

Youth Guidance-South Loop Extended Day 2011-2012 Registration Packet



South Loop Extended Day Program, 2011-2012

Fast Facts:

- South Loop Extended Day Program runs from 2:45-6pm daily and is open to students at South Loop and other CPS schools
- Full time (everyday until 6pm) tuition \$315 per month
- Part-time tuition (everyday until 4pm or twice a week until 6pm) is \$175 per month
- All students in the program have a snack time, homework help, gym, and other enrichment activities (art, origami, science club, etc.) daily
- The South Loop Extended Day Program offers tons of programming that your student can sign-up for beyond the regular Extended Day Schedule. These activities include chess, violin, piano lessons, choir, the Lookingglass Theater Program and many more. More information about these additional opportunities will be sent via e-blasts and flyers throughout the year.
- All completed applications and consent forms need to be returned to South Loop Elementary School directly.
- All payments must be made directly to Youth Guidance.

Extended-Day Hours: Monday-Friday, 2:45-6:00pm

*****A \$15 per 15 minute fee will be charged for late pick-ups*****

The Extended-Day program does not run on days when Chicago Public Schools are closed to students

Contact Information

South Loop Elementary
1212 S. Plymouth Dr.
Chicago, IL 60605
Main Phone 773.534.8690
Extended-Day Office 773.534.8698
Fax 773.534.8689

Katie Svaicer

Community Resource Coordinator
ksvaicer@youth-guidance.org
(312) 404-3242

Mitchell Hendrickson

CDBG Coordinator
mhendrickson@youth-guidance.org
(312) 404-3268

The following is a list of important dates for the 2011-2012 school year:

- **September 6, 2011**: First Day of South Loop Extended-Day Program!
- **November 23, 2011**: Extended-Day Program will end at 4:00pm.
- **December 23, 2011**: Extended-Day Program will end at 4:00pm.
- **December 27-29, 2011 and January 3-5, 2012**: Youth Guidance Winter Camp.
- **April 2 - 6, 2012**: Youth Guidance Spring Camp.
- **June 13, 2012**: Last day of South Loop Extended-Day Program.

Important Information:

South Loop Elementary School is a public neighborhood school centrally located in the heart of the South Loop. The School offers several programs: the Neighborhood Fine Arts Program, a Regional Gifted Center, Extended-Day School Program, and a tuition-based Pre-School to students coming from a wide range of ethnic and social-economic backgrounds. The School's goal is to provide an excellent public education for children of all levels and abilities. The school is in the process of implementing significant school improvement initiatives to enhance the quality of our core academic programs. We are creating a learning environment where expectations are high, diversity fosters respect and appreciation, and each child becomes well prepared to succeed as a lifelong learner who will reach his or her full potential.

The Youth Guidance Extended-Day Program at South Loop is designed to meet the academic, social and emotional needs of students through a diverse collection of engaging and thought-provoking activities. The Program provides a safe and supportive environment in which students are free to learn, create, share and grow along with their fellow participants. The Youth Guidance Extended-Day program offers academic support through tutoring, homework assistance and enrichment activities aimed to strengthen social and emotional skills as well as supplement school-day lessons in wide range of academic fields such as science, social studies and language arts. The Extended-Day staff is comprised of committed, caring individuals who ensure that each child has a positive, safe, and fun Extended-Day experience. Each staff member has extensive childcare experience. Staff members work closely with regular day staff members to ensure consistency of expectations, academic focus, and behavior.

The Extended-Day Program is also committed to South Loop's Fine Arts Program and aims to provide students with opportunities to explore and interpret the world and themselves through art. The Program helps students understand the transformative power of art; it helps them see art as a social and political device, as a medium for personal growth, as common ground around which communities can gather, and as a path to discovery. The Youth Guidance Extended-Day Program encourages students to see the practical value creative-thinking and challenges them to find creative solutions for problems in the community and beyond.

