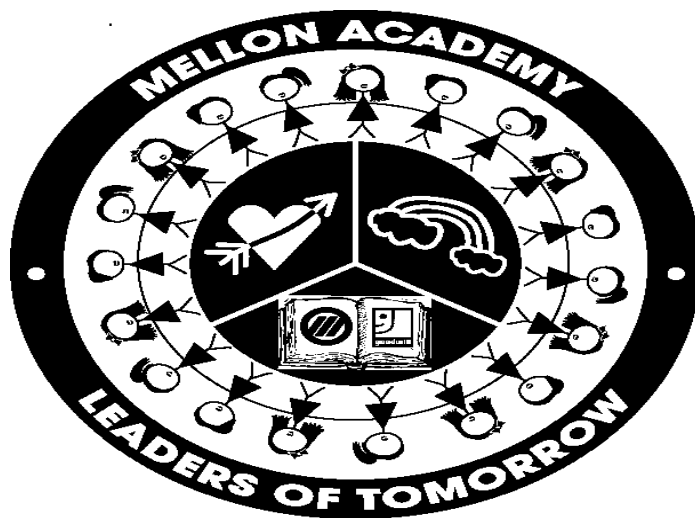


BNY Mellon Academy for Girls

Application Packet 2011-2012



Student's Name: _____ Date: _____



BNY Mellon Academy for Girls

Enrollment Form 2011 - 2012

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____ Cell Phone Number _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Race/Ethnicity (Check one)

- American Indian/Alaska Native Native Hawaiian/Pacific Islander Other/Multiracial
 Asian Hispanic or Latino (of any race)
 Black/African American White/Caucasian

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Second Parent/Guardian Information

Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Days student plans on attending

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Time Arriving					

***Only for Parents/Guardians of Girls 12+**

I filled out and completed the GoodGuides Application: **(Please see attached folder)**

Parent /Guardian Signature

Date

BNY Mellon Academy for Girls

Emergency Information Form 2011 - 2012

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage_____	Policy #_____
Parent/Guardian Name: _____	Phone_____ Cell_____
Parent/Guardian Name: _____	Phone_____ Cell_____

Parent /Guardian Signature

Date (valid for one year)

School Age Only

Current School:_____

Current Grade_____

School Address:_____ School Phone Number:_____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

Parent/Guardian Signature

Date

BNY Mellon Academy for Girls

Academy Program Agreement and Release 2011-2012

All Girls who are accepted are required to:

- Adhere to the Mellon Academy Code of conduct;
- Maintain a 95% School Attendance;
- Attend Mellon Academy a minimum of 3 days a week.
- All girls 12+ are required to enroll in Good Guides Mentor Program

All Parents/guardians are required to:

- Maintain ongoing Communication with a Academy staff and keep them apprised of any health, behavioral, academic, social or other issues that my affect their child's progress;
- Participate in a meeting with the Academy program coordinator and their child at least once each year to develop an Individualized Training and Education Plan;
- Take part in family activities and parent workshops offered by the Academy as scheduling permits;
- Provide academy staff with copies of my child's report cards and progress reports.

I acknowledge that it is the responsibility of the parent/guardian to make arrangements for my child's transportation to and from Mellon Academy, Goodwill Industries.

X _____ Date _____

Signature

Information / Photo Consent

I, _____, grant permission for Morgan Memorial Goodwill

Industries, Inc. and/or its representative(s) to gather material and/or film or photograph myself and/or my child(ren). It is my understanding that the material may be used in broadcast, print, illustrations, marketing, website, fund raising materials or videos. This consent is given voluntarily without coercion, threat of punishment or promise of special reward.

Under the discretion of Morgan Memorial Goodwill Industries, Inc., I understand the information or photographs may be released for use by television, newspapers or other media.

X _____ Date _____

Signature

Fieldtrip/Event Consent

I give my child permission to participate in all trips and events with The Mellon Academy Program.

X _____ Date _____

Signature

Emergency Consent

I give permission for emergency medical or dental care to be administered to my child in the event of any emergency while my child is in attendance at Goodwill Industries Inc. In absence of insurance, I agree to pay all charges.

X _____ Date _____

Signature

Technology Consent

I Give My child permission to utilize the internet for academic purposes.

X _____ Date _____

Signature

GoodGuides Mentoring Consent (Only for girls 12+)

GoodGuides is committed to helping youth, by providing structured and supportive relationships with trusted peer and adult mentors. The purpose of this program is to help youth build career plans and skills, prepare for school completion or encourage high school diploma equivalency tutoring and examinations, and post-secondary training.

I Give My child permission to enroll in GoodGuides Youth Mentoring Program.

X _____ Date _____

Signature

BNY Mellon Academy for Girls

Transportation Plan and Authorization 2010-2011

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

___ OTHER

I give permission for my child to be released from the program as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

Name _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OF ABOVE PLAN MUST BE IMPLEMENTED.

PARENT /GUARDIAN SIGNATURE _____ DATE _____

BNY Mellon Academy for Girls

Code of Conduct 2011-2012

All members of BNY Mellon Academy are expected treat one another with friendship and respect, and to behave responsibly and with dignity on and off Academy premises.

In addition, each girl is expected to commit to the following:

- I will be a role model for other girls at all times by conducting myself with dignity, treating others with respect, participating enthusiastically in activities, and making positive choices;
- I will work hard at school, and ask for help whenever I need it;
- I will attend the program every day that I am scheduled to attend, and will notify staff of any planned absences;
- I will complete at least one Community Service activity each month;
- I will share my report cards and progress reports with staff;
- I will develop an Individual Learning Plan with staff, and strive to achieve the goals established in that plan.

Parents/guardians are required to commit to the following:

- I will maintain regular communication with staff, and keep them apprised of any academic, health, family, social, behavioral or other issues ;
- I will develop an Individual Learning Plan with staff and my child, and strive to help my child achieve the goals established in that plan;
- I will ensure that my child shares her report cards and progress notes with staff;
- I will communicate with staff regarding any planned or unplanned absences of my child;
- I will attend at least one Parent Workshop or Academy event.

Parent/Guardian

I have read and understand the above

X_____ Date_____

Signature

Student

I agree and will comply with the above

X_____ Date_____

BNY Mellon Academy for Girls

Morgan Memorial Goodwill Industries

Goodwill Industries Inc. agrees to exercise its best efforts to perform its obligations in administering youth services. However, Goodwill Industries Inc. managers, director, officers and employers shall not be liable to any entity or persons for any of omission in the provisions of services except in cases of fraud, gross negligence or intentional negligent failure to comply with laws of government authorities. For consideration of services provided by Goodwill Industries Inc., receipt of which I hereby acknowledge, I (we) agree to indemnify and hold harmless Goodwill Industries Inc., its directors, officers and employees from and against any liability, loss, damage, cost or expense (including attorney's fee) arising from the use of services and facilities in the circumstances described in the above paragraph.

I have read or had this agreement read to me and fully understand its content

X_____

Date_____

Signature