





## STUDENT CONTRACT

Children are People, Inc. is a voluntary, community enhancement and mentoring program for at-risk youth. The following is a list of what our students can expect from CAP and what we expect from our students.

If you decide to enter our program we

1. Will provide tutors to ensure academic improvement.
2. Will provide positive role models.
3. Will provide instructional workshops to aid your personal growth.
4. Will treat our students with the utmost respect.

### BASIC PROGRAM RULES\*

In return, you will abide by the following program rules:

1. Be on time.
2. Be prepared to work for at least 1.5 to 2.5 hours.
3. Bring your homework or something to study each day.
4. Absolutely no fighting
5. No cursing or use of improper language (name calling, threatening, etc.)
6. No physical contact.
7. No smoking.
8. No possession or use of alcohol or drugs of any kind.
9. No cell phones, MP3s or any other personal electronic devices may be use without the express permission of the Executive Director, Assistant Director or classroom instructor. Misuse will result in the confiscation of said devices.
10. No headwear can be worn inside the building, including but not limited to caps, hats, hoods, do-rags, etc.
11. Pants must be worn at the waist and belted if loose. **NO SAGGY PANTS ALLOWED.**
12. Adults must be addressed with proper respect at all times (Mr., Mrs., Ms., etc.)
13. No weapons of any kind (knife, gun, mace, etc.) are allowed while on CAP property -- including the buses and van.
14. Do not leave your chair or classroom without permission of the classroom instructor.
15. Clean up area/classroom before the end of each day.
16. Respect your peers. This includes not laughing when someone makes a mistake.
17. All activities will be confined to the CAP center unless otherwise announced. (DO NOT go outside without staff approval and/or staff supervision.)
18. For car riders -- stay inside the building with a volunteer/staff member until your ride comes to the door.
19. Respect the property of the CAP center, fellow students, instructors and all people involved with CAP.
20. Early dismissals MUST sign out through the front office.

If you sign this contract, you will:

1. Abide by all CAP rules.
2. Attend any group meetings deemed necessary by the instructor or Executive Director.

I understand this contract and have received a copy to keep. Everything above has been explained to me, and I agree to all terms.

**\*Failure to comply with any and all rules may be grounds for dismissal from the program.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I have discussed this contract with the student/parent and have explained the programs rules in this contract.

\_\_\_\_\_  
CAP Staff Signature

\_\_\_\_\_  
Date

**Children Are People, Inc.**  
Referral Information

The following items must be included:

- Most recent Report Card
- Most recent test scores (TCAPS, Gateway)
- Copy of insurance information
- Emergency card
- A recent physical if the youth is to participate in any sports or physical activities
- Verification from the school that you are on free or reduced lunch or that you are a resident of public housing, or your food stamp number.

**Authorization for Alternate Pick Up**

If you wish your child to be released to anyone except for you, please indicate whom you will allow to pick up your child by writing the names below:

\_\_\_\_\_ has my permission to pick up  
names of persons allowed to pick up your child

\_\_\_\_\_  
(child's name)

\_\_\_\_\_  
Parent/Guardian signature

# Children Are People, Inc.

## Emergency Information

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian (Legal): \_\_\_\_\_

Place of Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Person to be called if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Hospital of Choice (in emergency): \_\_\_\_\_

## INSURANCE

### Primary Medical/Health and Accident Insurance

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
SSN

### Secondary Medical/Health and Accident Insurance

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
SSN

The legal responsibility for medical and transportation expense incurred on behalf of your son and/or daughter is a parental one.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Legal Guardian



**Children Are People, Inc.**  
Liability & Consent Form

I voluntarily consent to Children Are People, Inc., staff interviewing my child's teacher and collecting information from my child's school records, and if applicable, his/her confidential school folder. I also agree to the collection of court and police records. This consent is valid until the child is the age of majority.

I hereby fully release and discharge Children Are People, Inc., and its officers, agents, and employees from any and all liability, actions, debts, claims, damage or loss which I may have or which accrue to me through my child's participation. I further agree to indemnify and hold harmless Children Are People, Inc., and its officer, agents, and employees from any and all injuries, damages or losses sustained by me and arising in anyway from my child's participation in said programs. All participants in any sports or athletic activities are required to have a sports physical before they are allowed to participate.

I hereby grant Children Are People, Inc., or those whom they are acting as indicated below the right and permission to copyright and/or publish written work, photographic portraits, videotapes, or pictures in which may be included in whole or in part of composite or reproductions thereof in color or other wise made through any media or photography for art, advertising, trade or other similar lawful prupose whatsoever including television and product packages.

I hereby release and discharge Children are People, Inc., its successors and all persons acting from any liability by virtue of any blurring distortion, altercation, optical illusion taking of said picture in any processing tending toward the completion of the finished product.

I hereby grant permission for my child/ward to be transported as a passenger to and from activities sponsored by Children Are People, Inc.

I hereby grant permission for my child/ward to be tested, assessed, tutored and participate in all lawful activities sanctioned or sponsored by Children Are People, Inc.

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Parent/Guardian signature

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Date

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Name of Parent/Guardian (Please Print)



To All Parents/Guardians:

Children Are People, Inc. has formed a PTO (Parent Teacher Organization). Your participation in the PTO will be required for your child to become enrolled and attend CAP. There will be monthly meetings and bi monthly activities and fundraisers.

If you have additional questions or concerns; please feel free to contact me personally.

Thank you,

Fred Bailey  
Executive Director

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CAP-PTO** *“Strongly supporting the growth and education of our children.”*

117 E. Winchester St., Gallatin, TN 37066