



Harambee Learning Center

**An after-school, safe-haven building resiliency among
K thru 5th Graders**



- Homework Assistance
- Mentoring
- Literacy & Math Enrichment
- Computers
- Prevention Strategies
- Supper

- \$100 per month*
- State Licensed
- CONNECT & LINK Accepted
- Discounted Rates for Multiple Children

Hours: 2:30 pm to 6:00 pm Monday - Friday
131 Perkins Avenue, Dunbar

Call 304.768.8929 or visit www.kisra.org

A Kanawha Institute for Social Research & Action (KISRA) initiative

*supplemented with grant funds

**Harambee
Learning Center's
after-school
program will begin
Monday,
August 23, 2010**



Harambee Learning Center

2010-2011
Registration Packet

131 Perkins Avenue, Dunbar, WV 25064

Welcome to the Harambee Learning Center

We are excited that you chose the Harambee Learning Center to serve your child's after school needs. Please refer to the Parent Handbook for details on what is offered at the Center. The only charge for our services is a non-refundable \$100 per month fee which is supplemented with grant funds. Supper will be served. We accept CONNECT and offer discounts for multiple children from the same home.

Due to limited space, if your child misses 15 consecutive days without notifying the Director or Site Supervisor he/she will be considered inactive and the slot given to another child.

If contact information changes during the course of the year, please inform the Center so your child's file can be updated!

Please see or contact the Site Supervisor - Angela Dobson at 304-768-8929 if you have any questions or concerns.

Confidentiality Statement

This KISRA Confidentiality Statement is to inform you as our customer that we are committed to protecting the information that you disclose to us with the highest level of confidentiality. This information, from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

It is the policy of KISRA that the users (i.e., employees, administrative staff, and volunteers) shall respect and preserve the privacy, confidentiality and security of confidential information. **Violations of this statement include, but are not limited to:**

Staff or affiliates accessing confidential information that is not within the scope of duties;

Staff or affiliates misusing, disclosing information without proper authorization, or altering confidential information;

Staff or affiliates disclosing to another person your sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;

Staff or affiliates using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;

Staff or affiliates intentional or negligent mishandling or destruction of confidential information;

Staff or affiliates leaving a secured application unattended while signed on; or

Staff or affiliates attempting to access a secured application or restricted area without proper authorization or for purposes other than official KISRA business.

Violation of this Confidentiality Statement may result in disciplinary action, up to and including termination of employment, contractual of affiliation rights in accordance with applicable KISRA procedures. Unauthorized use or release of confidential information may also subject the individual to personal, civil, and/or criminal liability and legal penalties.

In signing this document I am stating that the document has been reviewed with me and that I fully understand the terms that are mentioned in this Confidentiality Statement. I also understand that I can revoke this agreement at any time without any recourse. I also understand that I have the right to review any information that is filed in my documentation. I understand that I must submit a request in writing to the Human Resources office or to the Executive Director. I understand that a response to my request will be given within 14 days of the request submittal.

Client/Customer Printed Name

Client/Customer Signature

Date

KISRA Staff Signature

Date

Confidentiality Statement
Kanawha Institute for Social Research & Action
131 Perkins Avenue
Dunbar, WV 25064
Feb 2009

THE HARAMBEE LEARNING CENTER

REGISTRATION FORM

(2010– 2011)

CHILD'S FULL NAME: _____ GENDER: _____

TODAY'S DATE: _____ HOME PHONE NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

GRADE: _____ AGE: _____ DATE OF BIRTH: _____

SCHOOL: _____ SCHOOL TELEPHONE NO.: _____

1. CONTACT NAME (*Parent or Guardian*): _____

4 DIGIT SIGN OUT CODE: _____ DRIVER'S LICENSE # _____

CONTACT TELEPHONE NUMBERS: Work: _____ Cellular: _____

2. CONTACT NAME (*Parent or Guardian*): _____

4 DIGIT SIGN OUT CODE: _____ DRIVER'S LICENSE # _____

CONTACT TELEPHONE NUMBERS: Work: _____ Cellular: _____

Email: _____

Copies of your child's last report card and WesTest results are needed at enrollment.

If contact information changes during the course of the year, please inform the Center so your child's file can be updated!

The Harambee Covenant

We the director and staff of Harambee Learning Center covenant with our students and parents to provide quality learning in a safe and wholesome environment. Parents we ask that you commit to meeting your child's tutors and/or instructors, ensuring that your child brings his/her text books when he/she needs homework assistance, and picking up your child promptly at 6:00 p.m. For every minute you are late there will be a \$1.00 charge. We also ask that you assist us in the enforcement of the rules of the Center and work co-operatively with all the staff.



Michelle Foster, CEO

Parent's Signature

Date: _____

HARAMBEE LEARNING CENTER
Emergency Medical Information

Child's Name: _____ Date of Birth: _____

Does your child have any physical conditions of which we should be aware?

Does your child require special attention, medication, or routines that may have to be taken into consideration during the time that he/she is at the Harambee Learning Center?