Activities - Each grade has snack (students can eat the snack provided by the school or bring their own) an academic hour, during which they are expected to start their homework; a gym period, in which they participate in physical education activities and games; and an academic enrichment hour in which students do fun activities based on daily educational themes. We also offer a wide range of specialty activities among which the children can choose. Children who do not choose to participate in specialty activities still participate in the activities outlined above. Additional activities will be offered throughout the year, some of which may require a separate fee. The following is a SAMPLE schedule of the Extended Day Program. If your student signs up for any extra activities such as piano lessons or violin, they will take the place of the other activities in this base schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
2:45-3:15	Snack	Snack	Snack	Snack Gym or Drama	Snack Gym or Dance
3:15-3:45	Gym or Dance	Gym	Gym	Homework	Homework
3:45-4:15	Homework	Homework	Homework		Group Games
4:15-5	Art Science Club	Origami Group	Art or Drama Enrichment	Yoga Group	Art
5-5:45	Enrichment	Reading	Activity	Reading	Dismissal
5:45-6	Dismissal	Dismissal	Dismissal	Dismissal	

Dance & Drama – The Extended-Day Program has highly qualified dance and drama instructors on staff. Dance and drama instruction is available to all students in the Extended-Day Program who wish to participate. The students who choose to participate in dance and drama will have the opportunity to display their talents during the winter and spring performances. Students meet with their dance and/or drama instructors multiple times each week. As the students are working towards a culminating performance at the end of each term, we ask that those who participate try to attend as many classes as possible.

Communication – Extended-Day Program staff will send e-blasts throughout the year to communicate with parents and families. It is important that each family receive these e-blasts as they will contain important information regarding policies, events and special programs become as they become available throughout the school year. If you do not already receive e-blasts from South Loop School, please inform the front office so you can be added to the e-blast list. Parents of students who do not attend South Loop will be automatically added to the Extended-Day e-blast mailing list. We will also be updating our portion of the South Loop website frequently and plan to start a blog this year. We will inform parents about our blog once it has been started.

Community Service - Service allows each student to create stronger connections with their community, develop leadership skills and become empowered with the confidence to make positive change in the world. The Extended-Day Program offers an assortment of age-appropriate community service opportunities for students in the school, the neighborhood and elsewhere.

Daily Pick-up - Please note there is NO PARKING on Plymouth Court allowed at any time. When picking up your student please park in the parking lot adjacent to the school.

Cell Phones and Other Electronic Devices – Cell phones, MP3 players, iPods, video cameras, DS2s, etc. are NOT permitted on school grounds. Any such items will be confiscated from the student and held in the main office until a parent comes in to retrieve it. **These items are also not allowed in the building during the Extended-Day program.** Students will be subject to the Student Code of Conduct 3-11 for violating this policy. Students will not be allowed to check texts or voicemails during Extended-Day hours, therefore parents should refrain from using this type of communication with their child during these times. Parents, please be sure to make your guidelines for cell phone use very clear to your child(ren). In the event of an emergency, please contact the main office for communication with your child(ren).

Kindergarten Parents

Kindergarten students will be bused to the main building daily from the Early Childhood Center. All Extended-Day Programming will take place at South Loop's main building. Students will need to be picked up from the main building located at 1212 South Plymouth Court by 6 p.m. daily. The bus company providing this transportation will be Bryden.

- **K-4th grade Financial Aid-** If you are interested in applying for financial aid for your K through 4th grade student, we utilize the Child Care Action program. In order to apply you must first submit proof of income (this could be the previous year's tax forms or pay-check stubs) to Ms. Katie. If you qualify for free or reduced lunch, and have submitted the proper paperwork to Ms. Katie, you will be asked to submit an application (supplied by Ms. Katie) to Action for Children. Once you are approved for Child Care Action your monthly payments will only be a fraction of the cost of full tuition. If you do not get approved with Child Care Action, we will work with you to make sure that your child can still be involved in Extended Day and your families' financial situation is supported. ***You will still be responsible for paying the registration fee and submitting the regular registration paperwork to be eligible for Extended Day.***
- **5th-8th grade CDBG Grant-** All 5th-8th grade students MUST complete a Client Intake Form and return it with their application. Students who are eligible for the grant will be determined using the information collected on this form. Students who do qualify for CDBG status do not pay any tuition or fees for the camp.
- **Submit completed applications and consent forms directly to Ms. Katie or Mr. Mitch at South Loop Elementary School. Applications can also be emailed to KSvaicer@youth-guidance.org.**

