Math 🍇 Read utoring gram FREE Math & Reading tutoring for Must be a Midwest City Resident First Come First Served Call Neighborhoods in Action for an application today 405-736-1973

The City of Midwest City Neighborhoods in Action Center is offering this program to address the effects of the COVID-19 pandemic on the education of elementary school children in our community.

- Proof of Residency will be required
- Proof of Income Required
- Tutoring Sessions will take place at the Neighborhoods in Action Center located at 1124 N Douglas Blvd. Midwest City, OK 73130

Parents will be responsible for transportation to and from sessions
 For more information call 405-736-1973 or email

Where the Spirit Flies High

grantsmgmt@midwestcityok.org for an application.



Math & Reading Tutoring Program Application

This program is funded in whole or in part by the U.S. Department of Housing and Urban Development as administered by the Oklahoma Department of Commerce.

Student Information

Name:		
Address:		
 Age:	DOB:	
Current Enro	olled Grade Level:	
Current Enro	olled School Name:	
Current Tead	cher Name:	Email
**Current te	eacher will be contacted wit	h a survey regarding the student's current academic level and what
their educat	ional tutoring needs are**	
Is the Studer	nt currently enrolled in-pers	son classroom setting \Box , or Virtual Learning Classroom \Box
Is the Studer	nt receiving tutoring service	es from any other source or organization: \Box Yes \Box No
Parent or Le	gal Guardian Name:	
Address (If d	lifferent from above):	
Contact Pho	ne Number:	Email:
Emergency (Contact Name:	
Name:		Phone Number:
Medical / Ph	vysical Conditions:	
Food Allergi	es:	
Medications	s: (Will not be dispensed by	program staff):
Please list na	ame and contact number of	individual(s) other than Parent, Legal Guardian, or Emergency Contact
person that	is authorized to pick up you	ır child(ren):
How do you	feel your Child's education	has been affected by the COVID-19 pandemic:

Availability/ Attendance

Please indicate below all sessions that you/ your child will be available. The number of sessions per week will depend on the need of your child and the availability of tutors. Please keep in mind that transportation to and from sessions will be your responsibility. We will do our best to accommodate your schedule. We ask that you be respectful of your child's assigned session times. Program success will depend greatly on your child's attendance. If your child repeatedly misses scheduled sessions they may be dismissed from the program in order to make room for other students. Please notify the NIA center at 405-736-1973 as soon as possible when your child will be missing a session. Please do not send your child if they are sick or running a fever.

	Monday	Tuesday	Wednesday	Thursday	Friday
4:30 - 5:15					
5:15 - 6:00					

Demographic Information

*Please indicate both a race and ethnicity

Race*:
Black
White Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

□ Black & White □ Asian & White □ Asian & Black □ Am. Indian & White □ Am. Indian & Black

🗆 Nat. Hi/Pac. Isl & White 🗆 Nat. Hi/Pac. Isl & Black 🖾 Other Multi-Racial 🖾 Other: ______

Ethnicity*: Hispanic Non-Hispanic

Disabled / Handicap: □ Yes □ No

Household Information

	Full Name of Household Member	Relationship	Age
1.		Head of Household	
2.			
3.			
4.			
5.			

Gross Annual Household Income: \$	Documentation may be required

Are you receiving any type of government assistance, if so what?
Yes _____ No

Are you on a free or reduced lunch program:
Ves
No

Does your household currently have access to the internet: \Box Yes \Box No

PARENTAL PERMISSION/WAVIER STATEMENT:

I, ______, parent of ______

do give my permission and consent to participate in the Neighborhoods in Action Center Math & Reading Tutoring Program. I understand that program hours of operation are Monday through Friday from 4:00pm to 6:00 pm. I further understand that I am responsible for getting my child/children to and from the NIA Facility located at 1124 N. Douglas Blvd. Prompt drop-off and pick-up is required. Also, I will require my child/children to follow all rules and obey program staff and volunteers. I do further, give my permission for participation in authorized program activities and I hereby release, discharge and hold harmless the City of Midwest City Neighborhoods in Action Center, it's officers Directors Employees, Volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to my child/children while participating in the Neighborhoods in Action Center Math & Reading Tutoring Program including physical injury caused by negligence of any staff or volunteer while performing his/her duties during the duration of program. In addition, medical treatment may be administered with cost incurred being my responsibility. Due to COVID-19 Neighborhoods in Action will adopt Policy of wearing masks. I do understand that my child will be required to wear a mask and that I WILL PROVIDE DAILY. I do further, give my permission to have my son/daughter photograph taken and used only for the purpose of advertisement of the Math & Reading Tutoring Program by the Neighborhoods in Action Center. I understand that my child is not permitted to have a cell phone or any type of electronic games during hours of program operation. I do understand if my child/children's behavior becomes negative and redirection has not helped he/she/they will be dismissed from the program.

Signature of Parent or Guardian

Date



CITY OF MIDWEST CITY NEIGHBORHOODS IN ACTION CENTER 1124 N. DOUGLAS BLVD. MIDWEST CITY, OK 73110 405-736-1973 grantsmgmt@midwestcityok.org

Math&Reading Tutoring Program

Student Agreement

The City of Midwest City Neighborhoods in Action Staff want this program to be as fun and beneficial as possible and in order to accomplish that we ask that you respect and abide by the following rules:

- Have Fun!! We know many of the things you are learning are difficult but your tutors will be doing their very best to help you master these subjects with fun activities and exercises!
- 2. You must be respectful towards staff, tutors, volunteers and peers.
- 3. You must follow directions given by staff, tutors, and volunteers.
- **4.** No cursing, inappropriate language, or horseplay.
- 5. No fighting at any time.
- 6. Wear a facemask at all times.
- 7. Do not run in the building unless instructed to do so.
- 8. No cell phones or electronic games.
- 9. If you have a problem, please let your tutor or staff know!
- 10. DO YOUR VERY BEST!

These guidelines are to inform you of expected behavior while in the program. In the case, you do not follow these guidelines and all attempts to redirect the negative behaviors fail, we will ask that you be removed from the tutoring program. Parents please review this information to help your child/children understand the importance of these rules. We appreciate the opportunity to serve youth in our community and thank you in advance for your assistance in your child/children having a safe, healthy, fun learning experience.

Student Signature (Sign or print)