- | | |
|------------------------------|---------------------|
| 1. Child's Physician: _____ | Telephone No. _____ |
| 2. Preferred Hospital: _____ | Telephone No. _____ |
| 3. Insurance Company: _____ | Policy No. _____ |

I, _____ (Parent Name) hereby give permission that my child may be given emergency treatment by a staff member at Harambee. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Harambee and its employees harmless.

I, _____ (Parent Name) give my permission for Harambee Learning Center to consent for _____ (Child's Name) to receive emergency medical, dental or surgical treatment if I cannot be reached. I place the following restrictions on medical treatment:

Parent/Legal Guardian Signature

Date

HARAMBEE LEARNING CENTER
Permission Form

I hereby grant permission for my child to participate in all of the activities of the program.

I hereby grant permission for my child to leave the Harambee Learning Center premises under the supervision of a staff member for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the Harambee Learning Center.

I hereby grant permission for the Director or the Acting Director to take whatever steps may be necessary to obtain emergency medical care, if warranted, as stated on the Emergency Medical Authorization Form.

I understand that the Harambee Learning Center is not responsible for anything that may happen as a result of false information given by parent or guardian at the time of enrollment.

Signed: _____
Parent / Legal Guardian

Date: _____

Child's Name: _____

HARAMBEE LEARNING CENTER
School Records Release Authorization

I hereby grant permission for Harambee Learning Center Staff to secure my child's report cards directly from his/her school during the 2010-11 school year.

I hereby grant permission for Harambee Learning Center Staff to secure my child's attendance records directly from his/her school during the 2010-11 school year.

I hereby grant permission for Harambee Learning Center Staff to speak to my child's teachers about his/her schoolwork during the 2010-11 school year.

Child's Name: _____ Grade: _____

School: _____

Signed: _____ Date: _____
Parent / Legal Guardian

HOMWORK CONTRACT

Student

Name: _____ School grade or class: _____

I work best (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> When it's quiet | <input type="checkbox"/> With a little background noise | <input type="checkbox"/> With music |
| <input type="checkbox"/> With food | <input type="checkbox"/> At a desk and chair | <input type="checkbox"/> On a sofa or soft chair |
| <input type="checkbox"/> On the floor alone | <input type="checkbox"/> With other people | <input type="checkbox"/> After doing other activities |
| <input type="checkbox"/> After a snack | <input type="checkbox"/> After a break | <input type="checkbox"/> Right away, before other things |
| <input type="checkbox"/> Other: _____ | | |

My best subject areas are: _____

My worst subject areas are: _____

I need the most help with: _____

When I need help I usually (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Ask for it | <input type="checkbox"/> Ask, but still don't understand | <input type="checkbox"/> Try harder |
| <input type="checkbox"/> Get frustrated | <input type="checkbox"/> Give up | <input type="checkbox"/> Look for information on my own |
| <input type="checkbox"/> Other: _____ | | |

The hardest part about homework for me is:

- | | | |
|---|--|---|
| <input type="checkbox"/> Finding the time | <input type="checkbox"/> It's not particularly hard | <input type="checkbox"/> Getting started |
| <input type="checkbox"/> It's too hard | <input type="checkbox"/> Understanding assignments | <input type="checkbox"/> It's boring |
| <input type="checkbox"/> Other responsibilities | <input type="checkbox"/> Having the right books/supplies | <input type="checkbox"/> Remembering the assignment |
| <input type="checkbox"/> Other: _____ | | |

HOMEWORK CONTRACT cont.

Families, Parents, Guardians

I want my child, _____, to:

- Do homework at home, after leaving the program.
- Work on homework everyday after school for
At least _____ minutes
Not more than _____ minutes
- Can be flexible, depending on other program activities
- Complete as much homework as possible

My child seems to work best (check as many as apply):

- Alone
- In small groups
- In large groups
- With food
- With noise
- With quiet
- Other _____

When my child needs help, he or she tends to:

- Ask for it
- Try harder
- Get frustrated
- Give up without asking for help
- Ask but not listen
- Get help but be annoyed
- Other: _____

Agreements

Student

By signing this contract, I agree to:

- Keep track of assignments and know what is expected
 - Bring assignments, books, and materials I need to complete my homework
 - Work on my assignments during afterschool time as agreed
 - Ask for help when I need it
- Signed: _____

Parents

By signing this contract, I agree to:

- Review homework with my child every day
 - Talk to the afterschool and class teachers about homework and my child's progress
- Signed: _____

Afterschool Teacher

By signing this contract, I agree to:

- Serve as a homework support without doing assignments or giving answers
 - Talk to parents and children about homework
 - Support the items in this contract
- Signed: _____

I have met with the Program Supervisor and have discussed the Statement of purpose, policies and confidential guidelines as indicated in the Parents' Handbook and Application Forms.

Parent Signature:

Date: _____

Witness Signature:

Date: _____

I have received a copy of the Parents' Handbook.

Parent Signature:

Date: _____

Witness Signature:

Date: _____