Payment Regulations

2011-2012

- The application, consent forms, \$100 non-refundable registration fee, and 1st tuition payment are due by August 24, 2011. Remember applications and consent forms should be dropped off at South Loop or emailed to KSvaicer@youth-guidance.org!
- **All payments must be made payable to Youth Guidance.**
Mail to or Drop off at: Youth Guidance
ATTN: Tuition Department
122 South Michigan Ave. Suite 1510
Chicago, IL 60603
TuitionMail@youth-guidance.org
- Please include your **child's name** and **South Loop Extended Day** in the memo section of the check.
- **Payments can also be made online at: <http://interact.youth-guidance.org/afterschool/>**
- **All applications must be returned directly to the school but we can not accept payments!**
- All payments must be received by the due dates listed in the enclosed schedule. Payments can always be paid before they are due.
- Any check returned "non-sufficient funds" shall result in a \$15 charge, and all subsequent payments must be made by money order or certified check.
- Late payments will result in students being excluded from the program until the previous month's balance is paid in full.
- On exclusion dates, staff at the school **do not** have the authority to allow the student back into the program. Students cannot be readmitted until the balance is paid in full.
- Both program administrators AND **Youth Guidance** must be alerted **in writing** (email will suffice) if the student does not plan to return to the program.
- Failure to give notice will result in responsibility of balance due even if the due date falls after the child left the program.
- If you have any questions regarding payments or balances please contact Youth Guidance's Tuition Department at 312-994-8110 (this is a voicemail-leave your name, contact info, child's name and school name in the message)
- If you have any program-related questions, please contact **Mitch Hendrickson or Katie Svaicer at the South Loop Extended-Day Office at 773-534-8698.**

2011-2012 Extended-Day Payment Schedule:

Full Time Program Fees	Month	Payment Due Date	First Child	Second Child	Third Child
	September	Wednesday, August 24	\$315	+\$235	+\$235
	October	Thursday, Sept. 1	\$315	+\$235	+\$235
	November	Saturday, October 1	\$315	+\$235	+\$235
	December	Tuesday, November 1	\$315	+\$235	+\$235
	January	Thursday, December 1	\$315	+\$235	+\$235
	February	Sunday, January 1	\$315	+\$235	+\$235
	March	Wednesday, Feb. 1	\$315	+\$235	+\$235
	April	Thursday, March 1	\$315	+\$235	+\$235
	May	Sunday, April 1	\$315	+\$235	+\$235
June	Tuesday, May 1	\$315	+\$235	+\$235	

Part Time Program Fees	Month	Payment Due Date	First Child	Second Child	Third Child
	September	Wednesday, August 24	\$175	+\$130	+\$130
	October	Thursday, Sept. 1	\$175	+\$130	+\$130
	November	Saturday, October 1	\$175	+\$130	+\$130
	December	Tuesday, November 1	\$175	+\$130	+\$130
	January	Tuesday, December 1	\$175	+\$130	+\$130
	February	Sunday, January 1	\$175	+\$130	+\$130
	March	Wednesday, Feb. 1	\$175	+\$130	+\$130
	April	Thursday, March 1	\$175	+\$130	+\$130
	May	Sunday, April 1	\$175	+\$130	+\$130
June	Tuesday, May 1	\$175	+\$130	+\$130	

2011-2012 South Loop Extended Day Application:

Please print. Return completed application and consent forms to South Loop directly by August, 24.
 All payments need to be made to Youth Guidance directly at 122 S. Michigan Ave. Suite #1510 Chicago, IL 60603
 or online at <http://interact.youth-guidance.org/afterschool/>

Office Use Only

Start Date _____

End Date _____

Student Information

Student Name _____ Date of Birth ____/____/____
 Address _____ Unit# _____ Chicago, IL ZIP _____
 Home Phone (____)____-____ Cell Phone (____)____-____
School South Loop Other _____ **Grade Level ('11-'12)** _____ **Teacher** _____
 Does your child receive free or reduced lunch? yes no

Parent/Guardian Information

Extended-Day Enrollment: Full Time (every day until 6 pm)
 Part Time: daily 2:45-4:00 **OR** 2 days/week: Mon Tue Wed Thu Fri

Mother/Parent/Guardian Name _____
 Address _____ Unit# _____ Chicago, IL ZIP _____
 Home Phone (____)____-____ Cell Phone (____)____-____
 Work Phone (____)____-____ Email _____

