Guardian Print Name: _____

Parent/Guardian Signature _____ Date _____



PHOTO USAGE PARENTAL CONSENT FORM

I, _____ give the *Y.O.U C.A.N! Institute*
Parent/Guardian (Please Print)

permission to use photos taken of my student, _____ during
Student's Name (Please Print)

program activities for publication purposes. I understand that such publications will include: quarterly and annual reports, newsletters, articles, presentations, brochures, and Y.O.U. C.A.N! Institute/Tougaloo College websites.

Parent/Guardian Signature

Date

Thea Williams-Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

Date



Authorized Pick Up/Dismissal Form

I _____ parent/guardian of _____
Parent's Name Student's Name

authorize the following people listed below to pick up and/or drop my student off at the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) located at the student's designated after-school site (Siwell Academy of Leadership or Wingfield High School). I do understand that if any adjustments (adding or removing someone) need to be made to this document I must submit written documentation to the Y.O.U C.A.N! Institute Administrators.

Other Authorized Person(s)

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Date _____

Print Parent's Name _____

Parent's Signature _____ Date _____

Y.O.U. C.A.N! Institute

Parent Consent Survey Form

Principle Investigator: Dr. Daphne Chamberlain

Title of Study: Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center

Purpose: The purpose of Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center is to create a pipeline science, technology, engineering, math and science program targeting high school students attending Cardoza and Siwell Middle Schools and Wingfield and Forest Hill High Schools.

Description: The study consists of the STEM Career Inventory and the Bazargen Career Development Screen. Also some focus groups and key informant interviews will be constructed to gather information about the effectiveness of the program and challenges to implementation

Voluntary: Taking part in this survey is optional. If your child feels uncomfortable about answering any question, he/she may skip the question. He/She also has the right to withdraw at any time.

Risks: The risks are minute, which does not include embarrassment, upset, or feeling demeaned.

Benefits: There are no personal benefits. Benefits are for subject and society.

If you have you have questions about your rights as a participant in human research, please contact Mr. Kerry Thomas, Grants Management Specialist Tougaloo College, 601-977-4463. If any additional information is desired, relating to question on this survey please contact:

Tougaloo College Y.O.U. C.A.N! Institute
Attn: Dr. Thea Williams- Black
500 West County Line Road
Tougaloo, MS 39174
(601) 977-7744 -----office

Parent/Guardian Signature

Date



RELEASE OF SCHOOL RECORDS AUTHORIZATION
2019 -2020 Academic Year

- Student New to School**
- Student Returning to Current School**

I, _____ Parent/Guardian of _____
(Parent's Name) **(Child's Name)**
who attends _____ authorize the release of academic records,
(School Name)
including the following:

1. Grade Reports
2. Testing Evaluations
3. Disciplinary Reports

I further authorize school personnel to provide periodic behavioral observations.

Parent/Guardian Signature

Date

Thea Williams-Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

Date

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NOTICE OF TRANSPORTATION

Dear Parent or Guardian,

If your child goes home the same way each day, **WE CANNOT** change this form of transportation unless we receive written notification from you.

PLEASE CHECK ONE BOX

YES, My student, _____, will ride the bus every day.
(Student's Name)

Address (Please Print): _____

City: _____ Zip Code: _____

Contact Number: _____

NO, I will pick my student, _____, up everyday
(Student's Name)
unless you receive written notification from me.

Parent/Guardian's Signature _____

Date _____