



FOR OUR YOUTH...FOR OUR FUTURE.

## RETURNING STUDENTS!!!

**The Program will begin on Monday, September 10<sup>th</sup>, 2007**

**Welcome back to all of our Returning Families! We are currently working on putting in place a few measures this year to make your job easier! Hopefully less paperwork! Please fill out the attached forms and get them back to us as soon as possible! These forms are available electronically. If you wish to fill them out on the computer, simply email Annemarie at [grassiam@aol.com](mailto:grassiam@aol.com) and request an electronic copy.**

Open Doors, Inc. a charitable, non-profit organization, Tax ID # 04-3697716, is an afterschool enrichment program for Roxboro Middle School Students. Open Doors operates five days a week from 3:00pm-6:00pm. The program consists of snack and community meeting time, designated homework or academic development support, enrichment activities, games, crafts, sports, occasional field trips, service projects and outreach opportunities, and different enhancement programs and clubs. Please note that enrollment is limited and competitive. Please be sure to turn in your application as quickly as possible to be considered for a position in the program for the upcoming year. Applications are assessed on a first come first serve basis.

There is a sliding fee scale that is individually determined by the family's income level, number of household members and current number of family members in the program. The fee is assessed once your child has been admitted into the program. The fee helps support the program's operational costs in order for us to provide the students with strong academic and enrichment programming, and proper nutrition. Payment plans are also available to help assist families with fulfilling this obligation. You will be notified of your first payment prior to your child starting. Payments will be assessed in September, November, January, and March.

Please be sure to fill out the attached forms. Selection for the program will begin August 1, 2007. Fall orientation will occur throughout the last week of August. You will receive prior notification as to the dates of the meetings.

Return Completed and signed forms and fees to the address below:

Attn: Annemarie Grassi  
Open Doors, Inc.  
2747 Fairmount Boulevard  
Cleveland Heights, Ohio 44106

If you have any questions or concerns, please contact Annemarie M.Grassi, Executive Director, at (216) 320-9563. We look forward to hearing from you!

**Open Doors, Inc. Student Registration Form**  
**PLEASE PRINT or TYPE**

**Student Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Parent/Guardian Information:**

**1.**

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

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Phone Numbers (in case of emergency): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**2.**

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

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Additional Phone Numbers (in case of emergency): \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**In any emergency, the name of the closest relative(s) to contact:**

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

Relationship to Child/parent/guardian: \_\_\_\_\_

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

Relationship to Child/parent/guardian: \_\_\_\_\_

**Income and Household Questions:**

**IN ORDER TO QUALIFY FOR SLIDING FEE SCALE,  
THIS SECTION MUST BE COMPLETED!**

Some of the agencies that provide funds to Open Doors now *require* certain information about our students' households. We report this information for the group, *not* for individual students. This information may also be used to determine your financial eligibility for financial support in the program. We treat this information with *strict confidentiality*.

1. How many persons live in your household?\_\_\_\_\_.
2. How long have you been living in your present home?\_\_\_\_\_.
3. Please place a check mark next to the box that represents the cap for your total yearly income for your household:

**Number of person(s) in your household**

	<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>	<b>6 person</b>	<b>7 person</b>	<b>8+ person</b>
<b>Range 1</b>	\$12,900	\$14,700	\$16,550	\$18,400	\$19,850	\$21,350	\$22,800	\$24,300
<b>Range2</b>	\$21,500	\$24,550	\$27,650	\$30,700	\$33,150	\$35,600	\$38,050	\$40,500
<b>Range3</b>	\$34,350	\$39,300	\$44,200	\$49,100	\$53,050	\$56,950	\$60,900	\$64,800
<b>Range 4</b>	\$54,800+	\$62,600+	\$70,400+	\$78,200+	\$84,450+	\$90,700+	\$96,900+	\$103,050+

For Example: if you have a household of 5 and your income is \$21,900.... You would check the box marked \$33,150 under the 5-person column

This scale is used to determine your tuition fees for the year. Failure to fill out a box, will position you in the highest payment. **Any person receiving a reduced fee, will be responsible for submitting either a Tax Return or 2 pay stubs, to verify household income. This paperwork is due by October 1<sup>st</sup>, 2007 in order to receive reduced fee. Payment plans are available to all families.**

**Sliding Fee Scale: Range 1 = \$100/ year**  
**Range 2 = \$200/ year**  
**Range 3 = \$400/ year**  
**Range 4 = \$800/ year**

By signing below, I am clearly stating that the above provided information is accurate and true to the best of my knowledge. I understand that any changes in the above information need to be reported to Open Doors, Inc. immediately in order to best serve the needs of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPEN DOORS, INC.**

**AUTHORIZED STUDENT PICK-UP**

Many students walk home from Open Doors upon each day's dismissal. However, there may be times when you or someone in your family might pick your child up from the program. To ensure your child's safety, please let us know who has permission to pick up your child.

Individuals authorized to pick-up my child:

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

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish to give your child permission to walk home after school please read and sign below:

I hereby give permission for my child to be able to walk or ride his/her bike from Open Doors After school Program to home after 5:30pm on Monday through Friday, when Open Doors is in session.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is a need for your child to leave early or to be picked up early, we ask that you please contact us ahead of time and let us know that your child has permission to leave before 5:30 pm.

**OPEN DOORS, INC.**

**Transportation from School to Open Doors**

Students will walk from Roxboro Middle School over to St. Paul's Church after school, in order to attend Open Doors, Inc. I grant permission for my child to travel by foot from Roxboro to Open Doors, Monday through Friday.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

My child will be transported by bus from School to Open Doors, Inc. Monday through Friday.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ROUTINE WALKING FIELD TRIP PERMISSION SLIP**

Open Doors Inc. After School Program

I give permission for my child, \_\_\_\_\_, to participate in routine walking field trips around the Cleveland Heights Community. I understand that my child will be under the supervision of an adult staff member and volunteer and that a 10:1 ratio will be met at all times. I have been informed that my child may venture on walks to Coventry, the Center of Cleveland Heights, Shaker Lakes Nature Center, community side streets, and Roxboro Middle School. I grant permission for my child to walk off site under the supervision of program staff and volunteers throughout the duration of the 2005-2006 school year. This permission slip is valid for one full year from the start date of the program.

Child's Name: \_\_\_\_\_

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

Parent/Guardian Phone #: \_\_\_\_\_

Emergency name(s) & phone #: \_\_\_\_\_

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I understand that the Open Doors staff and volunteers will exercise every reasonable caution in supervising the field trip. My child understands that s/he must follow all of the safety rules established by the staff and volunteers, and that failure to follow rules that could place him/her or others in danger will mean that my child may not be permitted to attend future field trips. I release the Open Doors After School Program from all liability in case of accident or injury.

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

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