Father/Parent/Guardian Name _____
 Address _____ Unit# _____ Chicago, IL ZIP _____
 Home Phone (____)____-____ Cell Phone (____)____-____
 Work Phone (____)____-____ Email _____

Health History

Allergies _____ *If your child has allergies that may require the use of an EPI-PEN one MUST be given to the school (labeled with your child's name) for us to keep for the duration of the student's participation in the program.
 Other Health Issues _____
 Medication No Yes, Type _____
 Does your child wear glasses No Yes
 Any other special needs _____

Release Information

The following persons have permission to pick up my child from the South Loop Elementary School:

1 Name _____
 Relationship to child _____
 Home Phone (____)____-____ Work Phone (____)____-____
 2 Name _____
 Relationship to child _____
 Home Phone (____)____-____ Work Phone (____)____-____
 3 Name _____
 Relationship to child _____
 Home Phone (____)____-____ Work Phone (____)____-____

Any changes to permission to pick-up information must be made in writing.

Check all that apply:
My child has permission to...

- Walk home...
- Use public transportation...
- Will be picked up...at ____:____ pm

*****Please provide Extended-Day with copies of any relevant court documents prohibiting a party from picking up your child.*****

Parent Signature

I have reviewed the above information and confirm its accuracy. I have also read, understand and agree to comply with the payment regulations as stated in this packet. I further understand that failure to make timely payments will result in my student's exclusion from the program.

X _____ Date _____



South Loop Extended-Day Behavioral Policy

I, _____ (name of parent,)

understand that my child, _____ (name of child,) is expected to follow South Loop School's behavioral expectations at all times. This includes being safe, respectful and responsible to all students, staff and administrators at all times. Failure to follow behavior expectations will result in a 2 day suspension from the Extended-Day Program. Said suspension will be the result of three incidences of unacceptable behavior which will be relayed to the parents at the time of occurrence. After said suspension is complete, the next behavioral incident that occurs will result in the immediate termination of my child from the Extended-Day Program at South Loop Elementary School. For unacceptable behaviors please refer to South Loop Elementary Schools Student Code of Conduct. Please note that tuition is non-refundable.

Parent's Signature

Date

Tara Shelton
Principal's Signature

6/8/2011
Date

Katie Svaicer
Community Resource Coordinator's Signature

6/8/2011
Date

Mitchell Hendrickson
CDBG Coordinator's Signature

6/8/2011
Date

****You must also submit the following consent forms with your application. For the complete information regarding these consents please consult the full consent packet on the South Loop Website...
www.southloopschool.net/afterschool**



Dear Parent or Guardian,

Welcome to the Youth Guidance Community Schools Program at South Loop Elementary School. I am Katie Svaicer, your child's Resource Coordinator. We are looking forward to an exciting school year and want you to be a big part of it!

About the Program

Our goal is to help your child do better in school. We want your child to get the best grades possible, have good attendance, stay out of trouble, and enjoy school as much as possible. We want your child to get along well with other students and make good choices. We need some things from you to do this.

About the Forms

We are required by law to get your written permission for the work that we will be doing. The permission forms are required to be written in a way that is sometimes hard to understand. This letter will explain each of these forms.

**We need you to READ the permission packet, then SIGN and RETURN
2 pages to us — PAGE A and PAGE B. Here is a summary of what they say.**

1. PAGE A—Permission for Participation in Services

If you would like us to work with your child, we need you to read, complete, sign, and return **PAGE A** as soon as possible. **PAGE A** also asks you to check "Yes" or "No" for each of the following:

- Notice of Privacy Practices/Statement of Student Rights:** explains how Youth Guidance keeps your child's service records private and makes sure that your child is in a program that is right for him or her
- Photo/Media Terms of Consent:** gives your permission for Youth Guidance to use photographs, videos, or voice recordings of your child while in our programs to show how we help students
- Consent to Use of Your Child's Artwork or Other Assignments:** gives your permission for Youth Guidance to use your child's artwork or other assignments to show the kind of work that students do in our programs

2. PAGE B—Permission for Participation in Research Study

We want to be able to tell you how your child is improving. We also want to know how well our programs help all students do better and how we can make our programs better. To do this, we would like your permission to look at your child's grades, attendance, behavior at school, and other school information from CPS. We would like your permission for your child to complete a survey at the start and end of the school year. At the end of the year we will also give you a survey to see what you think of the program. Getting and reviewing this information is called a Research Study.

