



Louisville
Urban League

*Empowering People.
Changing Lives.*



HOW CAN MY CHILD BENEFIT FROM THIS PROGRAM?

- Improve Reading Skills
- Enhance Social Behavior
- Planned Parent Involvement
- Cultural Heritage Awareness
- Increase discipline through Tai Chi Martial Arts

Now Enrolling!!!

FOR 4TH, 5TH, & 6TH GRADE

*JCPS Male students who are enrolled in a Title I school and are
eligible for free or reduced lunch*

**JCPS Males
only**

SATURDAY TUTORING PROGRAM!!!

Now offering 2 Locations

➤ **Newburg Middle School**

9 am - 12:30 pm

➤ **Portland Elementary School**

1 pm - 4:30 pm

Bus transportation provided for Zip Codes

Portland Elementary: 40203, 40208, 40211 & 40212

Newburg Middle: 40213, 40218, 40219 & 40291

CALL 502-566-3383 TODAY!

1535 West Broadway ▪ Louisville, Kentucky 40203





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Entered Date: _____
Exp Date: _____

YOUTH DEVELOPMENT AND EDUCATION PROGRAM APPLICATION FORM

Name of Program: Street Academy

Please Print-Please complete all questions and sign

Participant Information

YOUTH NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ NEIGHBORHOOD _____ COUNTY _____ STATE _____ ZIP _____

RACE/NATIONAL ORIGIN _____ ETHNICITY (Hispanic/non-Hispanic) _____ MALE _____ FEMALE _____

CELL PHONE _____ EMAIL ADDRESS (YOUTH) _____

SCHOOL _____ STUDENT ID # _____ GRADE _____

GRADE POINT AVERAGE _____ DOES YOUR CHILD REQUIRE ECE ACCOMMODATIONS? _____

EXPLAIN _____

DOES THIS CHILD HAVE ANY MEDICAL CONDITIONS-Explain _____

TAKE ANY MEDICATIONS? _____ IS THIS CHILD A FOSTER CHILD? _____

Household Information

PARENT/GUARDIAN NAME _____ HEAD OF HOUSEHOLD _____ YES _____ NO

PARENT/GUARDIAN NAME _____ HEAD OF HOUSEHOLD _____ YES _____ NO

HOME NUMBER _____ BEST TIME TO CALL _____ CELL NUMBER _____ BEST TIME TO CALL _____

FIRST PARENT EMPLOYER _____ WORK NUMBER _____ BEST TIME TO CALL _____

SECOND PARENT EMPLOYER _____ WORK NUMBER _____ BEST TIME TO CALL _____

ADDRESS OF PARENTS _____ ZIP _____

PARENT EMAIL ADDRESS _____ PARENT EMAIL ADDRESS _____

WHAT IS THE PREFERRED METHOD OF COMMUNICATION _____ CELL _____ HOME PH. _____ WORK PH _____ EMAIL _____ MAIL

HOW MANY TOTAL IN YOUR HOUSEHOLD _____ DO YOU HAVE MEDICAL INSURANCE _____ PROVIDER _____

DO YOU OWN YOUR HOME _____ RENT _____ SECTION 8 _____ HOMELESS _____ STAYING WITH FAMILY/FRIENDS _____

DO YOU RECEIVE KTAP/TANIF _____ SOCIAL SECURITY/SSI _____ FOOD STAMPS/SNAP _____

HOUSEHOLD INCOME: NONE _____ BELOW \$10,000 _____ \$10,000-14,999 _____ \$15,000-19,999 _____ \$20,000-24,999 _____

\$25,000-29,999 _____ \$30,000-34,999 _____ \$35,000-39,999 _____ \$40,000-44,999 _____ \$45,000-49,999 _____

\$50,000-59,999 _____ \$60,000-69,000 _____ \$70,000-74,999 _____ \$75,000 AND ABOVE _____

Youth Information

(PLEASE COMPLETE ALL PAGES OF FORM AND SIGN)

1. Have you decided upon a career? ____ Yes ____ No If so, what career and what are your plans? _____

2. Planning to go to college? ____ What college/university are you interested in? _____

3. Do you qualify for free lunch? ____Yes ____No Reduced lunch? ____Yes ____ No Are you bused to school? ____ Yes ____ No
4. Do you need tutoring?_____ What subject(s)_____
5. How did you hear about this program? _____ In any other Urban League program/which one? _____
6. What are your hobbies and/or interests? _____
7. What clubs and/or organizations are you currently involved in? _____
8. Do you currently work a job? _____Yes _____No

Emergency Contacts

NAME _____ HOME NUMBER _____

RELATIONSHIP TO YOUTH _____ CELL NUMBER _____

NAME _____ HOME NUMBER _____

RELATIONSHIP TO YOUTH _____ CELL NUMBER _____

LIABILITY STATEMENT: I certify that my child is in normal health and capable of participation in Louisville Urban League program activities. I assume all the risk and hazards incidental to the conduct of this program and my child's participation in it thereby releasing the Louisville Urban League from any liability. **CONFIDENTIALITY STATEMENT:** The Louisville Urban League certifies that all information contained in this enrollment form will be held confidentially and kept in a secure location. The information will be used solely for Louisville Urban League administrative purposes and will not be sold or shared with others. **MEDICAL RELEASE:** I authorize the Louisville Urban League and/or its' partnering organizations to obtain medical treatment for my child in the event that parent(s) or guardian cannot be reached. I release and discharge the Louisville Urban League, its partners, agents, volunteers and employees from any claim for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. **PHOTOGRAPH RELEASE:** I give my permission for the Louisville Urban League to use my child's name, photo and/or likeness in marketing, public relations and advertising materials as a recipient of services provided by the Louisville Urban League. **ACADEMIC RECORDS RELEASE:** I authorize the Louisville Urban League to access my child's academic and/or attendance data from the JCPS Cascade/Kidtrax system/Study Island/SuccessMaker. These are web-based programs available to community based youth service organizations that provide academic assistance to JCPS students. Such data will be used to determine what academic assistance my child may need and documentation of the progress my child has made to be considered for incentives given for student's successful academic and leadership improvement. **FIELD TRIP TRANSPORT RELEASE:** I give my consent that my child may participate in activities and/or accompany the Louisville Urban League staff on field trips associated with their Youth Programs. This includes, but is not limited to utilizing bus transportation provided by the Louisville Urban League to travel from home and/or program sites to and from scheduled program sessions. When necessary, transportation may be provided by school bus, chartered bus, or TARC bus. At other times youth may walk short distances with staff. In consideration of my child's participation in this program, I do personally, and on behalf of my child, absolve and release the Louisville Urban League, and the staff, volunteers, drivers, and owners of the vehicles from any claim of personal injuries, damage to or loss of personal property that might result during my child's participation in such activities/trips or while traveling from or returning to his/her home.

Parent/Guardian Signature _____ Date _____

Questions: 502-566-3383

Return Form to: Louisville Urban League Youth Development & Education / 1535 West Broadway Louisville, KY 40203
YDE PROGRAM APPLICATION FORM Rev. 8/16/2012