

RETURN APPLICATION TO:

Computers4Kids
 945 Second Street SE
 Charlottesville, VA 22902
 434-817-1121 voice ☎ 434-817-1122 fax
 info@computers4kids.net

Program Agreement**Complete and return this agreement and the attached application.**

Before being accepted into the Computers4Kids Program, all families must agree to the following:

1. The student will attend a three-afternoon training class at Computers4Kids.

This basic instruction class gives students the skills needed to enhance their technology skills. Attendance and promptness at **all** classes is mandatory. An orientation for parents is held on the first day of training, after student training is finished.

2. The student will meet with a mentor once a week for at least 36 hours (about 9-12 months).

After completing the training class, students are matched with a mentor who will work with them to learn further computer skills and complete projects. All mentoring will take place at Computers4Kids, located at 945 Second Street SE.

3. School Release Agreement

The student and his/her parents or guardians agree that Computers4Kids may have access to the school records of the student for the purpose of studying the effects of computer ownership on academic performance and to gather contact information.

4. Income verification

Computers4Kids participants must be eligible for Federal Free or Reduced Lunch Programs. The student and his/her parents or guardians agree that Computers4Kids may have access to income information, including, but not limited to, school nutrition program applications, Federal tax returns, or Public Housing vouchers.

5. Email Address

All Computers4Kids students of age 13 and above will create email accounts.

6. Student Work

Computers4Kids reserves the right to publicly display any and all student work created or stored at Computers4Kids.

7. Photo/Video

I give permission for Computers4Kids to use my child's (or my) picture/videotape for whatever purpose Computers4Kids deems appropriate without compensation to my child or me.

This is not a requirement for participation in the Computers4Kids program.

yes, I give permission for a photo/video release

no, I do NOT give permission for a photo/video release

We have read and understand the requirements of the program and agree to fulfill our commitment.

 Parent/Guardian Signature

 Date

 Parent/Guardian Name *please print*

 Student Signature

 Date

 Student Name *please print*

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Student Application

Upon review of your COMPLETE application, a Computers4Kids staff member will contact you to confirm your training session. Availability will be determined on a first-come, first-served basis.

Go to www.computers4kids.net for our next training sessions or call us at 434.817.1121 ext 2

The following information will be used to help C4K better serve its students, their families, and the community.

Student Information

First Name _____

Middle Name _____

Last Name _____

Nickname _____

Street Address _____

City, State, Zip _____

Date of Birth _____ / _____ / _____

Current Age _____

Sex M F

- White, non-Hispanic
 Black, non-Hispanic
 Hispanic
 Asian or Pacific Islander
 American Indian/Alaskan native
 Other

Ethnicity _____

Current School
upcoming school
year if summer _____

Current Grade
upcoming grade if
summer _____

Locality *circle one* Albemarle/Charlottesville

T shirt size S M L XL XXL

Permission to
photograph _____ yes _____ no

If you were **not** born
in the United States,
in which country
were you born? _____

Parent Information

Parent Name(s) _____
Relationship to
student _____

*Please help us stay in contact.
Provide as many working phone
numbers as possible.*

Contact Information

Home Phone _____

Parent Mobile _____

Student Mobile _____

Parent Work _____

Other _____

Emergency Contact
Relationship to
student _____

Phone number _____

Parent personal
email _____

Parent work email _____

Student email _____

Household Information

Mother's highest grade completed

- | | | | |
|----------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Below 8 | <input type="checkbox"/> 11 | <input type="checkbox"/> HS Graduate | <input type="checkbox"/> Master's |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 12 but did not graduate | <input type="checkbox"/> Some college Associate's | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> 9 | <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's | |
| <input type="checkbox"/> 10 | | | |

Father's highest grade completed

- | | | | |
|----------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Below 8 | <input type="checkbox"/> 11 | <input type="checkbox"/> HS Graduate | <input type="checkbox"/> Master's |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 12 but did not graduate | <input type="checkbox"/> Some college Associate's | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> 9 | <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's | |
| <input type="checkbox"/> 10 | | | |

Does your family:

- | | | | |
|-------------------------------|---|--|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Live with family or friends for reduced or free rent | <input type="checkbox"/> Consider itself to be homeless at this time | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Own | | | |

What is your family's annual household income?

(INCLUDE all sources of income, such as welfare payments, child support, alimony, Social Security, dividends or interest, rental income, unemployment, retirement income, pensions, veteran payments, regular contributions from persons not living in the household, royalties, or other cash income.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Below \$11,000 | <input type="checkbox"/> \$27,501 to \$31,500 | <input type="checkbox"/> \$47,501 to \$51,500 |
| <input type="checkbox"/> \$11,001 to \$15,500 | <input type="checkbox"/> \$31,501 to \$35,500 | <input type="checkbox"/> \$51,501 to \$55,500 |
| <input type="checkbox"/> \$15,501 to \$19,500 | <input type="checkbox"/> \$35,501 to \$39,500 | <input type="checkbox"/> above \$55,501 |
| <input type="checkbox"/> \$19,501 to \$23,500 | <input type="checkbox"/> \$39,501 to \$43,500 | |
| <input type="checkbox"/> \$23,501 to \$27,500 | <input type="checkbox"/> \$43,501 to \$47,500 | |

Including the student, how many people live in your household? _____

Who lives in the household?

Please list all occupants, their relationship TO THE STUDENT and their age, such as, "Brother – 15."

Do not include the student here.

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Living situation

- | | |
|--|---|
| <input type="checkbox"/> with single parent/guardian, female | <input type="checkbox"/> in detention center |
| <input type="checkbox"/> with single parent/guardian, male | <input type="checkbox"/> in shelter |
| <input type="checkbox"/> with married parents/step-parents | <input type="checkbox"/> in treatment center |
| <input type="checkbox"/> with unmarried parents/partners | <input type="checkbox"/> other (please specify) _____ |
| <input type="checkbox"/> in foster care | |

How did you hear about C4K?

- | | | |
|-----------------|----------------------------|------------------------------|
| friend _____ | guidance _____ | other (please specify) _____ |
| relative _____ | non-school counselor _____ | |
| classmate _____ | | |
| teacher _____ | | |