Privacy is as important to us as it is to you. All information we collect about you and your child is ALWAYS kept private. We will NEVER identify your child individually. Even if you don't give permission for your child to be in the Research Study, he/she can still be in the Youth Guidance program. You or your child can change your mind at any time.

Please let us know if it's OK for you and your child to participate in the Research Study. PAGE B asks you to check "Yes" or "No" for:

- Permission for You and Your Child to Participate in the Research Study**
- Permission for Child's CPS Education Records to be Released to Youth Guidance**

After you check "Yes" or "No" for these two items, please sign and return **PAGE B** as soon as possible.

Other Information Provided

The other page in this packet explains what to do if you or your child is unhappy with Youth Guidance services. Please keep this for your records.

Please read all the forms carefully. I will be glad to explain or discuss them with you. Feel free to stop by school or call me at (773) 534-8690. I look forward to seeing you often and getting to know you.

Sincerely,

Katie Svaicer
Youth Guidance Resource Coordinator





**Community Schools
Parent/Guardian Consent for Services and Release
SIGNATURE SHEET**

Please complete and return **this page** to your child's Youth Guidance Resource Coordinator as soon as possible.

I, _____, the Parent/Guardian of _____, agree
Print Parent/Guardian Name _____ a student at _____, agree
Student Name _____ School _____

to have my child participate in the Youth Guidance Community Schools Program. I have read the Youth Guidance Parent/Guardian Consent for Services and Release form. I understand the information in the form and have had any questions answered.

I give Youth Guidance permission to tell school staff and social service partners that my child participates in the Youth Guidance Community Schools program and give details of his or her attendance record in the program. I also give Youth Guidance permission to talk with certain school staff about my child's progress.

I understand that as a part of services provided, my child's Youth Guidance Resource Coordinator is required to keep records documenting the services provided. I give my permission for Youth Guidance to use these records to ensure the quality of programming.

I have been given a copy of the "Parental Consent Form for Child's Participation in Research". **I understand that my child may participate in the Youth Guidance Community Schools program even if I do not consent for research or if my child does not want to participate in this research.**

Please check the boxes below based on your consent or acknowledgement:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been given a copy of and I understand the "Notice of Privacy Practices/Statement of Student Rights" and the "Youth Guidance Grievance Procedure." I understand that my child has the right to fair and professional treatment and that I have the right to file a grievance if I do not feel that he or she has received that treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have read the full "Photo/Media Terms of Consent" on the <u>back of this form.</u> → → → (OVER)
I consent to have my child photographed, video taped, audio taped and/or interviewed by Youth Guidance staff, related entities (such as the Youth Guidance Board of Directors or partners of Youth Guidance), or the news media while my child is under the supervision of Youth Guidance staff. I also give consent for Youth Guidance to use my child's photograph, likeness or voice in promotional materials, in the news media, or on the Internet. I understand that my child may be identified by first name, grade and/or school only, for confidentiality purposes. |
| <input type="checkbox"/> | <input type="checkbox"/> | I give permission to Youth Guidance for the publication, copying, and use of artwork or other assignments done by my child. This artwork or other materials may be used at any time for publicity or advertising of Youth Guidance programs. |

This consent is in effect until the beginning of the next school year or until your child turns 18 years of age, whichever comes first.

_____ Parent/Guardian Signature	_____ Date
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_____ Youth Guidance Worker Signature	_____ Date
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SIGNATURE SHEET

B

Parental Permission for Child's Participation and Consent for Participation in Research Study:

"Measuring Program Effectiveness of Community Schools Programs in Chicago"

Please return **THIS PAGE ONLY** to your child's Resource Coordinator as soon as possible.

IN SUMMARY, the research study "Measuring Program Effectiveness for Community Schools Programs in Chicago" will require:

- a. **For all participants**, the researchers will request your child's educational records from the CPS Central Office at the end of each academic quarter, as appropriate, while they participate in the program. **This will include:** a) CPS student ID#; b) demographic information; c) school grade/promotion and enrollment/leave information; d) graduation records; e) school attendance records; f) grades and credits earned; g) standardized test results; h) service learning hours; i) disciplinary incident records (UDC violations); j) Senior Exit Questionnaire.
- b. **For all participants**, your child's teacher will be asked to complete a Teacher's Survey at the end of each school year.
- c. **For 3rd graders and up**, your child will be asked to complete some survey forms at the beginning and end of each school year while they participate in the program.
- d. **For all parents/caregivers**, the researchers will ask you to complete a Parent/Caregiver survey at the end of the school year.

This permission and consent is valid from now until the beginning of the next school year.

Please check the appropriate box(es) and provide your signature and date below.

My child's name is _____ Date of Birth _____ Grade _____
Print Name

- YES**, I give my permission for my child to participate in this research study and my own consent to participate in this research study. **OR** **NO**, I do not give permission for my child to participate in this research study or my own consent to participate in this research study.

Signed,

Parent/Guardian Signature Print Name Date

Please check whether you give permission to release your child's CPS educational records for this research study.
These records may be collected for the previous school year as well if you participated in a Youth Guidance Program during that time. While the CPS information is important, you and your child may still participate in the study if you do not give us permission to collect this information.

- Yes, I give permission for my child's CPS educational records to be released, including:** a) CPS student ID#; b) demographic information; c) school grade/promotion and enrollment/leave information; d) graduation records; e) school attendance records; f) grades and credits earned; g) standardized test results; h) service learning hours; i) disciplinary incident records (UDC violations); j) Senior Exit Questionnaire.
- No, I do not give permission for my child's CPS educational records to be released, including:** a) CPS student ID#; b) demographic information; c) school grade/promotion and enrollment/leave information; d) graduation records; e) school attendance records; f) grades and credits earned; g) standardized test results; h) service learning hours; i) disciplinary incident records (UDC violations); j) Senior Exit Questionnaire.



Client Intake Form

FOR DELEGATE AGENCY USE ONLY:
Carryover/Year: _____
Staff Signature: _____

AGENCY NAME: YOUTH GUIDANCE PROJECT NAME: SOUTH LOOP EXTENDED-DAY TYPE OF PROGRAM: (check one)
 Out-of-School
 Mentoring
 Counseling
 Homeless Youth
 YCDC

Participant Last Name _____ First Name _____ MI _____
ADDRESS: _____ Number _____ Direction _____ Street Name _____ Apt. No. _____
Chicago, IL _____ Homeless Youth

TELEPHONE NUMBER: _____

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	BIRTHDATE:
RACE: (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial				

HEAD OF HOUSEHOLD INFORMATION			
FAMILY TYPE: (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	HOUSING STATUS: (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI
		FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		HEALTH INSURANCE: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF REFERRAL (Location that sent you) <u>SOUTH LOOP SCHOOL</u>			

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named to participate in this program.
Signature of Applicant _____ Date _____
Intake Worker's Signature _____ Date _____

*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level
All attendee program records will be managed by the Cityspan system.

LEVEL OF FAMILY INCOME:*

CURRENT FAMILY SIZE	CURRENT INCOME

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

FAMILY SIZE	EXTREMELY LOW INCOME (MONTHLY)	LOW INCOME (MONTHLY)	MODERATE INCOME (MONTHLY)	OTHER (MONTHLY)
1	\$0 - \$1,321	\$1,322 - \$2,200	\$2,201 - \$3,475	\$3,476+
2	\$0 - \$1,508	\$1,509 - \$2,513	\$2,514 - \$3,975	\$3,976+
3	\$0 - \$1,696	\$1,697 - \$2,829	\$2,830 - \$4,470	\$4,471+
4	\$0 - \$1,883	\$1,884 - \$3,142	\$3,143 - \$4,967	\$4,968+
5	\$0 - \$2,038	\$2,039 - \$3,392	\$3,393 - \$5,363	\$5,364+
6	\$0 - \$2,188	\$2,189 - \$3,646	\$3,647 - \$5,763	\$5,764+
7	\$0 - \$2,338	\$2,339 - \$3,896	\$3,897 - \$6,158	\$6,159+
8	\$0 - \$2,488	\$2,489 - \$4,146	\$4,147 - \$6,554	\$6,555+
Each additional person	\$150	\$250	\$383	

Source: City of Chicago – Office of Budget & Management Memorandum 3/9/2006 Low/Moderate Income Limits